A Publication of the Obesity Action Coalition Winter 2013 **MAGAZINE** Set a **SMART** Resolution for 2013! Dear Doctor: I've had bariatric surgery. Will I ever get to normal weight? Obesity and the Immune System Your Weight **Vinter Matters Fitness** Inaugural Convention Fun! A look back...



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#### A Message from OAC Chairman of the Board, Pam Davis, RN, CBN, BSN

#### Happy New Year!

I hope this message finds you well. Before we look ahead to the soon-to-be fabulous year of 2013, I would like to take a moment to highlight some 2012 accomplishments.

In January 2012, the OAC Board of Directors met to chart a course for the OAC. We decided the time had come for our first membership-based convention. With this decision, we began planning and a few short months later (nine to be exact) the Your Weight Matters Inaugural Convention took place in Dallas, Texas at the beautiful Hilton Anatole.



With 37 speakers, 275 attendees, six award winners and one presidential candidate appearance (vote for Joe!), the Your Weight Matters Inaugural Convention was successful beyond our dreams. For much more information on the Convention, including photos, please turn to page 18.

As we begin 2013, Your Weight Matters Magazine would like to welcome a variety of new advertisers: Nutrisystem; New Life Bariatrics; Weight-loss Surgery Cookbook for Dummies; Amerilab Technologies; Twin Lab; and Vivus, Inc. We thank all advertisers for their support of the magazine.

On a personal note, January 2013 begins my second year as Chairman of the incredible Obesity Action Coalition. I would like to thank each of the Board members, all of our committee members and especially the team in the National office located in Tampa, Fla. and their leader Joe Nadglowski for accomplishing so much for so many. I am a proud card carrying member of the OAC. Are YOU? If not, join today.



Joe Nadglowski **OAC President/CEO** lames Zervios

**Senior Editor** 

Pam Davis, RN, CBN, BSN OAC Chairman of the Board Lindsay McGhay **Editor** 

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by Stephanie F. Deivert, RD, LDN, and Mildred K. Fleetwood, PhD

It is now general knowledge that obesity has an effect on various other diseases including diabetes, cardiovascular disease, high blood pressure, high cholesterol, cancer, sleep apnea and more recently, fatty



liver disease; however, did you ever think that obesity could affect your immune system?

Recent studies in humans affected by obesity and obese animal models have shown an impaired immune response or immune function leading to increased chances for various infections. The cause of this has not been well defined. Let us review what is currently known about this possible harmful effect that obesity has on the body.

#### **Nutrition and Immune Function**

We have all heard, "Eat an apple a day; you will keep the doctor away." This is actually true. Studies do show that eating a diet that is high in fiber and antioxidants (fruits and vegetables) and has enough protein helps to keep your immune system working properly. Specific micronutrients such as iron, selenium, zinc, copper, as well as vitamins C, A, E, B-6 and folic acid have important roles in the body's immune response.

Diets high in sugar and fat, or eating too many calories in general, make you more prone to infection. This is because it can lead to increases in blood sugar or may cause oxidative damage. Oxidative damage is an overproduction of reactive oxygen species compared to the body's ability to detoxify cells. This type of damage from oxygen increases your chances of infection.

If you have too little protein intake, you are also at risk for protein-energy malnutrition. This has also been associated with significant impairments of immunity. It is commonly thought that deficiencies or malnutrition cannot happen in an individual affected by obesity; however, deficiencies and malnutrition happen because of a poor diet. Therefore, deficiencies could very well occur in any individual who eats poorly, no matter their weight.

# So what can you do with your diet to help your immunity?

- If you are affected by obesity, decrease your calories to help facilitate weight-loss.
- Decrease simple carbohydrates such as: sweets, goodies, baked goods, sugar sweetened beverages, sugar, honey, jams, jelly, etc.
- Decrease excess "bad"
   (saturated or trans) fats
   commonly found in:
   commercial baked goods,
   processed or fried foods, cheese,
   whole and 2% milk, ice cream,
   cream, fatty meats (beef and pork
   products), butter and margarine.
   Bad fats are also found in some
   vegetable oils coconut, palm and
   palm kernel oil.
- Eat two cups of whole fruit per day and at least three cups of vegetables per day.
- Drink or eat three cups of low-fat (1% or skim) liquid dairy or dairy alternative per day (light yogurt, low-fat or fat-free milk).
- Eat two to three ounces of lean meat or beans with two meals per day (three ounces = deck of cards).
- Drink at least 60 to 80 ounces of water per day.



# Moderate exercise has been reported to increase certain immune cells, reducing the risk of infection.

#### **Exercise and Immune Function**

Exercise and health go hand-in-hand. We have all heard that exercise helps fight diseases such as high blood pressure and cholesterol, cancer, sleep disturbances, mood and obesity itself. In general, people who exercise and are physically active throughout the day tend to live longer, healthier lives. There is also evidence that exercise does improve immune function. Studies have shown that exercise seemed to increase numbers of certain immune cells that help to bolster immune activity.

Moderate exercise has been reported to increase certain immune cells, reducing the risk of infection. On the other hand, too intense of exercise (without adequate rest) has actually been shown to increase stress on the body and cause a person to be more atrisk to infection.

For a great list of resource articles on exercise, please visit the "Past Articles" section located in the "Your Weight Matters Magazine" section on the OAC Web site at www.obesityaction.org.

#### **Obesity and Immune Function**

A person affected by obesity that eats healthy and exercises is still at risk for decreasing immune function. Obesity itself has been shown to impair immunity in some studies. Some of these specific findings include:

- Decreased cytokine production
- Altered monocyte and lymphocyte function
- Natural killer cell dysfunction
- Reduced macrophage and dendritic cell function
- Decreased response to antigen/mitogen stimulation

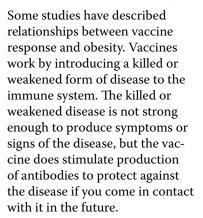
Immune System continued on next page

#### Immune System continued from previous page

Now, you may be saying to yourself, "What does all that mean?" The bottom line is studies have shown impaired immune response in animals and people affected by obesity, leading to increased risks of infection. The exact cause of these findings is not known. Obesity is an extremely complex disease and many processes and pathways are altered, any of which could affect the immune system.

Population studies have shown the same things. For instance, hospitalized patients affected by obesity are more likely to develop secondary infections and complications, such as sepsis, pneumonia, bacteremia, and wound and catheter infections. Overall, it appears that obesity may increase risk for bacterial and viral infections. Severe obesity, in and of itself, has also been named a risk factor for increased severity of infection and death from the H1N1 influenza strain. Those affected by obesity may also be at risk for viruses like H1N1 because of less of an immune response to vaccinations, although it has not been studied to date.





A lot of work has been done regarding hepatitis B vaccines in regards to obesity, in which studies show strong evidence that individuals affected by obesity have a very high non-response rate to vaccination. This means after the introduction of the "non-active virus" to the individual's immune systems, the disease fighting antibodies are not produced to the extent they need to be to protect against the disease.

In a person affected by obesity (body mass index [BMI] of 30-39), studies have shown that it takes a more potent hepatitis B vaccine in order to come close to the response rate of a standard single dose therapy in an individual with a BMI less than 30 (overweight).

It is commonly thought that deficiencies or malnutrition cannot happen in an individual affected by obesity; however, deficiencies and malnutrition happen because of a poor diet. Therefore, deficiencies could very well occur in any individual who eats poorly, no matter their weight.

#### **Conclusions**

The exact cause of how obesity affects the immune system is unknown. One theory is the type of fat that you have, as not all fat is created equal. White adipose tissue (WAT) is usually found in higher levels in people who are affected by obesity. Several studies show that WAT has many functions, including regulation of inflammatory processes. When the body has excess WAT, chronic inflammation makes it harder for the body to fight off infections.

Well known links exist between diet, exercise and immune function. Eating healthier and incorporating moderate exercise can help to increase your immune function; however, now it is known that obesity itself (diet or genetic induced) decreases immunity leading to increased risk of bacterial and viral infection as well as decreased responsiveness to some vaccinations. The exact mechanisms are not known; however, future studies will focus on this area. The good news is that several studies have shown an increase in immune responsiveness and improvements after weight-loss or following dietary restriction.

#### About the Authors:

Stephanie F. Deivert, RD, LDN, has been with the Center for Nutrition and Weight Management at Geisinger Health System since 2002. She completed her bachelor's in Nutritional Sciences and Exercise Physiology at Penn State University in 2002 and her dietetic internship at Geisinger Medical Center in 2004.

Mildred K Fleetwood, PhD, (D) ABMLI is one of five board certified medical laboratory immunologists in Pennsylvania and currently works as a consultant. She directed the immunology based laboratories for the Geisinger Health System for 32 years and taught immunology at the Commonwealth Medical School until she retired in 2011.



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As I write this, it's just one short week after the *Your Weight Matters* Inaugural Convention in Dallas. Many thanks to all the speakers and organizers; almost every talk gave a nugget of useful information for this article.

As a bariatric surgical patient (gastric sleeve 2008) and a surgeon myself, I get to look at this tough problem from multiple viewpoints. Being able to spend time in the clinic, in team review, and in giving information sessions gives me an opportunity to listen to all sorts of issues, lifestyles and struggles.

#### Valuable Resources

#### Surgeons

The community of surgeons has a vibrant dialogue and research is actively seeking out the particular advantages and limitations of various procedures, as well as structure of care pathways.

#### **Medical and Allied Health Professionals**

Medical and allied health colleagues (endocrinologists, dietitians, behavioral health professionals and nurses) all have unique and vital skill sets. It is a super lucky program that gets to share a single clinic space, so we can collaborate spontaneously.

#### Peer Group

The OAC peer group (you) just turbocharges that for me. Sounds like I am the luckiest patient in the world, right? All the resources, few distractions; how could Walt possibly struggle with his weight? Yet, I face these challenges too.

#### There is No Single Easy Answer

The only absolute truth all of these teachers have given me is this: While we share many human traits, each individual has a unique journey. We first have to listen and try to understand the parts and pieces of that life. Only then can we figure out which one of our many "tools" might be helpful. The old medical saying is often true, "If you listen well enough, the patient will give you the diagnosis and the solution."

So let's break down those parts and pieces that can contribute to "failure" of weight-loss or regain. Remember that usually there is a combination of issues and that the mix can change throughout time.

#### **Reality Check**

Honestly, 90 percent of the time that I see someone for struggles, they are NOT doing it ALL right. Most commonly, they are not exercising regularly. Quite often, people are also eating very poorly. Their questions lead to deeper questions back:

- "What are the barriers to you following lifelong program recommendations?"
- "Are we overwhelming you with too many rules to reasonably sustain?"

If patients are not exercising regularly and have fallen off track with their nutrition intake, then our answer to patients is not the simple, "Just do everything right!" The more useful answer we as healthcare leaders can provide is, "Let's find the keys to your journey, to your body and recognize that we all have limits to how perfect we can be on a given day."

I do not live at boot camp and neither do you. Prioritizing means getting the important stuff done first. What is important to you? It isn't just pounds on the scale, for sure! You have a life, and the parts have to fit. Bariatric surgery and metabolic health are far more than just pounds; therefore, I am not exclusively going to talk about minimizing your pounds.

