



GROWN
I CAN LEARN
PROBLEMS

YOUR
WEIGHT

000000

Winter 2014

Matters

MAGAZINE

FOR YOUR HEALTH

Shame Campaigns

Do they work?

p. 26

SETTING THE PACE

with Active Office Design

KID'S Corner

Learn to Have a Healthier Relationship
with Food



Your Weight MattersSM Magazine is the Official Publication
of the Obesity Action Coalition

What
POWER
Does
Willpower
Hold?

Dear Doctor

Why doesn't liposuction cure obesity?

SIMPLIFY THE ROAD AHEAD

Meeting post-bariatric surgery
vitamin & mineral needs is easy
with OPTISOURCE® products



OPTISOURCE® Chewable Vitamin & Mineral Supplement

- Formulated to help meet vitamin and mineral needs following bariatric surgery
- Four tablets provides at least 100% Daily Value for 22 vitamins and minerals
- Available in citrus flavor
- Gluten-free



OPTISOURCE® Very High Protein Drink

- Helps meet protein needs after bariatric surgery.
- 12 grams of protein per serving
- No sugar added*

*This drink is not a reduced calorie food. See supplement facts for information about calories and sugars.



Stay confident in the new you with OPTISOURCE®.

Meeting your body's new nutritional requirements after bariatric surgery can be both overwhelming and time consuming. Newly reformulated to meet recent bariatric nutrition guidelines, OPTISOURCE® makes it easy to get 100% Daily Value of 22 vitamins and minerals in just four chewable tablets. Try OPTISOURCE® Very High Protein Drink—a convenient way to help ensure you obtain adequate protein to help maintain muscle.

YOU CAN DEFINITELY DO IT.

OPTISOURCE® will help you meet your daily vitamin, mineral and protein intake goals. After all, there are adjustments to be made, but that's no reason you can't make every bite count. OPTISOURCE® is here to help you succeed after bariatric surgery.

NestleNutritionStore.com

Also available at:

amazon.com

CVS.com

drugstore.com

Walgreens.com

OPTISOURCE®

OPTISOURCE® Very High Protein Drink is intended for use under medical supervision. It is not intended as a sole source of nutrition. Ask your physician if OPTISOURCE® Chewable Vitamin and Mineral Supplement and OPTISOURCE® Very High Protein Drink are right for you.

www.NestleHealthScience.us • 1-800-422-ASK2 (2752)

Except where noted, all trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland. © 2013 Nestlé.

OPTS-12764-0813



NestléHealthScience
NOURISHING PERSONAL HEALTH

CONTENTS

News from the OAC **5**

OAC welcomes Ted Kyle, RPh, MBA as Chairman and releases National PSA raising awareness of weight and health.

Setting the Pace with Active Office Design **12**

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

New office environments are emerging to confront issues of employee health.

What "Power" Does Willpower Hold? **18**

by Melinda J. Watman, BSN, MSN, CNM, MBA

Willpower is important, but how do we understand it well enough to maintain it?

6 OAC Members Matter

by Walter Medlin, MD, FACS

Dr. Walter Medlin discusses the impact being an OAC Member has had on his life.

16 Obesity and Asthma

by Nancy Kushner, MSN, RN, and Robert Kushner, MD

What impact does Obesity have on asthma?

22 The Evolution of Centers of Excellence for Bariatric Surgery

by Lloyd Stegemann, MD, FASMBS, and Pam Davis, RN, BSN, CBN

As the quality of bariatric surgery improves, new accreditations have emerged.

26 **SHAME CAMPAIGNS** - DO THEY WORK?

feature

by Rebecca Puhl, PhD

Fat shaming campaigns have emerged in many different media environments and most are done with good intentions... but do they actually work?

Dear Doctor **34**

Why doesn't liposuction cure obesity?

Answer provided by Alan Wittgrove, MD, FASMBS

Doctor Alan Wittgrove answers why liposuction doesn't cure obesity.

KID'S Corner **44**

Learn to Have a Healthier Relationship with Food

by Mari W. Broome, MSW, LCSW

Being a teenager is hard and learning to have a healthier relationship with food can help make it a little easier.