Struggling with Weight continued on page 10

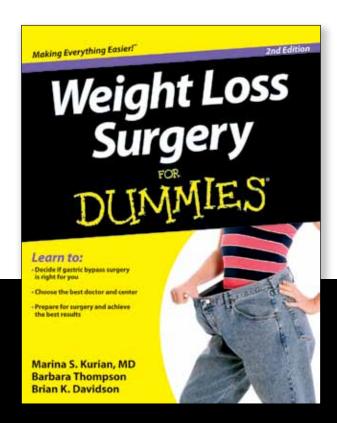


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#### KEY CHALLENGES TO LONG TERM QUALITY OF LIFE AFTER BARIATRIC SURGERY:

Managing Hunger (the magic part of bariatric surgery)

Managing hunger has to be one of the most difficult challenges after surgery. As a patient, we do have some advantages.

The "Honeymoon" – As a surgery patient, we can get fullness at the end of a smaller meal and more time free from hunger between meals (satiety). The "honeymoon" of the first 6-18 months doesn't last forever. Our use of the tool needs to adapt as our bodies change. Follow-up can be critical to understanding and adjusting habits.

Stay Connected – It is very tricky not to "blame the patient" for lack of follow-up, but we in the field know that value is not always obvious in your later visits. It is our challenge to

deliver appropriate care and screening efficiently and effectively throughout your lifetime.

We can only help those who show up, though! Usually, regular visits help identify problems much earlier, and adjustments are far easier before 10 or 20 pounds are regained. Make a commitment to have some direct contact with your program every three months (support group is great) and at least one full evaluation every year (including labs and examination).

## Avoiding Excess or "Invisible" Caloric Intake

There are several ways to slip into a dysfunctional pattern. Sometimes it's old habit but often there is a new behavior. Grazing is very common with band patients whose bands are too tight, or gastric bypass patients with ulcer, stricture or pain. It is also common for comfort when there is significant emotional pain.

Alcohol, juice, mixers, cream/flavors in coffee – Liquid calories are "Kryptonite!" Be very careful (especially with liquid protein supplements). I have one patient who was getting more than 1,000 calories a day from her protein "shots." Your body turns extra protein into fat.

Mixing fluids and solids – Most programs recommend no fluid 15-30 minutes before and 30-45 minutes after a meal. I will confess to you that I have to drink before – there's just not enough time in the day to stay hydrated. If I wash down my food, the calories easily double, with no better satisfaction at all!

#### Keeping our Metabolism Stable

Hibernation/starvation mode creates huge frustration as we eat less, feel more fatigue and get grumpy! Each year, we are learning more and more about the role of genes in the body's energy storage control systems (including fat). We don't know enough yet to treat those variations though.

Sleep quality – You must get a follow-up sleep study before stopping usage of your Continuous Positive Airway Pressure machine (CPAP)! You may feel better without it, but the settings or mask may be seriously out of adjustment six to



nine months out from surgery. Sleep disturbances can have major impact on post-op metabolism and hunger.

Medications – You need to take all medications as prescribed by your surgeon or other healthcare provider. Watch out for decreased effect of antidepressants as the dosage may need several adjustments throughout the first few years.

#### Thyroid, Estrogen and Testosterone -

As we age, these can change throughout time. It is important to monitor them with your healthcare provider. The impact of other endocrine systems on weight and appetite vary by individual but can be severe.

Carbohydrate Intake - Carbohydrate intake can frequently be a challenge and a rollercoaster for your appetite. Get that cookie in at the end of a protein meal so it "hits bottom" for a while! You may also experience fatigue from iron deficiency anemia, Vitamin D deficiency, B12 deficiency. Get checked, get a pill organizer and give yourself a gold star!



Loss of Muscle Mass – This is the engine for your basal metabolic rate (BMR), which is 70 percent of your daily caloric need. BMR is what gets burned even when you are resting. We lose some muscle during the initial weight-loss but can hold onto more if regularly performing resistance work. The "natural" loss of muscle as we age depends a lot on inactivity (even in skinny

people). Much of your BMR is built in for energy to your brain and organs to work, but muscle represents the largest modifiable portion.

Mindless Eating – You would not believe how many people don't know what they eat. A food journal is my third most important tool. Honesty is empowering! My daily treat needs to be the only treat, and it's easy to have another naughty moment later in the day if you didn't write down the first treat. You can use your cellphone camera to take a picture and log it or simply write it down in a food journal. Do what works for you, and I bet you'll be glad you did.

#### **Managing Stress**

It's probably a safe bet that you have some type of stress in your life, such as your job, family, friends and the list continues. What's important is that you do not let stress overtake and derail your weight-loss goals.

The word "should" is toxic. – It will make you beat yourself up and can cultivate a generally hostile attitude (very counterproductive). Often, the answer is to slow down when the world is telling us to speed up. Trying to do too much can lead to feelings of staleness and boredom. Surgeons are always saying in the operating room, "Perfect is the enemy of good." That's why we are all so mellow - ha!

Figuring out how to push yourself a little without turning harsh is not easy! Mindfulness training, counseling and support group/ spiritual support can all be helpful. An attitude of self-care doesn't eliminate problems; however, it can keep them from spiraling out of control and gives the true "comfort" that external sources never truly can.

Many patients do well until a life crisis throws them off track. Expect bumps in this life – the tool is still there! Many programs now offer a "back on track" pathway.

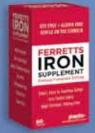
Struggling with Weight continued on next page

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#### Struggling with Weight continued from previous page

#### **Body Image**

Guess who the hardest critic is? You guessed right – it's you. It is important when evaluating your body after bariatric surgery or any significant weight-loss to be fair to yourself and have realistic expectations.

Is your internal environment hostile or safe? – "Unreasonable expectations" is a term I probably use too often; however, to some extent, it is true. Bariatric surgeries usually give a compromise amount of weight change, and we are not a society of compromise. Average weight-loss is about 30 percent of starting total body weight. Sometimes excess skin is more annoying than excess weight. Give your body 12-18 months before major reconstruction, as skin often tightens throughout time.



At an early support group, I heard the phrase, "The same life in different sized clothes." Did you expect to be a completely different person? Alternatively, were you afraid of losing some essential part of who you are? For many of us, "doing everything right" to have a healthy body includes honoring what can only be changed by a plastic surgeon or by having different genes! Usually, I see this as a problem from outsiders judging and not patients being hard on themselves. Inside the medical field, I often hear of someone "putting it all back on" when in reality, they are doing fine. Your friends and caregivers can forget where you started! Most often, true total weight regain comes from a broken tool.

#### **Surgical Problems**

Oh yeah, I almost forgot why we surgeons are an important part of that long term care team!

Guess what? Tools can stretch or break. – While trying to "retighten" things surgically or endoscopically is not always an answer, it can occasionally be quite powerful. More powerful yet, a completely broken tool can be found and fixed, such as eroded gastric band or failed staple lines on an older gastric bypass or gastroplasties (common in the 70's-90's). These problems basically undo the original operation so of course the appetite and weight return! Also common is an empty gastric band, either from a perforated component (usually

tubing) or from intentional deflation because of reflux, vomiting or swallowing problems.

Revisional surgery is a highly individual issue, but we surgeons are learning more and more about it. While there is often more risk than the original operation, the benefits can be outstanding. As our surgical "toolbox" grows, we will have even more to offer, but beware that even a "better" tool is never a substitute for appropriate use of the tool.

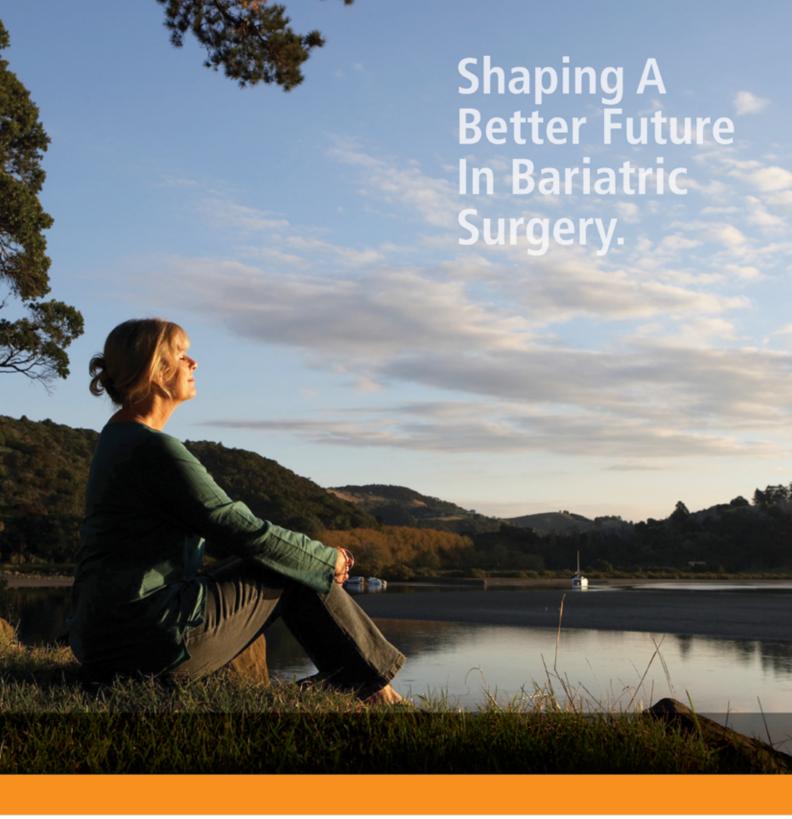
The opposite problem concerns me also. How many people have a tool that has failed but never find out about it because they have shame or fear of being judged? Please remember – your team works for you! If they don't, then get a different team, but don't try to go on this journey alone. We started this journey to have a better, longer life – remember to have some fun doing it!

#### FINAL WORDS

Even though the premise of this article is that you are already exercising regularly, the truth is that most of us find regular physical activity to be by far the greatest challenge to sustain. A wise surgical mentor told me early on, "Walt, you will almost never find a patient with an intact operation who has regained more than 20 or 30 pounds if they are exercising more than 100 minutes a week. It just seems to be the KEY that makes the rest of it work." In my personal and professional experience, he is 100 percent correct so far and that's why it is my personal rule #1.

#### About the Author:

Walter Medlin, MD, FACS, is director of the Metabolic Surgery program at Billings Clinic in Montana and an OAC Advisory Board Member. He struggled with his weight since first grade. After performing hundreds of bariatric surgeries, he underwent sleeve gastrectomy in 2008, with outstanding results. Dr. Medlin is also a participating practice in the OAC Sponsored Membership Program where he gives each of his patients a one-year membership in the OAC and he is honored to be a longtime member of OAC. Dr. Medlin is also an avid user of Twitter; his handle is "@bonuslife."





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# ADVOCACY NEWS ADVOCACY ACTION

#### 2013 - Time to Make Some Noise!

by Chris Gallagher, OAC Policy Consultant

On November 6, 2012, President Barack Obama was reelected to a second term as President of the United States by winning a convincing number of electoral votes. However, given that the popular vote was split fairly evenly, many believe that the President will need to reach across the aisle and work with Republicans on a number of key issues, such as the economy and entitlement programs like Medicare and Medicaid.

The 113th Congress convenes this month with a Republican-led House and a Democrat-led Senate with Democrats picking up a number of seats in the Senate to strengthen their hold on the chamber. Despite this fact, the GOP maintains a strong hold on the House and still maintains more than 40 seats in the Senate – the critical number to allow them to block any partisan legislation.

#### WHAT DOES ALL THIS MEAN FOR YOU?

Probably the most significant outcome of President Obama winning a second term will be that the Affordable Care Act will be fully implemented throughout the next four years. As such, many states will now be scrambling to enact their state health exchange plans — a key component for expanding access to, and coverage of, essential health benefits (EHB) under the healthcare reform law. Whether these state EHB packages will cover the full spectrum of evidence-based obesity treatment services remains to be seen.