Dress it; Don't Drench it **52**

by Lea Crosetti, RD, CSSD

Learn how to make certain your salad isn't being drenched in hidden calories.

36 Seeing Beyond the Calories

by Eleni Papadopoulos

As calorie counts become more commonplace on menus, it's important to understand what's going on behind the calories.

48 Why Aftercare is Not Optional for Long-term Success

by Jill C. Williams, MS, CPT

After a patient receives bariatric surgery, it's important to understand how support networks can help sustain long-term success.

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

*Your Weight Matters*SM Magazine is a quarterly publication published in Winter, Spring, Summer and Fall. Subscription to *Your Weight Matters*SM Magazine is an OAC membership benefit.

Opinions expressed by the authors are their own and do not necessarily reflect those of the OAC Board of Directors and staff. Information contained herein should not be construed as delivery of medical advice or care. The OAC recommends consultation with your doctor and/or healthcare professional.

For Content Contributions and Advertising Information: Please contact James Zervios at jzervios@obesityaction.org. The acceptance of advertising in *Your Weight Matters*SM Magazine does not constitute or imply endorsement by the OAC of any advertised product or service.

OAC 2014 Board of Directors

Ted Kyle, RPh, MBA - *Chairman of the Board*
Pam Davis, RN, CBN, BSN - *Immediate-Past Chairman*
Georgeann Mallory, RD - *Treasurer*
Jacqueline Jacques, ND - *Secretary*
Tammy Beaumont, BSN, RN, CBN
Jim Fivecoat, MBA
Amber Huett-Garcia, BS, MPA
Robert Kushner, MD
Holly F. Lofton, MD
Tracy Martinez, RN, BSN, CBN
Walter Medlin, MD, FACS
Lloyd Stegemann, MD, FASMBS
Michelle Vicari
Melinda J. Watman, BSN, MSN, CNM, MBA

Joe Nadglowski
OAC President/CEO

Ted Kyle, RPh, MBA
OAC Chairman of the Board

James Zervios
Senior Editor

Lindsay McGhay
Editor

Matthew Gunther
Designer

*Your Weight Matters*SM Magazine - OAC
4511 North Himes Avenue, Suite 250
Tampa, FL 33614
(800) 717-3117 • Fax: (813) 873-7838

www.ObesityAction.org • info@obesityaction.org

A Message from the OAC Chairman of the Board

Serving the Obesity Action Coalition (OAC) as chairman is a tremendous privilege and a daunting responsibility because OAC is the essential partner for progress in obesity.

Almost eight years ago, people affected by obesity could not speak with a unified voice to policy makers. When a legislator pointed that out, he inadvertently planted the seed for the OAC. In 2005, the OAC was formed as a 501(c)(3) charity to become the voice for people affected by obesity, with a mission to elevate and empower through education, advocacy and support.



Ted Kyle, RPh, MBA

For anyone affected by obesity, it's pretty obvious that the response to obesity is based more on bias than evidence. Discrimination against people with obesity is pervasive and rooted in a widespread and mistaken conviction that obesity is a condition of choice. As Al Roker pointed out in talking about his own experiences, "I think it's the last bastion of being able to be intolerant. People who would never think of dealing in racial or sexual stereotypes will still throw in a fat joke because it's still okay. Really?"

OAC is changing this situation through advocacy, education and empowerment of everyone affected by obesity. We have a talented staff doing amazing things. We have nearly 50,000 members nationwide who find strength in numbers at the OAC and who lend strength to each other through encouragement and the community they find online and at our Annual Convention.

The tone is changing. While bias against people with obesity remains all too common, I see signs that thoughtful people are recognizing the problem and doing their part to change it. Both parties in Congress are seriously considering new legislation for expanded access to treat and reduce obesity.

Jim Fivecoat, MBA; Barbara Thompson, MLS; and Pam Davis, RN, BSN, CBN, – the OAC Chairs who came before me – will forever have my thanks and deep respect for their leadership of this essential organization.

And I'm counting on you, the members of OAC, to keep us on track for a future where every person affected by obesity is empowered with good information and access to tools for a healthy life, free of weight bias and discrimination.

Thank you for the opportunity to serve the OAC.

Ted Kyle

facebook

twitter

Linked in

You Tube

Pinterest

flickr

Google+

Cover Photo: © istockphoto.com/iconogenic
© istockphoto.com/hayespography

Disclaimer: The models used in this publication neither endorse nor are associated with any products or treatments advertised/discussed/editorialized, nor are they representative of any conditions, diseases or other health-related illnesses, conditions or diagnoses depicted/discussed/editorialized within this publication.

Ted Kyle, RPh, MBA, Begins OAC Chairmanship

The OAC has welcomed Ted Kyle, RPh, MBA, as Chairman of the Coalition. As a longtime OAC member and frequent *Your Weight Matters*SM Magazine author, Ted has consistently provided the OAC with dedication, knowledge and obesity-focused expertise.



Ted Kyle, RPh, MBA

"The OAC is unlike any other obesity-focused nonprofit. The OAC truly represents those affected by this disease and fights on a daily basis to ensure those affected are respectfully represented in all areas, such as advocacy, combating weight bias and discrimination, treatment and much more. I hope my service can complement the passion and determination of all our members," said Ted Kyle, RPh, MBA, OAC Chairman.

Ted was also the recipient of the 2012 OAC "Member of the Year" award presented at the Inaugural *Your Weight Matters* Convention. To view Ted's first Chairman's message, please see opposite page.

The OAC also welcomes Walter Medlin, MD, FACS; and Melinda J. Watman, BSN, MSN, CNM, MBA, to the OAC National Board of Directors. Dr. Medlin was recently honored with the OAC's "Member of the Year" award during the 2013 OAC's *Your Weight Matters* National Convention. Dr. Medlin is a frequent author in *Your Weight Matters*SM Magazine and often takes-on difficult topics to educate OAC members. He is the director of the Metabolic Surgery program at Billings Clinic in Montana and has struggled with his weight since first grade.

Melinda was also honored at YWM2013 with the OAC's "Bias Buster of the Year" award. In June 2013, Melinda testified with courage and passion to a panel of legislators about her personal experiences with weight bias and obesity, the importance of respecting people of all sizes and shapes and protecting them from discrimination.

The 2014 Board of Directors' slate was presented to the Membership in the November 2013 *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.

We welcome all of these individuals to the OAC and look forward to their contributions as leaders of the Coalition.

OAC Offers FREE Online Educational Webinars

The OAC is now offering free educational webinars online. Located at www.ObesityAction.org, under the

"Educational Resources" tab, you will find FREE educational webinars focusing on a variety of educational topics, such as "deciphering popular diets," "willpower," "planning, shopping and dining," and "self-perception."

You can easily view each webinar on the main page or visit the OAC's YouTube channel to view them as well. The topics featured in each webinar are presented by the same speakers who presented them during the *Your Weight Matters* National Convention in Phoenix. Head on over to the OAC's YouTube page and check them out today!

OAC Releases National Video PSA



In October 2013, the OAC released a National video public service announcement for the *Your Weight Matters*SM Campaign. The video PSA focuses on the message of the Campaign which is to visit www.YourWeightMatters.org, take the Campaign Challenge and talk to your healthcare provider about your weight.

To date, the Campaign PSA has played throughout the United States encouraging all Americans impacted by excess weight and obesity to improve their health and manage their weight. To view the PSA, please visit www.YourWeightMatters.org.

OAC Welcomes Matt Gunther as a New Staff Member

The OAC is proud to welcome Matt Gunther to the organization as the new Graphic Designer and Multimedia Coordinator. Matt is a graduate of the Ringling College of Art + Design, and is responsible for all graphic and design needs of the organization. In addition, Matt also assists in developing a stronger presence of the organization through multimedia and new media.

"The OAC is excited to have Matt onboard. As we continue to grow and evolve, especially with video and multimedia, Matt will play an integral role in representing the OAC's messaging," said Joe Nadglowski, OAC President and CEO. The OAC Board of Directors and staff welcome Matt to the OAC team.