#### WHERE ARE WE NOW?

At press time, only 26 states had signaled to the federal government that they plan to establish their own health exchange AND have submitted their benchmark plan choice that will determine their state's EHB package. Sadly, a majority of these states have chosen small group market plans that tend to exclude coverage for all obesity treatment services.

These recent state actions have been troubling to those affected by obesity. To address these concerns, the Obesity Action Coalition (OAC) joined with other leading groups from the obesity community in sending a strong letter to Department of Health and Human Services (HHS) Secretary Kathleen Sebelius – urging HHS to carefully review

each state's selected benchmark plan to ensure that the product covers all medically necessary obesity treatment services across the care continuum.

While OAC and the obesity community continue to hammer policymakers about the need to both prevent and treat obesity, Congress and State legislatures continue to ignore the disease of obesity and balk at any efforts to ensure parity in health plan coverage for obesity treatment. Clearly, we need to make more noise – and that noise must come from the millions of Americans affected by obesity and the healthcare professionals who treat them.

#### LET'S MAKE SOME NOISE – SUPPORT THE OAC'S EFFORTS TO ESTABLISH A CONGRESSIONAL TREAT OBESITY CAUCUS!

In late 2012, the obesity community reached out to every member of Congress to gauge whether any Senator or House Member would be willing to establish a Congressional Treat Obesity Caucus to help highlight the need for both prevention and treatment of obesity. Despite the fact that obesity affects at least one in three Americans, there was not an overwhelming positive response from Capitol Hill regarding the need for a caucus focused solely on obesity treatment issues.

Currently, there are more than 200 Congressional caucuses established for a wide range of topics including health issues such as cancer, diabetes, cardiovascular disease, arthritis and mental illness. Others focus on rural healthcare issues or health disparities. Needless to say, if there is a worthy cause, there is a congressional caucus for it — even for things such as algae energy, sweeteners, wild salmon, cement, soil, steel, contaminated dry-wall and even bourbon.

If you think treating obesity deserves its own caucus and needs to be taken seriously, go to the OAC's Legislative Action Center NOW and reach out to your home state legislators to see where they stand on treating obesity seriously. Visit the Action Center now at capwiz.com/obesityaction/home/.

# NEWS from the OAC

#### **OAC Reaches 40,000 Members**

On the heels of the success of its 2012 *Your Weight Matters* Convention, the OAC is excited to announce that it has officially reached 40,000 members nationwide. "Membership in the OAC is an integral part in the fight against obesity. The more members we have, the stronger our voice," said Pam Davis, RN, BSN, CBN, OAC Chairperson.

If you know of a family member, friend or colleague that may be interested in membership in the OAC, please encourage them to visit **www.obesityaction.org** and click the "Get Involved" tab. Some of the exciting benefits of membership include:

- · Official welcome letter and membership card
- Annual subscription to the OAC's official publication, Your Weight Matters Magazine
- Subscriptions to OAC Members Make a Difference and Obesity Action Alert monthly e-newsletters
- "Bias Busters" Alerts, alerting specifically to issues of weight bias
- Immediate Advocacy Alerts on urgent issues and access to the OAC's expert advocacy team

Are you part of the 40,000? If you are, be sure to renew your membership. Help strengthen the OAC's voice today!

## OAC President and CEO Participates in TEDMED's Great Challenges Program

## **TEDMED**

The OAC is proud to announce that OAC President and CEO, Joe Nadglowski,

has been selected as one of the experts participating in TED-MED's Great Challenges Program, "Coming to Terms with the Obesity Crisis (Adults)."

TEDMED, a community comprised of individuals who are passionate about the future of health and medicine, started the Great Challenges Program to open up conversations around the greatest health challenges facing our nation, which include obesity.

With this honor, Mr. Nadglowski was able to provide his expertise on the obesity epidemic and its surrounding factors to a community of individuals concerned about the health of our nation.

TEDMED engaged the public in these conversations online on their Web site, giving individuals the opportunity to submit questions for the panel of experts to answer. Experts then provided answers to these questions on the TEDMED Web site. The first question proposed to the panel of experts was:

What are the top 10 contributing factors for the Great Challenge, 'Coming to Terms with the Obesity Crisis (Adult)?'

The responses to this important question provided by the experts can now be viewed on their Web site. View OAC President/CEO's video response now by visiting **challenges.tedmed.com**.

## OAC Welcomes Michelle Vicari to the National Board of Directors



The OAC is proud to welcome Michelle Vicari to the OAC National Board of Directors. Ms. Vicari is a self-employed freelance writer from Temecula, CA. She has been a long-time member of the OAC and currently serves on the OAC Membership Committee. Ms. Vicari is well-known for her Blog, *The World* 

According to Eggface, which is designed to support individuals in their life-long journey with obesity. She is a strong advocate for the OAC, having participated in the OAC's Day on the Hill in Washington, DC, in 2011 and was recently the recipient of the 2012 Outstanding Membership Recruitment by an OAC Member award. Ms. Vicari is a gastric bypass patient, having successfully maintained a 158-pound weight-loss for nearly seven years.

The 2013 Board of Directors' slate was presented to the membership in the November 2012 *OAC Members Make a Difference* e-newsletter. We invited our members to review the slate and submit their own candidate, if desired. The OAC received full support of the slate and we now welcome Michelle to the Board.

#### **Educational Webinars Available Online**

In 2012, the OAC and Obesity PPM partnered to bring you a webinar series focusing on the complexities of obesity. The webinars cover a variety of thought-provoking topics, such as obesity and hormones, obesity and addiction, and much more. All of the webinars are available for download on the OAC Web site under the "Educational Resources" tab. Below, please find a list of available webinars:

Webinar 1 – *Introduction to the Complexity of Obesity* 

Webinar 2 - Obesity and Addiction

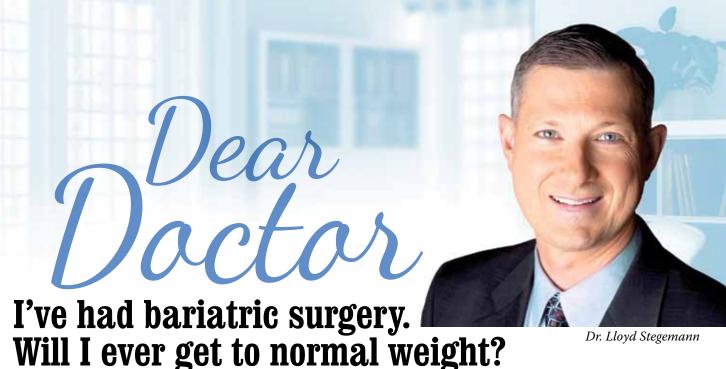
Webinar 3 – Obesity and Healthcare Policy

Webinar 4 – Obesity, Hormones & Metabolism: Everything

You Ever Wanted to Know but were Afraid to Ask

Webinar 5 – Obesity: Community & Lifestyle Planning

Please Note: The remaining webinars have been postponed at this time. If you have any questions or concerns, please contact the OAC at **info@obesityaction.org**.



Answer provided by Lloyd Stegemann, MD, FASMBS

This is a great question and one that, ideally, should be answered <u>before</u> someone has bariatric surgery. I say "before" because I believe it is critically important that patients have a very realistic expectation of how much weight they are likely to lose after bariatric surgery. This can prevent them from being disappointed or feeling like they "failed" if they don't get back to a "normal" weight. Most patients, in fact, will not get back to a normal weight (body mass index 20-25) after bariatric surgery. We'll talk more about this in a bit.

#### What is excess weight?

We need to start this discussion by defining excess weight, which is how much "extra" weight someone is carrying. Excess weight can be calculated by taking your actual weight and subtracting your ideal weight (www.calculator.net/ideal-weight-calculator). If you weigh 250 pounds and your ideal weight is 150 pounds,

then your excess weight would be 100 pounds. The below chart shows you the expected weight-loss with each of the different surgical procedures.

If you are thinking about having a gastric band (or you have one) and your excess weight is 100 pounds, then it is realistic to expect that you will lose around 50 pounds after the operation. Make sense? It's important to keep in mind that the numbers listed in the chart are averages, meaning that some patients will do much better in terms of expected weight-loss and some won't reach the amount of expected weight-loss. Not reaching the expected weight-loss does not make you a failure! Many factors can impact someone's overall weight-loss including age, medical conditions, physical condition and willingness to work on the dietary, exercise and behavioral changes that are necessary after surgery.

Procedure	Expected Weight-loss
Adjustable Gastric Band	50% of excess weight
Sleeve Gastrectomy	60% of excess weight
Roux-en-y Gastric Bypass	70% of excess weight
Duodenal Switch	80% of excess weight

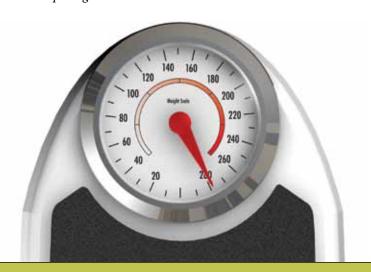
#### **Health Improvements**

The best news is that you don't have to get back to a "normal weight" to achieve incredible health benefits after bariatric surgery. The average bariatric surgery patient sees a dramatic reduction in the number of medications they need to take to control their obesity-related medical problems and a significant improvement in their quality of life even if their final body mass index is still in the "overweight" or "obese" range. In fact, I find in my own practice that if a patient tries to force their weight down to what would be considered "normal," many times they don't feel very good and often times don't look very healthy (that Skeletor look!). I always encourage patients to focus on getting back to a "better" weight for them, not necessarily what society considers a "normal" weight.

In summary, some bariatric surgery patients will achieve a "normal" weight but most will not. If you don't reach a "normal" weight, well, that just makes you normal!

#### Answer provided by:

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





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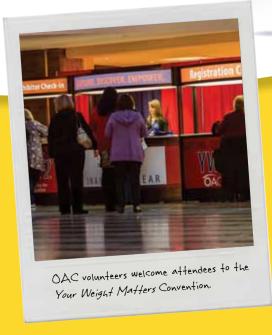
Make a change today that will benefit you and your way of life for years to come. Find out which of our weight loss programs is right for you at www.robard.com/OAC.



# VVV2012 OAC's Inaugural Your Weight Matters NATIONAL CONVENTION

EXPLORE. DISCOVER. EMPOWER.





The OAC National Board of Directors set an organizational goal in January 2012 to host an Annual Convention, set to fill a tremendous gap of the need for evidence-based education for individuals at all stages with excess weight and obesity. The Board also envisioned this event as a place where OAC members could finally come together face-to-face, meet one another and share their personal journeys with excess weight and obesity. Fast-forward to October 2012 and the OAC accomplished just that and a whole lot more at the Inaugural *Your Weight Matters* National Convention - "Explore. Discover. Empower."

# A LOOK BACK...

The focus of the Convention was to forge unity among OAC members by connecting attendees from across the United States in ground-breaking education and engaging them in personal conversations with the country's leading experts and thought-leaders in weight and health.

For three days in Dallas, more than 275 attendees from 34 different states experienced first-hand ground-breaking unbiased, evidence-based education focusing on weight and health, advocacy, nutrition, exercise, emotional issues and much, much more. The information gained throughout the Convention allowed attendees to "Explore" new concepts, "Discover" new ideas and "Empower" themselves to proactively and positively improve their weight and health.

#### **WELCOMING SESSION**

The 2012 Your Weight Matters Inaugural Convention educational sessions kicked-off with OAC leadership taking the stage and setting the tone for the meeting. Immediately, every single person in attendance knew what they were about to experience and the important messages that would resonate the entire weekend. Joe Nadglowski, OAC President and CEO, spoke first and gave all 275 attendees a warm welcome and a glimpse of what this effort meant to the OAC. Up next, Robert Kushner, MD, the Convention Program Agenda Subcommittee Co-chair, spoke about how obesity is nobody's fault and it's not about blaming or shaming.