Education Matters
Advocacy Matters
Support Matters

OAC MEMBERS
MATTER

MY STORY:

How OAC Invited Me, Encouraged Me, and Gave Me a Way to REACH OUT!

by Walter Medlin, MD, FACS

I didn't know who "Fat Albert" was when I arrived at the party for second grade at my new school, but the taunt rang out clearly when I arrived. I didn't know anyone yet and felt immediate shame – my earliest memory of the negative image of obesity. Call it teasing, bullying or discrimination, but most of us who are heavy have dealt with more than our share. Obesity is not completely unique, and the amount and intensity varies, but few escape without some emotional scarring. It kept me in a shell, and didn't stop even in job interviews for surgical training programs after medical school, even in work with other caregivers.

Later in life, bariatric surgery became a part of my journey. Obesity Action Coalition (OAC) brings purpose and community to my experience with both parts of this disease. Living with obesity can be lonely with or without surgery. Most of us respond to vulnerability by protecting ourselves – We stop **reaching out**.

My relationship with the OAC started simply with me joining. I filled out a card and probably it was even my wife who wrote the check for just basic membership. I am not blessed with being a "natural joiner," but throughout a few years, I got to know OAC leaders just by showing up at the OAC's mixer reception at the American Society for Metabolic and Bariatric Surgery's annual surgery conference and by using OAC materials for my patients.



I happened to have a family member in the Washington, DC, area; I thought it might be helpful to try tagging along on one of the legislative visits. I met Chris Gallagher, OAC Policy Consultant, and several members on an OAC Day on the Hill visit. I learned that simply telling our story, just showing up, is all we need to do to be effective. Even if it is hard to see the immediate impact, the language and tone of the discussion changes steadily



Walter Medlin, MD, takes a break from hiking to pose for a picture with his dog, Dudley.



Just two months post-surgery, Dr. Medlin catches some waves.

throughout time. Most public servants want to understand and want to make and support good policy.

OAC reclaims our dignity by speaking out. It gives us a platform to call-out bias in the media, in popular culture ignorance and in public policy. As many groups before us learned, bigotry often hides behind the excuses, "I don't agree with this policy, but I can't help change things." OAC fights friendly, but persistently, through the actions of its members in a variety of ways.

OAC encourages us to reach out to each other. I am so thankful to those who lead our social movement including Michelle Vicari (Eggface), Beth Sheldon Badore (Melting Mama) and so many others. Just look up #nsv for a lift! *Your Weight Matters*SM Magazine is always inspiring and educational. Inspired by the efforts of these folks, I learned to leave my comfort zone to try to make a difference with their encouragement. I have learned to blog a bit, to Tweet even! I dipped my toe into writing for *Your Weight Matters*SM Magazine once, and then was shocked to see they liked it! So, I kept saying "yes" when asked. Why not? – they are all so supportive and appreciative of my clunky efforts. I was challenged to help out at the *Your Weight Matters*SM Inaugural Convention in Dallas, and I learned so much from that. We are really ALL growing together!

I have benefited directly, but I see many others in even greater need of OAC for support. That keeps me motivated and focused for this organization to grow. Many of my patients are suffering far more emotionally than they are medically. In my practice, all of our surgical patients are offered OAC membership because I truly believe that it is indispensable for quality of life after bariatric surgery.

Even more importantly, those who have no access to care are desperate for hope. OAC has won many victories, and provides great resources to help change policy and correct so many misconceptions that can lead to bad policy at the employer level,

Members Matter continued on page 11

Join the Only Coalition of Individuals Affected by Obesity

OAC Membership Categories

(select one)

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

OAC Membership Add-ons

Add-on 1: Educational Resources

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

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

Add-on 2: Make a General Donation

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

- | | |
|-------------------------------|--------------------------------------|
| <input type="checkbox"/> \$5 | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> Other _____ |

Membership/Add-on Totals:

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

Contact Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Payment Information

- ☐ Check (payable to the OAC) for \$ _____.
- ☐ Credit card for my TOTAL membership payment of \$ _____.

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Discover® | <input type="checkbox"/> Visa® |
| <input type="checkbox"/> MasterCard® | <input type="checkbox"/> Amex® |

Credit Card Number: _____
Expiration Date: _____ Billing Zip Code: _____

RETURN TO:

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

Fax: (813) 873-7838



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

EVERY DAY SOMEONE STARTS A DIET THAT MAY NOT WORK

WE HAVE 2 REASONS WHY THAT COULD CHANGE



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

2 IN 1 WEIGHT LOSS

One ingredient likely reduces appetite and decreases food consumption



The other ingredient may make you feel full throughout the day

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

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

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

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

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

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

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

IMPORTANT SAFETY INFORMATION

Who should not take Qsymia?

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

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

Qsymia can cause serious side effects including:

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

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

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

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

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

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

What are the possible side effects?

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

Some common side effects include:

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

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

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

Please see Important Facts for Qsymia on following page.

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

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

Qsymia[®]
(phentermine and topiramate
extended-release) capsules 
Imagine the feeling

ASK YOUR DOCTOR IF QSYMIA IS RIGHT FOR YOU.

Learn more about Qsymia and money-saving offers at www.Qsymia.com.



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

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

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

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

Qsymia can cause serious side effects, including:

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

Women who are pregnant must not take Qsymia.

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

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

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

What is Qsymia?

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

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

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

Who should not take Qsymia® CIV?

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

What should I tell my healthcare provider before taking Qsymia?

Tell your healthcare provider if you:

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

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

Especially tell your healthcare provider if you take:

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

What should I avoid while taking Qsymia?

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

What are the possible side effects of Qsymia?

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

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

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

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

Need more information?

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

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



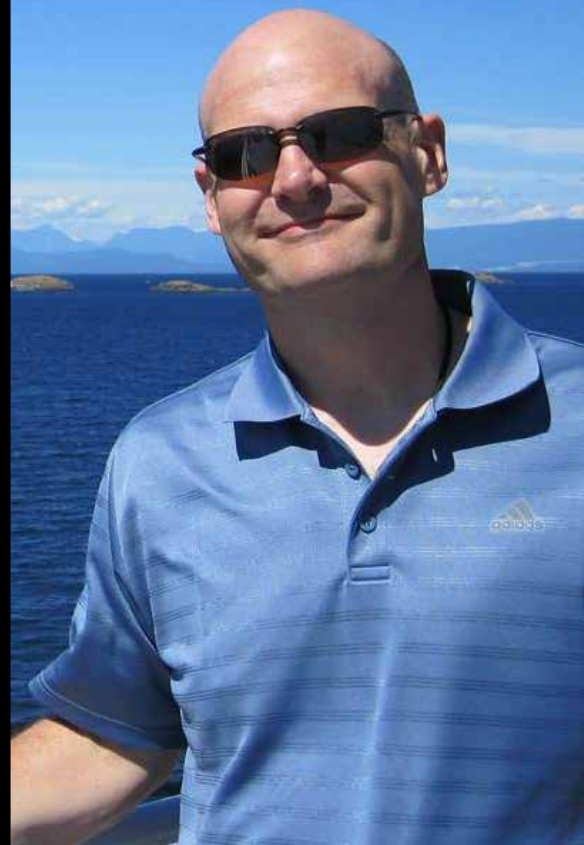
© 2013 VIVUS, Inc. All rights reserved. 100370.01-USP

the FDA, our federal government, and even in that most important arena of public opinion.

Our great nation does not have a monopoly on justice, but I am honored to be a part of an organization that follows the examples of great American movements for civil rights regarding race, gender, age equality and equal care for those with mental health and HIV issues. We stand on great shoulders!

I often say, the word **ACTION** in the OAC's name is so important! We are all needed in this effort to make a difference. Follow your heart, and do what you do well for the benefit of all in our community. Please, **REACH OUT** in your own way. You will find empowerment and fulfillment beyond your greatest hopes – I surely have. Thanks OAC!

Dr. Medlin poses for a picture while visiting Tofino in Canada.





Setting the Pace

with Active Office Design

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

Fitting in exercise before or after work can be a hassle. You either set the alarm for an extra early wake-up call or push yourself to hit the gym at the end of a long day, when all you want to do is collapse on a couch and zone out. But it wasn't always like this.

"Sitting Disease"

Americans used to get in a lot more activity right on the job. We lifted, we carried, we hammered, we nailed. But since a lot of manufacturing jobs disappeared overseas and technological advances made it almost a requirement for people to be sitting at a desk or in front of a computer, getting in an appropriate amount of activity has become more challenging. Between work, driving, and watching TV, nearly half of us sit six or more hours a day. And

we're suffering the consequences. Scientists and healthcare professionals are beginning to talk about a condition called "sitting disease," which has been associated with increases in diabetes, blood pressure, cancer, heart attacks, and death.