#### **CONVENTION FACTOID:**

The Convention welcomed 275 attendees, spanning 34 states and traveling from distant locations such as Alaska, Canada and Maine!

#### **CONVENTION FACTOID:**

The OAC live-streamed two sessions of the Convention so that those not able to attend could get a glimpse of



what the Convention offers. The two sessions, available via the OAC's YouTube channel, are: "Event Welcome - Explore. Discover. Empower: Why YOUR Weight Matters" and "Leading an Active Lifestyle in a Sedentary World." Visit www.youtube.com/user/ObesityAction to view these two sessions.

Pam Davis, RN, BSN, CBN, OAC Chairperson, then took the stage and eloquently illustrated her undying passion for the OAC, its mission, vision and goals. Pam was careful to let the attendees know the thoughtful detail that the OAC put into creating the perfect environment for the meeting in regards to nutrition, exercise, education and much more. One of Pam's many passions in obesity is in combating weight bias and stigma. While she had the captured attention of all attendees, Pam showed an inspiring video that recently gained much public attention, showcasing a news anchor who publicly addressed a judgmental and stigmatizing viewer letter she received. Pam's tireless fight in weight bias was a strong message that all attendees were able to see and hear.



After Pam, Lloyd Stegemann, MD, FASMBS, Convention Program Agenda Subcommittee Co-chair, spoke to the crowd not only about the unique education they would receive in Dallas, but also about the important platform that this meeting gives us as voices in the fight against obesity. Dr. Stegemann vividly illustrated to the full-room of attendees how coming together only allows us to be stronger — one of the single most important components in advocacy, and one of the strongest pillars of the OAC.

Lastly, Amber Huett, BS, MPA, OAC Convention Committee Chair, closed

the session to give attendees a glimpse of all the exciting events that were in store and encouraged all attendees to take advantage of this unique opportunity to talk to as many like-minded individuals as possible — including our guest speakers.

You could not help but notice the energy in the room. You could see the excitement. And in that moment, the educational sessions of the 2012 Your Weight Matters Inaugural Convention began.

#### ADVOCACY TRAINING

Before the kick-off of the educational sessions, the OAC hosted an Advocacy Training Session on Thursday, October 25. More than 68 Convention attendees took part in this special session, sponsored by Allergan, titled "Advocacy 101 – Spending a Day on Capitol Hill." For five hours, participants



learned from the best-of-the-best about all the ins and outs of Capitol Hill, how to effectively communicate with elected officials, and how the advocacy process works. The training was led by OAC President and CEO Joe Nadglowski; Immediate-Past OAC Chairman Barbara Thompson, MLS; and OAC Policy Consultant Chris Gallagher.

Once trained, attendees had the opportunity to experience what it is like at an actual Day on Capitol Hill through mock legislative visits. Participants were able to put their new skills to use by sharing their personal stories with the mock legislators along with reacting to a variety of different scenarios and types of elected officials that they potentially could face during a real visit. "I wasn't guite sure what this training would be about. I was nervous at first because advocacy can be intimidating, but once the training got started, I felt very comfortable," said Kelly M. of Boston, MA.

"We absolutely enjoyed doing these trainings. Quite often, individuals who want to visit Capitol Hill are not aware of what they're in store for once on the Hill. This training provided them with real-world experience, which will equip them with the tools needed to effectively advocate on Capitol Hill," said Chris Gallagher, OAC Policy Consultant.

The OAC thanks all those who participated in advocacy training and encourages anyone interested in advocacy to contact the OAC at info@obesityaction.org.

A Look back continued on next page

#### **GENERAL AND BREAKOUT SESSIONS**

Curious why your weight may plateau? Want to know more about bariatric surgery? Trying to figure out how to incorporate technology into your weight-loss? All of these questions and a whole lot more were answered at the Convention in the 18 general and breakout education sessions.

In putting together the Program Agenda for the Convention, the Program Agenda Subcommittee had one thing in mind — the attendee. Each session topic was carefully designed and crafted to meet the needs of our audience. Never before had attendees had the opportunity to immerse themselves in this type of evidence-based, unbiased education.

In choosing speakers for each session, it was important to find experts who had a passion for their topic and wanted

to extend their knowledge and immerse attendees in their respective areas of expertise. None of the 37 speakers for the Convention were provided an honorarium — you can't put a price on the passion to educate others, and in this case, the education was priceless.

"I attended the Losing, Gaining, Maintaining — Is it a Science? session and I honestly was blown away by the presentation. Dr. Kushner not only answered so many of my questions, he also touched on things that help me understand my struggles along my weight-loss journey. I now have some invaluable tools that I can use to help in getting me to where I need to be," said Alicia T. of Dallas, TX.

One core component that the OAC wanted to provide attendees was access to the experts and thought-leaders. Attendees saw first-hand that our speakers were not only there to provide their limitless knowledge in weight management, but they were also there to learn from colleagues and our attendees. It was not uncommon for a number of our guest speakers to participate in the sessions, asking questions and gaining more knowledge and understanding. "I really enjoyed participating in the sessions as an attendee in the audience," said Lloyd Stegemann, MD, FASMBS. Dr. Stegemann continued, "I found this to be a huge benefit. As healthcare professionals, we're always the ones providing the answers and doing most of the talking; however, the Convention gave me the opportunity to grow in my understanding of obesity and ask the important questions that needed to be asked.

#### **CONVENTION FACTOID:**

Of the 37 speakers secured for the Convention, not a single was compensated or provided an honorarium. All Convention speakers donated their time and expertise to the OAC and our attendees.



James Zervios, OAC Director of
Communications, had a chance to interview
Convention attendee Claire Peters of Texas.
Claire was one of the first individuals to
register for the Convention and she set the
tone immediately for the entire Conventionexperience during the second session led by Dr.
Kushner. Claire stood up during the question and
answer portion not to ask a question but to thank
Dr. Kushner publicly and let him know that her
entire purpose for coming to the Convention was
answered in just the second session. Here is what



Claire had to say:

## James: What did you think of the Convention?

Claire: The convention was outstanding. I was so impressed with the smoothness of the meeting.

James: What did you think about the quality of the education?

**Claire:** The education was like layers of an onion. The more you peeled, the more you discovered. The quality of the education was nothing like I've ever experienced. As I became educated, I was able to ask questions. It gave me the ability to know what I didn't know.

James: Did you attend the Advocacy Training and what did you think about it?

**Claire:** It was absolutely incredible. I don't use that word (incredible) lightly. Advocacy Training was amazing. It was not only a session but also an opportunity to learn. It went beyond advocacy. It was not only educational, but also very moving.



#### James: Who was your favorite speaker?

**Claire:** Dr. Kushner was my favorite. What fascinated me was the science of bariatric surgery. I had never looked at it from that perspective, nor had it ever been presented that way. It was a whole new way of understanding what my body has gone through and continues to go through. When his presentation was over, I stood up and went to the microphone in the center of the room and said, "I wasn't sure when I signed-up for the Convention what was important, but after hearing you speak, I now know why I came here."

## James: Were there any other speakers or presentations that moved you?

**Claire:** Dr. Connolly's, he provided STRATEGIES for coping with old behaviors that have a way of returning from time-to-time. These are strategies that never occurred to me, and that I have begun utilizing successfully.

## James: What did you think of the food at Convention? The OAC strived to achieve a tasty and healthy balance.

**Claire:** My feedback would be that I had plenty to eat. I try to follow 99 percent of my eating program and the food fit perfectly with my eating program. It was delicious and appropriate.

#### James: What did you think of the exhibit hall?

**Claire:** You could sense a passion in the exhibitors that they weren't just selling something. I hope next year there are more exhibitors. I would like to see more vendors.

### James: How did Convention compare to other meetings that you've attended?

**Claire:** What set *Your Weight Matters* Convention apart from other meetings was that it just flowed. The program book helped me so much. It helped clarify so much for me. We were not herded around like cattle. It was so smooth. Timing was perfect.

## James: The OAC wanted to achieve a feeling of "home" for our attendees. Did we achieve that feeling to you?

**Claire:** Yes, it created unity among everyone. You could just feel the comfort of everyone. It was a good feeling.

## James: If you could summarize the Convention in one sentence, what would it be?

**Claire:** It embraced me. I made so many friends. You all set the perfect atmosphere.

James: Thank you Claire. We hope to see you next year.

Claire: I'll be there.

# Thank You to the 2012 Your Weight Matters Inaugural Convention National Sponsors

The Convention would not have been possible without the generous support of our National Sponsors. The OAC appreciates the commitment of each of these companies/organizations in providing the needed education surrounding weight and health issues.

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VITAMIN E	68 83	200 IU	200 IU
VITAMIN K	180 MCG	240 MCG	240 MCG
THIAMIN	3 MG	6 MG	6 MG
RIBOFLAVIN	3.4 MG	8 MG	8 MG
NIACIN	40 MG	40 MG	40 MG
8.6	AMG	8 MG	8 MG
FOLIC ACID	BROMCG	800 MCG	800 MCG
B12	350-500 MCG	500MCG	600MCG
BIOTIN	80MCG	600 MCG	600 MCG
PANTOTHENIC ACID	26MG	40 MG	40 MG
CALCIUM	1500 - 2000 MG	2000 MG	2000 MG
IRON	34-85 MG	36 MG	35 MG
MAGNESIUM	ADD MG	800 MG	800 MG
ZINC	15 MG	30 MG	30 MG
SELENIUM	110 MCG	140 MCG	140 MCG
COPPER	4.98G	4 MG	4 MG
MANGANESE	3.6 MG	4 MG	4 MG
CHROMIUM	110 MCG	240 MCG	240 MCG
MOLYBDENUM	99 MCG	200 MCG	200 MCG
POTASSIUM			
PHOSPHORUS	-		
IOOINE		300MCG	300MCG
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3 tablets/day or 1 scoop of powder

Vertical Sleeve Gastrectomy:

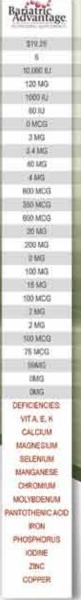
6 tablets/day or 2 scoops of powder

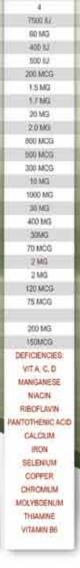
Gastric Bypass:

6 tablets/day or 2 scoops of powder

Duodenal Switch:

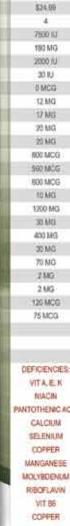
B tablets/day or 3 scoops of powder





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#### **EXERCISE SESSIONS**

From T'ai Chi to Zumba, the Your Weight Matters Convention offered attendees a healthy variety of exercise sessions to take part in each day. Held in the Hilton Anatole's state-of-the-art Verandah Club fitness center, attendees had the opportunity to experience physical activity sessions designed for all fitness levels. OAC Board Member Holly F. Lofton, MD, led the effort in creating the exercise program schedule offered throughout the Convention.

**CONVENTION FACTOID:** 

The Convention offered eight different exercise classes, including Tai Chi, Zumba, Aguafit, Yoga and much more!

"Gyms are intimidating. Period. I want to do more and exercise, but I am always scared to try new things back home. The OAC did a great job offering these classes in a private setting where you didn't have to be all self-conscious. You could just be you and do your thing," said Melody K. from Los Angeles, CA.