Studies show that sitting for an hour or more causes the body to slow the production of enzymes that burn fat by as much as 90 percent. It also slows the metabolism of glucose and lowers the level of good HDL cholesterol. The biggest

surprise may be that people who are active outside of work are equally affected by long periods of sitting.

In a recent interview in *USA Today*, James Levine, professor of medicine and endocrinology at the Mayo Clinic in Rochester, Minnesota, and an expert on inactivity studies, says, "If you've been sitting for an hour, you've been sitting too long. My gut feeling, based on the science, is you should be up for ten minutes of every hour. Most likely if you are working in an American office, you are sitting too much." The World Health Organization identified the workspace as a place of critical priority for health promotion and the creation of preventive measures.

Active Design

Some companies today have started to take notice of the toll inactivity is taking on their employees and are making changes. They're creating offices and personal workspaces that encourage associates to incorporate movement and activity into every part of their daily routine. This is part of a larger movement called Active Design. Active Design encourages architects and space planners to consider every aspect of an environment and how likely it is to encourage activity. City planners use Active Design to create outdoor space in which the things people need – like post offices, grocery stores, and coffee shops – are close to one another

so that we're encouraged to walk to use them. They create safe, inviting bike paths that connect high density living areas to high density job areas. New York City recently revised its Active Design guidelines for architects, designers, and builders. This is how the guide begins:



Photo ©istockphoto.com/Lya_Cattel

"In the 19th and early 20th centuries, architects and urban reformers helped to defeat infectious diseases like cholera and tuberculosis by designing better buildings, streets, neighborhoods, clean water systems and parks. In the 21st century, designers can again play a crucial role in combating the most rapidly growing public health epidemics of our time: obesity and its impact on related chronic diseases such as diabetes, heart disease, and some cancers."

New York City instituted its first Active Design guidelines six years ago, and now the city serves as a model for other cities turning toward healthier environment planning, such as Nashville, Philadelphia, Tucson and Seattle.

Active Design architects who design offices are doing the same thing as their urban planning brethren, albeit on a more personal scale. Current office design often relies on elevators as the primary mode of moving people from floor to floor. Stairways are tucked out of sight and are considered part of fire exit pathways, not a primary transportation option. Active Design architects flip that. They're placing large and inviting stairways in the middle of offices and tucking elevators out of sight. They're reducing

the number of coffee, printer and copier stations so people have to walk to get to one, and when they do, they are more likely to be communing with their co-workers. Active Design planners are also building more green space and walking trails outside buildings to

"If you've been sitting for an hour, you've been sitting too long."

Setting the Pace continued on next page



Photo ©istockphoto.com/JohnDoo

Setting the Pace continued from previous page

encourage walking meetings. And they're not limiting their vision to shared spaces.

Walking and Working

Perhaps the biggest change Active Design proponents are pushing is a revolution in how we think of individual workspaces. Rather than a sitting desk and chair, Active Design proponents are building individual workspaces that include a standing desk or even a standing treadmill desk, which employees can walk on as they work.

According to Levine, "Currently, the default at work is sitting. We need the default to be standing. If you are standing, you are more likely to move. You cannot walk unless you are standing. Studies suggest that if you can get people standing, they will move more and their health parameters will improve." Since experts don't recommend standing or walking all day (and many of us couldn't do it anyway), the ideal may be something closer to half an hour of standing or slow walking followed by half an hour of sitting.

According to a recent article in the *New York Times*, Steelcase, a leading manufacturer of office furniture, began to offer standing desks in 2004. In the last five years, sales have increased fivefold, to more than \$40 million annually.

Steelcase's offerings are not cheap. Prices start at \$1,600 and go as high as \$4,000 for the desks that include treadmills. Customers include Chevron, Apple, Intel, Allstate, and

"According to a recent article in the New York Times, Steelcase, a leading manufacturer of office furniture, began to offer standing desks in 2004. In the last five years, sales have increased fivefold, to more than \$40 million annually."

Google. Manufacturers with more affordable options, such as Ergo with an easily adjustable standing desk it calls a "Kangaroo" and TrekDesk with a \$479 desk you add over your own treadmill, have jumped into the market as well. Other people have created their own desks from available materials and have shared their easy-to-follow designs on the web. As prices drop and the principles of Active Design become more common, the number of people with healthier workstations will grow. Cutting edge geek-istas are already catching on:

Wired Magazine recently put "Get a standing desk" on a list of "18 Data-Driven Ways to Be Happier, Healthier, and Even a Little Smarter" that also includes "Load your plate for maximum nutrition, not maximum taste," "Conserve your willpower" and "Learn to read a scientific report."

Conclusion

Until your company moves to Active Design, incorporating your own version of Active Design into your work day will benefit you. Levine offers the following suggestions:

It is critical to develop a degree of consciousness to your sitting habits and develop the resolve to move. The mantra we use is: Tag it, think it, do it. For instance, tag an activity where you want to become active such as a weekly telephone conference. Think about how you will make it chair-free — for instance, get a longer handset-to-phone cord. Then do it. Make that weekly teleconference active — pace about your desk during the call.

And if you manage to get yourself upright for at least a part of your workday, consider yourself in good company. Ernest Hemingway, Vladimir Nabokov, Philip Roth, Lewis Carroll, Thomas Wolfe, Benjamin Franklin, and Thomas Jefferson are reported to have been devotees of standing while they worked.

About the Authors:

Ted Kyle, RPh, MBA, is a pharmacist and health marketing expert and is also Chairman of the OAC National Board of Directors.

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



TAKE A STAND AGAINST OBESITY

*Make your patient's next attempt to beat obesity, their last.
Their life depends on it.*

For those struggling with obesity, it is more than an inconvenience, a source of frustration or a matter of looks. It's a matter of life and death. Losing excess weight can mean resolving diabetes, improving sleep apnea and reducing the risk of stroke or heart attack. The reality is that sustained weight loss can change lives — **and possibly even save them.**

► **For more information and to access patient education resources, visit www.covidien.com/bariatrics.**

COVIDIEN, COVIDIEN with logo, Covidien logo and *positive results for life* are U.S. and internationally registered trademarks of Covidien AG. All other brands are trademarks of a Covidien company. ©2013 Covidien. 11.13 US130298



COVIDIEN

positive results for life™

Obesity and Asthma

by Nancy Kushner, MSN, RN, and Robert Kushner, MD



Photo ©istockphoto.com/tap10

Weight gain and obesity have been associated with many chronic conditions like diabetes, hypertension and sleep apnea. Asthma can now be added to this list of chronic conditions affected by obesity. An increase in asthma has been seen in both children and adults with obesity, particularly among women.

Asthma is a condition whereby one's airways can narrow and produce extra mucus causing symptoms of coughing, wheezing and shortness of breath. Symptoms can be minor or severe and can affect both children and adults.

Obesity itself is now listed as a risk factor for the development of asthma. A person who is affected by obesity has a higher chance of developing asthma and of having a more severe condition that responds less well to medications. A clear-cut relationship has also been described whereby the higher one's weight, the higher one's chances of developing asthma. Obesity has specifically been associated with an increase in daily asthma symptoms, missed workdays, an increased use of bronchodilator medications and an increased risk of hospitalization.

How can obesity cause someone to develop asthma?

The association between obesity and asthma is complex and still being studied. Different mechanisms have been described that may possibly influence this relationship:

Genetics

Asthma and obesity may both partly share genetic origin. A common gene set may increase the chances of developing both conditions. Some studies on twins show a strong association between the twins' asthma and their body size. And the latest research shows that genes linked to chronic inflammation in asthma may be more active in people who are affected by obesity. Prenatal and early-year nutrition may also play a role.

Mechanical

Obesity can cause many changes in both lung mechanics and function. Obesity is thought to limit the expansion of the lungs which can impair lung function. Studies reveal that subjects with obesity demonstrate altered breathing patterns and reduced lung volumes, even when exercising. The chest wall of these subjects have been found to be less elastic which can increase the work of breathing and cause people to experience exercise-induced shortness of breath.

Inflammation

Though obesity is known to create chronic inflammation in the body, its role in causing airway inflammation commonly seen in asthma has not been confirmed. This area needs further study.