#### **NUTRITION**

If you've ever traveled away from home, you know the difficulties of trying to stick to your healthy eating habits. The OAC made following your healthy eating habits easy at the Your Weight Matters Convention. OAC member and frequent Your Weight Matters Magazine author, Stephanie Deivert, RD, LDN, carefully crafted all the meals for the Convention. She also took this task one step further by labeling each and every meal option with nutrition information — down to each piece of lettuce! This was a huge hit with the attendees, as the menu for each meal offered

#### **CONVENTION FACTOID:**

Every meal served at Convention was carefully planned with a dietitian and the Chef of the Hilton Anatole.

at the Convention was provided in their attendee bags, along with the nutrition information and a way to track certain measurements.

What's most amazing about the nutrition guide is that Stephanie volunteered her time and spent countless hours working directly with the Hilton Anatole chef, measuring each and every ingredient used in the selections. We would not have asked for any more and are grateful for the time and expertise Stephanie donated to the OAC and the attendees.

#### **EXHIBIT HALL**

Throughout the Convention, attendees had the opportunity to visit with some of their favorite vendors and meet some new ones as well. The OAC thanks the following exhibitors for their support of the

Convention and the OAC: Allergan; Affiliated

Victory of Life; Celebrate Vitamins; Chike Nutrition; EnteroMedics, Inc.; Ethicon Endo-Surgery; FitRx; It's Food; Mission Pharmacal; New Life Bariatric Supplements; Optifast; Slimpressions; TOPS Club; TRI-S Counseling & Education; Walk from Obesity; Wellspring at Structure House; and Vivus, Inc.

OAC affendees navigate the YWM
Convention Exhibit Hall. Authors; AmeriWell Bariatrics; Bariatric Advantage; Bobby Whisnand's

"I was very impressed with the Exhibit Hall because it had so many of the things I use on a daily basis. Things like vitamins, protein shakes and other stuff. It was nice to see these companies supporting the OAC and the meeting," said Kimberly

Q. from Raleigh, NC.

#### **SPECIAL EVENTS**

No convention is complete without special events, and the Your Weight Matters Convention had no shortage of excitement, engagement and entertainment!

#### **Lunch with the Experts**

As with the Convention's general and breakout sessions, the OAC wanted to provide attendees with



something very special and rarely found in these types of settings – access to the speakers and thought-leaders. For an additional fee, Convention attendees could attend the Lunch with the Experts session — a special, limited-seating lunch where they had one-on-one access to Convention speakers. The Friday lunch was sponsored by Orexigen Therapeutics and the Saturday lunch was sponsored by Forest Park Medical Center. Special thanks to these companies for their support of this event.

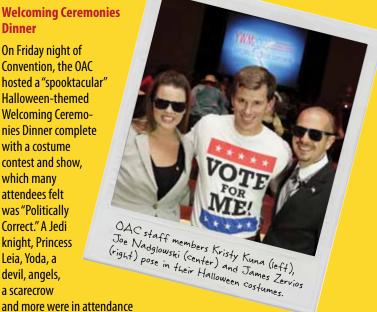
Attendees were able to talk with the leading experts on their specific topic of interest during this session for more than 90 minutes. Attendees sat with experts in a friendly, down-to-earth setting and talked about various topics, such as Tackling Weight Bias — Becoming a Bias Buster, Dumping Syndrome — Getting to the Bottom of it, and so much more.

"I've never seen this kind of thing before. I wanted to learn more about some of the new obesity medications, so I decided to sign-up for a table. I thought it'd be something where I just sat there and listened. Wow, was I wrong. I thought this was so cool. I totally want to do it next year," said Steve D. from San Antonio, TX.

**Welcoming Ceremonies** Dinner

On Friday night of Convention, the OAC hosted a "spooktacular" Halloween-themed Welcoming Ceremonies Dinner complete with a costume contest and show. which many attendees felt was "Politically Correct." A Jedi knight, Princess Leia, Yoda, a devil, angels,

a scarecrow



for the event. Oh, and most important of all, a presidential candidate. Those in attendance witnessed the rise and fall of a potential presidential candidate accompanied by a fleet of Secret Service agents. The presidential candidate was none other than OAC President and CEO Joe Nadglowski, outfitted with a "Vote for Me" t-shirt. His Secret Service team was comprised of OAC staff members complete with ear pieces and black sunglasses.

After both a "positive" and "negative" video featuring presidential candidate "Nadglowski," Joe formally addressed the crowd and delivered the OAC State of the Association to all those in attendance. Joe reminded the attendees that all the successes the OAC experienced throughout the past seven years were due in large part to one thing — their support as OAC members.

A Look back continued on next page



#### **Platinum**

Allergan, Inc. ASMBS Foundation Eisai Ethicon Endo-Surgery Vivus, Inc.

American Society for Metabolic & Bariatric Surgery Bariatric Advantage Potomac Currents

#### **Silver**

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Weight Loss Center of Oklahoma

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List as of 12/12/12

#### A Look back continued from previous page



And, what Halloween-themed costume party would be complete without a costume contest? Later in the evening, OAC Chairman Pam Davis and Drs. Stegemann and Kushner helped judge a costume contest emceed by OAC staff members. The winner of the contest was Sarah Bramblette dressed as TLC's Honey Boo Boo. Sarah took home the grand prize of a free registration to the 2013 YWM Convention. From pirates to a genie, attendees had a howling good time and connected with other members from across the country.

**1st Annual OAC Awards Dinner** 

As OAC's President and CEO echoed in his state-of-the-association on Friday evening, the OAC built itself on the strength, determination and dedication of OAC members. As a way to honor outstanding members for their efforts above and beyond the norm, the OAC hosted its first Annual Awards Dinner. A total of six awards were given out that evening, with each award honoring an exemplary OAC member. The recipients of the OAC's prestigious awards during the 1st Annual OAC Awards Dinner were:

- OAC Advocate of the Year Beth Sheldon Badore
- Community Leader of the Year Tammy Beaumont, BSN, RN, BC, CBN
- Outstanding Membership Recruitment by an OAC Member – Michelle Vicari
- Outstanding Membership Recruitment by a Physician –
  Rocky Mountain Associated Physicians
- Bias Buster of the Year Rebecca Puhl, PhD
- OAC Member of the Year Ted Kyle, RPh, MBA

"The OAC Annual Awards are a chance for the organization to give back to its members and recognize those that have exemplified the OAC's mission, vision and goals. From combating weight bias to increasing the strength of the OAC's voice through membership recruitment, all the award recipients have helped the OAC continue along a path of great success," said Joe Nadglowski, OAC

President and CEO.



The awards ceremony finished with a heart-warming look back at the 2012 *Your Weight Matters* Convention with a special video picture slideshow. With each passing picture, OAC members throughout the ballroom felt a sense of "togetherness," "family" and "strength."

#### **WALK FROM OBESITY**

Finishing out the *Your Weight Matters* Convention, the exquisite Hilton Anatole Sculpture Park played host to the Dallas *Walk from Obesity* on a chilly 38 degree morning in the Lone Star state. Bundled up in their warmest workout gear, more than 250 walkers navigated the quarter mile track snaking through the Anatole Sculpture Park.

With each quarter mile, walkers were given beads signifying one lap around the track. As walkers picked up the pace, more and more folks donned bright red, green and blue beads marking each lap. At the end of the Walk, each walker received a medal signifying completion of the Walk from Obesity.

"I've never done anything like this. Truthfully, I never thought I could do anything like this. Coming out here today, I felt the ability to pull on the strength of others and from within myself to walk the track not once, but a total of seven times," proudly said George P. from Atlanta, GA.

# An Attendee's Viewpoint

by Jeanette Marsh

I greatly enjoyed attending the Your Weight Matters Convention. The educational sessions were informative and all of the education was really good. I really enjoyed listening to Tammy Beaumont, Julia Karlstad and Merrill Littleberry.



Jeanette and Jack Marsh pose for a picture during the Welcoming Ceremonies Dinner.

One of my favorite parts of Convention was the Advocacy Training session. At first, I was scared, but in the end, the session alleviated a lot of my fears about advocating. I feel prepared now to advocate.

To me, the reason why I enjoyed Convention so much was because of the comfort my husband, Jack, and I found there. We felt safe. Everyone understood my weight-loss, and as a new surgery patient, that was very important to me. It just felt like home and there was this overwhelming positive sense of family. We enjoyed meeting so many new people and making so many new friends.

Overall, the Walk raised more than \$24,000 to further the independent missions of the ASMBS Foundation and the OAC. "I am extremely proud of all those who participated in the *Walk from Obesity*. A great deal of the *Your Weight Matters* Convention was focused on the importance of weight and health, and it was great to see so many individuals out there walking and improving their health one step at a time," said Joe Nadqlowski, OAC President and CEO.

#### CONCLUSION

The OAC set out to accomplish a few different goals with the *Your Weight Matters* Convention. First, the OAC wanted to provide the needed education to its members and the public on the importance of weight as it impacts their health. The OAC also wanted to introduce its members to the OAC — they wanted members to know the OAC on a "first name basis" so-to-speak. The Convention was also about connecting members, making members feel like family — like home. And lastly, the OAC not only wanted to provide evidence-based education, but education lead by experts and thought-leaders in the healthcare field. But the OAC didn't want speakers to talk at attendees. The OAC wanted them to speak with attendees — connecting with OAC members on many levels.

Looking back at the 2012 *Your Weight Matters* Inaugural Convention, we confidently feel that our goals were accomplished. The date and location of the 2013 *Your Weight Matters* Convention will be released soon. Please visit us at **www.YwmConvention.com** or join us on Facebook and Twitter for the latest Convention information. We greatly look forward to seeing all of you at the 2013 YWM Convention!

# WANT TO SEE MORE OF THE YWM CONVENTION?

To see all the photos from the YWM
Convention, visit the OAC's Flickr
account at www.flickr.com/photos/
obesityactioncoalition/. To see the
Convention picture slide show video, visit
www.youtube.com/user/ObesityAction.

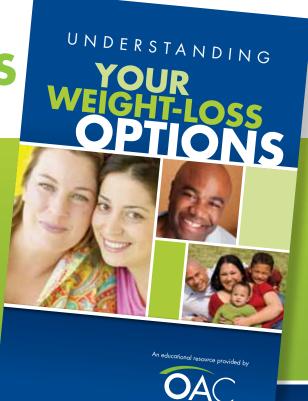


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# Corner

# WINTER FITNESS FUN

by Sarah Muntel, RD

Snow is falling and it's icy outside. During the winter, it's a struggle to keep your kids moving. Many parents complain about kids staring at the television for hours on end. With obesity rates rising in children, it's very important to keep your kids moving no matter what the weather is! The Centers for Disease Control recommends that children engage in physical **ACTIVITY** one-hour per day. This can be a challenge, so you need to get creative this winter to squeeze in some fitness fun!

#### **Motivate Your Kids to be Active**

Let's face it, kids love TV, video games and sedentary activities. The key is to get your kids to love fitness and MOVEMENT. It's pretty hard to get a kid interested in a treadmill, but there are many other ways to stay active while having fun as well. Below, please find some ways to motivate your kids and family:

- to get active by looking online for ideas or finding books at the library. Your kids may read about ice skating online and want to give it a try. They may see a kids yoga video on the Internet and think that looks fun. All kids have different interests. It is important to ask your kids what they would like to do.
- Explain why kids need to EXERCISE.
   Kids need to know at an early age exercise is good for their health.
- Make it a team event. Get the family involved in activities you can do together. Everything is more fun when the whole family is involved.
- Establish a habit. It may take a while to get used to it, but make fitness a part of your life. Just like brushing your teeth every day, make exercise a part of your normal routine. Some ideas could be walking every evening after dinner, taking a bike ride every Saturday morning or doing some early morning stretches each day.

#### **Fitness Ideas that Work**

There are so many ways to get active in the winter both indoors and outdoors. All you have to do is get creative and have a wonderful **WINTER**.

#### **Indoor Winter Fitness**

Take a swim this winter. Swimming isn't just a summertime activity. Kids actually get more excited to swim in the winter because it's something new! Check out local YMCA's or schools for their open swim hours. A couple hours in the pool can be great fun for kids and will get their heart pumping.

Look for open gym times at basketball courts or gymnastic locations. Fitness locations step it up in the winter. This can be a great time to try new things and get moving. You never know, your kids might love gymnastics or want to join a basketball team. When you do an open gym time, you can practice without committing to a full class or season. It's a great place to start.

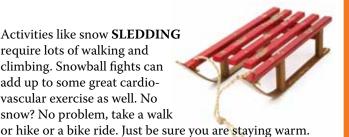
Indoor trampoline parks are all the rage! Places like Sky Zone are a hot spot for kids and a great way to get them moving. Open jump, dodge ball and **BASKET-BALL** are fun options. Adults can even join the fun at most places to make it a family event!

Try a new sport and you may love it! There are many winter sports to try. Consider signing your kids up for basketball, indoor **TENNIS** lessons or ice skating. Even though they may not be great at first, at least they are moving.

#### Get Outside

Get outside! There are plenty of activities you can do outside with your kids. Make sure you all bundle up to stay warm.

Activities like snow **SLEDDING** require lots of walking and climbing. Snowball fights can add up to some great cardiovascular exercise as well. No snow? No problem, take a walk



Have Fun at Home



Make an obstacle course. Transform your basement, garage or living room into a fitness zone. Set up cones, mats or jump ropes. Track each other's time and see who can complete it in the

fastest time. Then mix it up for hours of fun! Dig out some of the summer equipment in the garage and put it to use. Have a hula hoop contest or try jump roping. If you have smaller kids, clearing out the garage for bikes and big wheels is also fun.

Some video games can increase activity as well. Nintendo Wii° or Xbox 360° Kinect can be a really fun way to let kids play video games while being active. Your kids won't even realize it's exercise. There are some exercise videos specifically designed for kids. Check out Kids Yoga, Kids Zumba or Kids Kickboxing. Better yet, find a local class for kids!

#### Get the Family Involved

Have a "FAMILY Fun Night." Each Sunday at our house, we take turns picking an activity to do as a family. We have had so many interesting nights **BOWLING** or even dancing in the living room. Doing activities together is the key! Once you start this tradition, your kids won't let you stop.



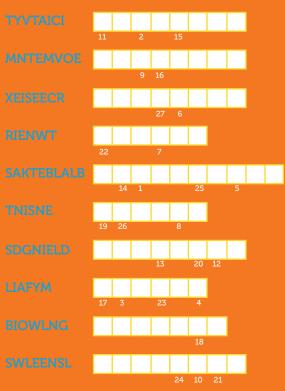
#### In the End

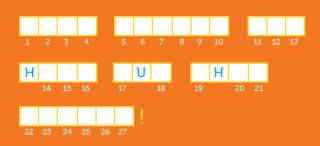
Unfortunately, today one out of three children is affected by childhood obesity. Activity must be a daily commitment from both kids and parents. Sometimes it's a struggle. Sometimes kids are tired. Sometimes parents are tired. In the end, it's one of the most important things you can do with your kids. Get them active and set them up for a lifetime of health and WELLNESS.

#### About the Author:

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

In the story you just read, you may have noticed certain words in all caps and bolded. These words are important terms for staying active this winter. Below, you will see a word scramble. See if you can unscramble all the words and decode the secret message!





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## **Membership Application**

#### **OAC Membership Categories**

(select one)

• Individual Membership: \$20/year O Institutional Membership: \$500/year

O Chairman's Council

1,000+/yearMembership:

#### **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.

\$50

■ Standard Package

10-50 pieces/quarter

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.

L	<b>\$5</b>	
_	\$10	

□ \$50 □ \$100

**□ \$25** □ Other

#### **Membership/Add-on Totals:**

Membership Category: Add-on 1 (if applicable):

Add-on 2 (if applicable):

**TOTAL MEMBERSHIP PAYMENT:** 

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# Building a Coalition of those Affected

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

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

#### Why YOU Should Become an OAC Member

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

## Benefits to **Individual Membership**

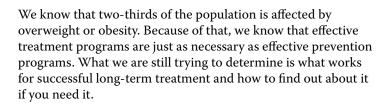


- Official welcome letter and membership card
- Annual subscription to the OAC's publication, Your Weight Matters Magazine
- Subscriptions to the OAC Members Make a Difference and Obesity Action Alert monthly e-newsletters
- "Bias Buster" Alerts, alerting specifically to issues of weight bias
- Immediate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

# Deciphering What Really Works for Treating Childhood Obesity

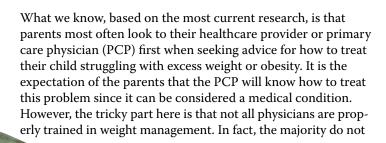
by Eliza Kingsford, MA, LPC

The obesity epidemic is getting more and more publicity. As we watch the current numbers of those affected by obesity rise, the question still remains: What are we doing, that is working, to alleviate this epidemic?



A new research study is currently in publication in the <u>Journal of Consulting and Clinical Psychology</u>. In this study, a few questions are examined.

- First, what do current experts consider effective treatment for childhood obesity?
- 2 Second, what happens when healthcare providers follow expert guidelines when recommending treatment to families?
- Third, who do parents seek advice from when they have a child affected by obesity? Let's look at these questions.





have specific training in this area. Therefore, doctors are seeking advice from experts in the field on how to deal with this issue. We do know, however, that when doctors get the proper training and feel well-equipped to give advice, they are much more likely to do so.

#### **PCP Advice**

Research shows the most effective advice for parents and caregivers comes in the form of clear, simple, goal-oriented directions. Essentially what this means is that the more comfortable the PCP is with the topic, the better and more effective advice they are able to give to their patients. Proper training for healthcare providers is essential to make them more comfortable giving weight-related advice. Furthermore, when parents get a recommendation from their PCP, they are more apt to listen and to seek treatment. If more healthcare providers are seeking the proper knowledge about treating child-hood obesity, therefore giving better recommendations to parents, throughout time we can change the trajectory of weight gain.

#### **Cognitive Behavioral Therapy**

If we know that when healthcare providers offer recommendations to parents they are more likely to pay attention to the problem of childhood obesity, then we must prioritize healthcare providers getting access to the best information about effective treatment options. Five expert groups were brought together to answer this question. All groups were researching independently of one another throughout the last eight years. Each group came up with slightly different findings; however, they all had one recommendation in common. Cognitive Behavioral Therapy (CBT) stands out as the gold standard for weight management and behavior change today.

To take that one step further, Intensive or Immersive CBT is what works best for long-term outcomes. Keep in mind this recommendation is for **treatment** of excess weight and obesity. Intensive is defined as at least 24 weekly sessions of CBT for a period of at least six months. Immersion is defined as a full-immersion program where the patient is in treatment 24-hours-a-day.

You might be saying to yourself, "This is a lot! I can't afford to send my child to a treatment program. I don't want to send my child to a treatment program. I don't think my child needs that much treatment." These are all understandable concerns. This is why a number of the expert groups are recommending what is called a "Step-up Approach." We know that obesity will not just go away on its own, some type of intervention is needed, but we also know that kids are in various stages of their journey toward health.

Childhood Obesity continued on next page



#### **Step-up Approach**

Experts are recommending that healthcare providers offer families a step-up approach. In this approach, the goal is that parents will first start with the lowest intensity of interventions. If that intervention does not alleviate the problem within a six month period, the family would move to the next level of intensity. The idea is that the family would not stop increasing the intensity of the intervention until the problem is alleviated.

An example of a step-up approach is the 7-step model proposed by Daniel Kirschenbaum, PhD. In this model, the health-care provider acts as the "quarterback" of the family team; recommending various interventions until the problem is solved. See the chart below for the 7 Steps of Interventions:

#### **7 Steps of Interventions**

- 1. Medical Management doctors provide feedback about progress and regular evaluations
- 2. Education education in the form of self-help books and other materials
- **3. Environmental Changes** join a health club; take television and computers out of bedrooms, more intense focus on activity
- **4. Self- Help Groups** groups in your area such as Weight Watchers, Wellspring Journey or TOPS allowing you to connect with others suffering from the same challenges
- **5.** Outpatient CBT checking in with a therapist specializing in CBT and/or weight management
- **6. Immersion CBT** residential program that removes obesegenic culture and intensifies the process through modeling, CBT and other intensive interventions
- 7. Bariatric Surgery final stage, appropriate for some



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#### **Conclusion**

We know that something needs to be done about the epidemic we are facing. But with all of the information and gimmicks for weight-loss out there, it can be hard to determine what is right for your child, family member or yourself. As research continues to emerge about the most effective forms of treatment, it is imperative that healthcare providers stay current on the interventions that work. It is also imperative that parents stay active in their search for a healthy action plan for their child.

Overweight and obesity are not problems that kids are "growing out of" like we used to believe. Effective treatment takes a more involved and committed approach. I urge every parent to continue staying focused on increasingly intensive interventions until the problem is solved.

#### About the Author:

Eliza Kingsford, MA, LPC, is a licensed psychotherapist specializing in weight management, eating disorders and body image. She is Director of Clinical Services for Wellspring, a division of CRC Health Group. As Clinical Director for Wellspring, Eliza works with participants' ages five and up, providing weight management solutions throughout the lifespan. As a member of the OAC, Eliza is passionate about changing health reform to include better treatment options for obesity. Eliza is a member of the California Association of Licensed Professional Clinical Counselors and the American Psychological Association.

#### What to do next:

- Talk to your healthcare provider if your child is even overweight. Ask your healthcare provider if they have any training in the area of weight management.
- If your child has a BMI of 25 or greater they are in the overweight category. This is not a hard and fast science but is good enough evidence to start paying attention to changing the direction of the problem.
- Ask your healthcare provider
   if they have any references of
   people who specialize in the
   treatment of overweight and/or
   obesity, and call those references
   for more information.
- Make a commitment to not stop increasing the intensity of your interventions until the problem is alleviated.

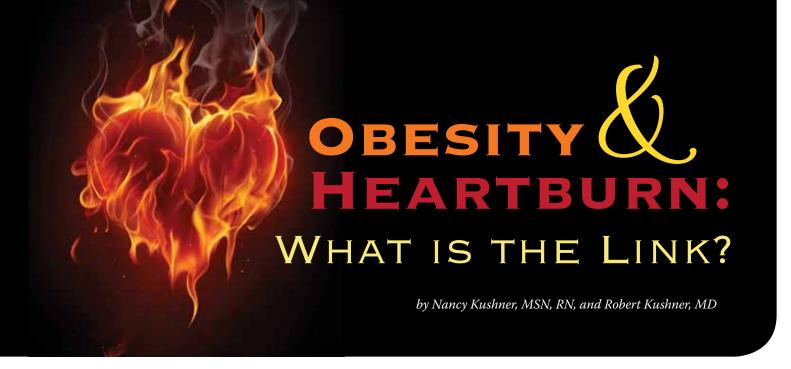


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NEW RESEARCH POINTS TO AN ASSOCIATION BETWEEN OBESITY AND HEARTBURN. STUDIES HAVE SHOWN THAT WEIGHT GAIN AND AN INCREASE IN THE SIZE OF ONE'S BELLY MAY EITHER CAUSE OR WORSEN THIS CONDITION.

Heartburn, also called GERD (gastroesophagael reflux disease), occurs when stomach acid flows back into the esophagus, which is the food pipe that connects the throat and stomach. Heartburn symptoms often occur shortly after eating and can last for a few minutes or even hours. People may complain of a burning sensation in the chest or throat, a sour or bitter taste in their mouth or even cough symptoms.

This association seems to be stronger in women and in the white population as compared to men and other ethnic groups. The increased risk of GERD is thought to be due to excess belly fat causing pressure on the stomach, the



development of a hiatal hernia that causes the back-flow of acid or hormonal changes like an increase in estrogen exposure that can occur in individuals who are affected by obesity.

#### WHY IS THIS IMPORTANT?

As acid flows back into the esophagus, it can cause irritation and inflammation. Throughout time, complications can develop. The esophagus can narrow, leading to a stricture and swallowing problems. A sore or ulcer can develop which can bleed, be painful and make swallowing difficult. Additionally, precancerous changes can occur to the esophagus, called Barrett's esophagus, which is the main risk factor for developing esophageal cancer.

It turns out that obesity is associated with three related esophageal disorders: GERD, Barrett's esophagus, and esophageal adenocarcinoma. The risk for these disorders seems to progressively increase with increasing weight. The goal of treating GERD is not only to decrease bothersome GERD symptoms but also to decrease one's risks of developing these other, more serious esophageal conditions.

#### WHAT CAN YOU DO?

The most effective lifestyle interventions to reduce GERD symptoms are losing weight and, if symptoms occur during sleep, elevation of the head of the bed.

New research shows that weight-loss can improve GERD symptoms. In a recent study published in the journal <u>Obesity</u> in 2012, the majority of individuals who were overweight or affected by obesity who enrolled in a structured weight-loss program including dietary, physical activity and behavioral changes, experienced complete resolution of their GERD symptoms. The relationship between weight-loss and resolution of symptoms was dependent on the amount of weight lost, such that the more weight subjects lost, the greater improvement they saw in symptoms. Whereas women saw improvement in GERD symptoms after losing 5 to 10 percent of their weight, men experienced improvement after losing 10 percent of their weight.

In another study published in the journal <u>Gastroenterology</u> in 2010, weight-loss through restriction of calories and increased physical activity also demonstrated a significant improvement in participants' symptoms of GERD. Most importantly, follow-up at 6, 12 and 18 months showed decreases in abdominal fatness and symptoms of heartburn and acid reflux. Reduced GERD symptoms means lower acid levels in the esophagus. Thus, another benefit to losing weight is that patients may be able to eliminate or reduce their overthe-counter (OTC) or prescription GERD medications.

Though improved GERD symptoms has also been shown in patients who undergo bariatric surgery, it is difficult to know if improvement is due to the anti-reflux nature of the surgical procedure or to the weight-loss itself.

There have also been studies on the effectiveness of elevating the head of the bed to decrease GERD symptoms. Compared with patients who slept flat, patients who elevated the head of the bed did have less esophageal acid exposure and fewer reflux symptoms. Studies show that this can be an effective strategy for some patients. You can elevate the head of the bed using wood or cement blocks under the legs of your bed or using wedges between your mattress and box spring.

## **E**FFECTIVENESS OF OTHER LIFE-STYLE MODIFICATION MEASURES

The list of foods, drinks and other factors thought to worsen GERD symptoms is quite long and includes:

Tobacco
Alcohol
Carbonated beverages
Caffeine
Chocolate
Onions
Garlic
Spicy foods
Cooked tomato sauce
Mint
High-fat meals

The data studying these items is conflicting. More research is needed to determine the effectiveness that stopping smoking or eliminating the listed foods and drinks will have on GERD symptoms. It is recommended to pay attention to

see if any of the listed items seem to worsen your condition. If so, you can decrease or eliminate them and see if symptoms improve.

# OTHER HELPFUL LIFESTYLE MEASURES

- Eat smaller meals.
- Wear clothes that are looser around the waist.
- Don't lie down for at least three hours after eating a meal.

#### **MEDICATION THERAPY**

OTC and prescription medications are available to treat GERD. Ask your healthcare provider for guidance when seeking a medication treatment plan to control your symptoms. OTC medication options include antacids (Mylanta or Tums) that neutralize stomach acid; H2 blockers (Tagamet or Pepcid) that reduce stomach acid; and proton pump inhibitors (Prevacid or Prilosec) that also block stomach acid and allow the esophagus to heal. Prescription strength H2 blockers and proton pump inhibitors are also available. Combining medications can sometimes increase effectiveness.

Like all medications, GERD medications can have side effects and can interact with other drugs, so it's important to discuss this with your healthcare provider. Be sure to talk about what and how much medication you are taking, the effects on your GERD symptoms and any side effects you are experiencing. The goal of medication therapy is to relieve GERD symptoms, allow the esophagus to heal and prevent GERD complications.

#### CONCLUSION

If you think you are experiencing heartburn (GERD) symptoms, it is important to discuss these symptoms with your primary care provider. Together, you will be able to identify an effective treatment plan.

## About the Authors:

Nancy Kushner, MSN, RN, is a nurse practitioner, health writer and co-author of <u>Dr. Kushner's Personality Type Diet and Counseling Overweight Adults: The Lifestyle Patterns Approach and Toolkit.</u>

Robert Kushner, MD, is Clinical Director of the Northwestern Comprehensive Center on Obesity in Chicago, Professor of Medicine, Northwestern University Feinberg School of Medicine, Past President of The Obesity Society, author of more than 160 scientific articles on obesity and nutrition, author of <u>Dr. Kushner's Personality Type Diet, Counseling Overweight Adults: The Lifestyle Patterns Approach and Toolkit and Fitness Unleashed: A Dog and Owner's Guide to Losing Weight and Gaining Health Together.</u>



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

Zumba is a trendy cardiovascular exercise that has quickly stretched across the U.S. Its cardio movement gets your heart rate up for a prolonged period of time to improve your heart and lung function. Inspired by Latin music, Zumba is a low-impact, high-energy dance exercise. The dance routines in Zumba are not complex, and anyone can do them. Zumba can be fun and safe for all ages and fitness levels since the moves can be modified to your level of fitness.

# Non-complex

Even though Zumba is categorized as "dance fitness," a big part of the appeal for Zumba is the simplicity of it. The steps are very easy and rhythmic. There is no need to go step-by-step to try and learn the dance routine, you just keep moving and follow the instructor's lead. Typi-

cally, Zumba uses three to five steps in one particular song and you keep repeating those steps. Just jump, shimmy, Mambo, Cha-Cha, Salsa and sway to the revitalizing Latin beat! You won't even know you are exercising!

Because Zumba is in such high demand, it is being offered in gyms and studios worldwide, with all kinds of classes ranging from the standard Zumba to Zumba for kids, Zumba Gold for seniors and even in water – aqua Zumba!

# Fun and Safe

It is great when you find an exercise that does not feel like exercise at all! When you are having such fun, you forget that you are in an exercise class. Zumba is performed to very exciting, upbeat music. There is something energizing and empowering about finishing an exercise class like Zumba and walking out with the satisfaction that you conquered the steps and had fun while doing it.

Zumba is taught at all levels and can be modified for most limitations you may have. The instructor will generally teach at a medium or intermediate level but show you how to modify or change the movements to make it a beginner's or advanced move. Since there is a lot of turning and pivoting on your feet, you need a shoe that is a bit flatter so

There is something energizing and empowering about finishing an exercise class like Zumba and walking out with the satisfaction that you conquered the steps and had fun while doing it.

you don't stress the knees. You want to make sure your shoes are cross trainers due to the side-to-side movements. Do not wear a running shoe! Running shoes are meant to pitch you forward and are not meant for side-to side-movements.

For people with knee or lower back pain, you should talk with your doctor before joining an exercise class to make sure that Zumba is right for you. Once you have the "go ahead" from your doctor, talk to the instructor before the class so they can help you modify the movements to be safe for you. It's about your work-out! Don't think that Zumba is an exercise just for women; there are many men who take Zumba in a group setting. So men, don't be shy! You can Zumba too!

If you can't or don't want to join a group class just yet, you can find Zumba inspired DVDs to do in the comfort of your own home. Exercising at home can be just as effective as long as you have fun and work hard.

Remember, for sustained weight-loss, one should exercise for 60-90 minutes most days of the week. You do not have to do the 60-90 minutes all at once, so try breaking your exercise up into shorter bouts and different types of exercise.

# Ready to Zumba?

Zumba is taught in an interval training manner, bringing the heart rate up for one song and back down for another and repeating throughout the class. This aids in the calorie burning component as well as allowing you to catch your breath during the slower song.

If you do Zumba or any other exercise at least three days per week, you can see weight-loss and/or lost inches in as little as two weeks and start to notice muscle tone in as little as six weeks. But even better than the muscle tone, weight-loss or lost inches, you will feel better and be able to do more of the things you want to do without getting short of breath.

NO MORE EXCUSES for not exercising! Zumba is a superb excuse to exercise! Let's dance cha-cha-cha!

#### About the Author:

Audrey Turner is an exercise physiologist at both The Centennial Center for the Treatment of Obesity in Nashville, TN, and Centennial Medical Center Cardiac Rehab where she coaches patients pre and post-bariatric surgery, evaluates and educates patients post-cardiac stent and surgery, and designs personalized exercise routines.

# Benefits of Zumba

Zumba aids in muscle tone by targeting just about every muscle in your body, and it helps with balance and coordination. You will have high-calorie burn (as much as 400-600 calories or more burned in one hour). By adding a consistent exercise routine (at least 30-45 minutes three to five days per week), you can experience some of these great benefits:

- Elevated aerobic threshold (defined as the exercise intensity at which anaerobic energy pathways start to operate)
- Increased energy in your daily activities
- Increased endurance during your exercise routine
- Increased bone density
- Better balance
- Increased muscle tone
- Less body fat
- Lower resting heart rate
- Lower resting blood pressure
- Better control of your blood sugar levels
- Healthier body weight
- Decreased anxiety and depression





More than 35 percent of new resolutions never even get started the morning of January 1. Of those that do, almost 50 percent do not make it past the end of January and fewer than 10 percent are held for the entire year. So if 2013 is going to be different, maybe it's time for a different approach - a **SMART** approach.

Thousands of articles have been written giving great tips and advice on how to make your New Year's resolutions successful – start early; write it down and then post in a visible location; tell your friends and family so they'll hold you accountable; and give yourself a reward for success.

SMART is an acronym for Specific, Measurable, Achievable, Realistic and Time-sensitive. SMART was first introduced in the early 1980's to help business leaders set goals and objectives that were easily understood and achievable by their respective organizations. Throughout the years, it has been widely adapted to many other areas of life.

## **SMART** Resolutions

A SMART resolution is not a basic statement or wish; it is a clearly drawn pathway to success. It is a way to state not just what you want to accomplish but what you will do to accomplish it. For example, let's say your resolution is to: "improve my health in 2013" or "lose weight" or even "get more exercise." Quite frankly, these resolutions are simply too vague and they don't include an action plan to ensure you will be successful.

Instead, a better resolution first defines what exactly you want and then includes achievable steps to get there. Think of these steps like rungs in a ladder to success, with each step you move closer to your goal. If you bought a fixer-upper home, you wouldn't have a renovation crew work on everything all at once. Tackling all projects at one time (assuming you aren't actually living in the house) would result in mass chaos and doing things out of logical order. Imagine freshly painted walls with marks, dust and debris all over them because your electrician and carpet guy were working simultaneously with the painter. Doesn't a logical course of action make more sense? So for instance, you might have someone fix the electrical work, then the plumbing and then start on the drywall before you even choose paint colors.

Specific Measurable Achievable Realistic Time-sensitive





## Resolution continued from page 40

Tackle life the same way you would tackle that house. Instead of saying you will improve your health, first define what that means to you.

- Lowering your blood pressure to within normal limits?
- Getting your regular yearly health exam and then figuring out if you have any nutrient gaps that you need to address?
- Losing weight until you hit a healthy weight range?
- Exercising at least three times per week for 30 minutes or more per session?

# Specific Goals

Clearly define your goal. Make it as Specific as possible. And write down exactly why you want to achieve this goal. Without at least one good, well-thought-out reason, your goal is meaningless to your life. As an example, "Jan" decided to join a weight-loss program, but when asked why she wanted to lose weight, she couldn't come up with a reason. And she didn't know what was motivating her.

Consequently, her weight went up and down throughout the 12-week program and at the end she felt like she should have done better and lost more weight. This was the perfect opportunity for a reality check. With no clear-cut motivation or reason why she was trying to lose weight, she was wasting her time. And then, she finally came up with something – feeling better (tough to measure), healthy numbers (body mass index) and cute clothes. So for every 10 pound weight-loss that she hit, she treated herself to a trip to the mall.

Knowing why you are doing something adds value, makes getting up at 5:30 am to fit exercise into your schedule worthwhile and gives you a reason to say no to that double fudge brownie ice cream sundae.

## Measurable Goals

Next, make your goal Measurable. Weight-loss, painted walls and healthy blood pressure are all very measurable. But, what about moving up at work? Does that mean a raise and if so, how much? Or does it mean better projects, travel and a new title? Whatever you want to achieve, sit back and think about it and make sure you have some way of measuring when you meet your goal (as well as each step on the way there).

# Timestamp Goals

After these first two steps, it is time to put a timestamp on achieving your goal or at least the first several steps.

Time-sensitive goals are more likely to be achieved whereas a loose thought such as, "Someday I want to finish my college degree," will get piled behind a to-do list that keeps on growing.

# Realistic and Achievable Goals

Also, be Realistic and ask yourself if your goal is achievable in the allotted time? Consider padding your timeline to account for the unexpected. Sick kids, a wedding you have to fly across the country for, whatever it is, life happens. And if your time line is unrealistic to begin with and then you end up taking a detour or hit a temporary stoplight, you'll feel like a failure and give up.

Now, if you think this process takes time, you are right. But putting yourself on your agenda without any interruptions is the best way to move forward with your goals. If you don't do this, you are living a reactive life – reacting to what is thrown your way versus a proactive life – one that you create and one that includes what you want, not just what others want from you.

# Getting Your Head in the Game

After you take the time to set your SMART goals for the New Year, you may wonder what comes next, do you just get started? Well, there is one last thing you should assess: Where your head is.

Surely you've heard the common phrase, "If you believe, you can achieve." Believing you can do something is half the battle. In fact, experts have found a common trait among people who are successful at overcoming addictions (one of the toughest things a person can tackle):

They believe they can do it and believe in the people from whom they enlist help (counselors, etc.).

If this is the toughest part for you, start with what you verbalize.

Many people beat themselves up or make excuses in front of others. Statements such as, "Gosh, my hips are way bigger than yours," or "Yes, I just can't seem to get rid of this gut," impede your progress. In fact, by saying these out loud, you are telling yourself where you will

end up. So first, keep your mouth shut unless it is positive. If someone compliments you, say "thank you" and move on. If they put you down, walk away.

# Focus on Positivity

Once you stop verbalizing negativity out loud, it's time to retrain your brain and quit thinking negative thoughts as well. So for instance, if you want to lose weight and your mind fixates on "Gosh, I've been fat since I was a kid" or "I am over 50, so I know this is going to be hard," stop immediately and do whatever it takes to focus on something else. This takes practice, but you can think of lying on the beach, fond memories of your trip to the coast of Italy or playing with one of your kids, grandkids or nephews. Take yourself and your mind to your happy place. Slowly start to change those thoughts to "I can do this," and "I know I will lose X pounds by X date." If you don't believe it, think of your best friend, your cheerleader in this process and what they would say to you. Sometimes you do have to fake it till you make it, but the goal is to believe in yourself and trust yourself to make good decisions.



Once you make your SMART goals and believe you can achieve them, make a commitment to yourself. Commit to living a better life, being who you are and doing what you want to do. After all, you are responsible for one main thing, your own happiness. Why not start today and figure out how to get there?

#### About the Author:

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

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by Pam Helmlinger, RD, LDN

# γιαούρτι! That's Greek for "Yogurt!"

You may be wondering why there seems to be so much hype about Greek yogurt and is it really any healthier than regular yogurt, and worth paying the higher price? It is becoming much more popular and in this article, we will discuss the health benefits as well as versatility in cooking with Greek yogurt. As a dietitian who counsels bariatric patients, I recommend it on a daily basis, for the many reasons you will read here.

## BREAKING DOWN YOGURT

In general, yogurt is prepared by adding healthy bacteria to milk, causing fermentation, which causes the transformation of lactose, or milk sugar, into lactic acid. The process gives yogurt its tart flavor and creamy texture, and also contributes to its many health benefits. The difference in the process between regular yogurt and Greek yogurt is that regular yogurt is strained through cheesecloth twice and Greek yogurt is strained three times, removing more of the whey part of the milk. Greek yogurt has a thicker consistency as a result.

Some yogurt manufacturers pasteurize their products, while others do not. Always look for brands that list "live active cultures" on the label to maximize the benefits of eating yogurt. Organic yogurt is becoming more avail-

able in a variety of sizes. Yogurt should be stored in its original container and stays fresh for approximately one week past the expiration date.

## GREEK YOGURT VS. REGULAR YOGURT

The nutrition information for Greek yogurt is superior to regular yogurt in that the protein content is higher for a similar calorie count. An eight-ounce serving of Greek yogurt contains about 20 grams of protein, almost twice that of regular yogurt. The high protein content helps to control hunger for those who are cutting calories or managing their weight. The carbohydrate content is also much lower in Greek yogurt, a benefit for those on a carbohydrate-controlled diet in managing diabetes and obesity.

Plain, nonfat or low-fat Greek yogurt is the most whole-some choice for those on a reduced-calorie diet or anyone seeking to increase protein intake; just be mindful of those with added sugars, which significantly increase the carbohydrate and calorie content. While calcium content is lower in Greek yogurt than conventional yogurt (as it is lost through the straining process), it is still considered a good calcium source. On the plus side, this straining process also contributes to its lower lactose and sodium content, making it a possibility for many lactose-intolerant consumers.

## **PROBIOTICS**

One of the most significant health benefits of consuming yogurt on a regular basis is the presence of probiotics, and Greek yogurt has a higher percentage due to its concentration. Yogurt is the most common source of naturally occurring probiotics in food eaten by Americans. These live microorganisms are also naturally found in kefir, sauerkraut and buttermilk.

# 

The main benefits of probiotics are:

- Ensuring proper digestion
- Absorption of nutrients
- Immune health

The potential benefits of probiotics include alleviating diarrhea and constipation, inflammatory bowel disease, ulcers, allergies and lactose intolerance. Probiotics may even protect against colon and bladder cancer. There is limited evidence on the uses and benefits of probiotics and ongoing research is needed to explore them, but eating yogurt is a simple way to include them in your diet. If you have gastrointestinal issues, then it is worth discussing supplementation of a high-potency probiotic with your physician. For patients who have undergone bariatric surgery, such as gastric bypass or duodenal switch, they may also help to treat or prevent some nutritional deficiencies through increased absorption.

Plain Greek yogurt is versatile in that it may be eaten sweet or savory, and can be substituted for many ingredients in cooking, as it does not curdle when heated like regular yogurt. Its thicker consistency also makes it a great addition in place of higher fat ingredients, such as regular sour cream, heavy cream, mayonnaise and cream cheese. Generally, when cooking with Greek yogurt, it is ideal to fold it into other ingredients as stirring will cause it to become thinner.

## COOKING TIPS AND SUBSTITUTIONS

- Replace sour cream in a ranch-style dip with Greek yogurt for a low-fat, high-protein snack to dip cucumber slices, bell pepper strips and carrot sticks.
- Substitute Greek yogurt in place of mayonnaise in chicken/tuna/egg salad recipes.
- Flavor Greek yogurt with your favorite fresh herbs and spices before adding to recipes, or add it to marinades to aid in meat tenderizing.
- Add chopped cucumber and dill weed to plain yogurt and use as a topping for salmon or grilled chicken.
- Top plain Greek yogurt with fresh berries or fruit and a calorie-free sweetener of your choice in place of fruit-flavored yogurt that contains added sugar. Try layering in a wine glass to make a pretty parfait and top with snipped fresh mint as a flavorful garnish!
- Greek yogurt topped with a couple tablespoons of high-fiber cereal or low-fat granola and pumpkin seeds are a perfect way to add a bit of crunch and texture with much fewer calories and carbohydrates versus eating a bowl of cereal.
- Another way to flavor plain yogurt is to add sugar-free preserves or sugar-free gourmet syrups such as those that are added to specialty coffee drinks.
- Mix lime juice (or a crystallized lime packet), a calorie-free sweetener, and a teaspoon of vanilla extract with Greek yogurt for a dessert-like treat in place of key lime pie.
- To increase protein content as a meal replacement and promote fullness, fold in protein powder, or mix in blender with protein powder, water and ice for a creamy shake.

Greek Yogurt continued on next page

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#### Greek Yogurt continued from previous page

- Try freezing yogurt flavored with sugar-free flavoring or protein powder, such as mint chocolate chip or birthday cake flavored protein powder, for a delicious and healthy frozen treat. Note that freezing yogurt does not harm the friendly bacteria.
- Heating yogurt over 120°F destroys the beneficial bacteria. Instead of mixing directly in a hot liquid, stir a few tablespoons of the hot food into the yogurt, warming it gradually. Next, stir the warmed yogurt into the hot mixture. Add yogurt close to the end of the cooking process in the case of a sauce. Experiment with recipes that call for cream cheese or heavy cream.
- Swap eggs and oil in baked goods for Greek yogurt; while you will not receive the health benefits of the bacteria in this case, it makes for a very moist product.
- If mixture becomes too thin after stirring yogurt in a dip or dressing, thicken it by chilling the mixture for one to two hours.

### CONCLUSION

As you can see, there are a variety of ways that Greek yogurt may be used in cooking and even as a protein-rich meal or snack, depending on your meal plan. In counseling patients on a low-calorie diet, I find they quickly become fatigued with the protein sources they have to choose from and yogurt is a simple meal when one is not up to chewing a three to four ounce portion of meat, fish, poultry or eggs.

If it is prepared as indicated, a six-ounce portion of Greek yogurt contains approximately 100 calories, seven grams of carbohydrate and 18 grams of protein before adding anything to it. Hopefully, if you have never tried Greek yogurt, you now have some incentive to give it a try and some new ideas that maybe you had not thought of in the past. The last tip I would suggest is trying more than one brand of Greek yogurt and tasting it in numerous ways until you acquire a taste for it. Greek yogurt does have a nutritional edge to its counterpart, and I will continue to encourage people to make this simple, healthy swap!

#### About the Author:

Pam Helmlinger, RD, LDN, has worked with the Center for the Treatment of Obesity at Centennial Medical Center since 2006. She is specialized in bariatric surgery and holds a certificate of training in adult weight management. Currently, she provides pre and post-op nutritional counseling in addition to education for patients in a medical weight-loss program.





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