Associated medical conditions

It is thought that obesity can cause asthma through its effects on other diseases associated with obesity like gastroesophageal reflux disease (GERD), sleep disordered breathing (SDB), hypertension, lipid disorders or type 2 diabetes.

However, the relationship between asthma and these co-morbid conditions is complex. Though these conditions may be increased in patients with asthma, it is unclear whether their influence on asthma is independent of obesity. These relationships need further exploration.

Will losing weight improve asthma control?

A decrease in asthma flare-ups, day and nighttime symptoms, use of rescue medications, and daily activity restrictions are some of the ways to tell if asthma is controlled. The effect of weight reduction on asthma control is an area of continued study.

Published studies thus far all point to improved asthma control in those with asthma and obesity who are losing weight. And when patients lose weight through bariatric surgery, the improvements seen are even more dramatic; these include significant improvements in asthma severity, decreased use of asthma medications, less shortness of breath, improved ability to exercise and fewer hospitalizations due to asthma flare-ups. These improvements in asthma are mostly due to better symptom control versus documented improvements in actual airway inflammation so commonly seen in asthma.

Whether through diet and exercise or surgery, weight-loss is now the recommended therapeutic goal in patients affected by obesity wanting better asthma control.

What else can be done to prevent and treat asthma flare-ups?

Work with your healthcare provider to get an asthma action plan that outlines how to prevent asthma attacks and how to treat asthma flare-ups through medication therapy and other lifestyle modifications.

Know your asthma triggers and how to avoid them.

Common triggers may be:

- Cigarette smoke
- Airborne pollen
- Grass and weeds
- Pet dander
- House dust
- Mold spores from damp areas in the house
- Exercising in the cold

Avoid triggers by:

- Not smoking and staying away from others who smoke
- Using air conditioning and keeping windows closed during pollen season
- Minimizing dust especially at nighttime by encasing mattress and pillows in dust-proof covers
- Using flooring instead of carpeting
- Using window treatments that are washable
- Keeping damp areas in bath and kitchen clean and free of mold spores
- Avoiding pets with fur or feathers and having pets regularly bathed
- Cleaning home regularly, wearing mask if affected by dust
- Covering mouth or wearing face mask if exposure to cold is a problem

What are some healthy lifestyle behaviors that are prudent to follow?

- Get regular exercise which can strengthen your heart, lungs and immune system
- Control your weight and don't gain weight
- Choose low-energy dense fruits and vegetables which are packed with antioxidants
- Talk to your healthcare provider about controlling heartburn symptoms, which can worsen asthma symptoms
- Reduce stress through deep breathing relaxation techniques, meditation or yoga
- Practice good hand washing techniques to decrease chances of catching colds or respiratory infections that can cause asthma flare-ups
- Follow your healthcare provider's advice regarding getting flu shots

Conclusion

It has been established that weight gain and obesity make asthma control more difficult while losing weight universally improves asthma symptoms. Still, further research is needed to clarify the complex, multifactorial relationship between obesity and asthma.

About the Authors:

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

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, and author of 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.



Photo ©istockphoto.com/shmeljov



Photo ©istockphoto.com/nelic

Let's start with the definition of **WILLPOWER**. **Dictionary.com** offers the following: **Control of one's impulses and actions; self-control.**

This is hardly the simple sentence it seems to be. Rather, the study of willpower is fraught with controversy and conflicting research, with the consideration of whether or not willpower works for weight management. When it comes to willpower, there are likely some common questions floating in most of our minds:

- Does willpower exist?
- Do I have it?
- How do I get it?
- Why can't I control it?

Many of these questions are addressed in the research and the clarity and certainty we would like to have but unfortunately does not exist, which leaves us with the lingering question of, "Just what role does willpower play in obesity, diet and food choices?"

As I was putting this article together, I was struck by a long-standing and glaring example of willpower, or lack thereof – Adam and Eve. Let's put religion aside and consider the story and think of it solely in the context of willpower. What are the messages

THERE ARE CHARACTERISTICS USED TO DESCRIBE WILLPOWER, HOWEVER WHEN YOU COME RIGHT DOWN TO IT, IT ISN'T LIKE HANDING SOMEONE A DOLLAR BILL WHERE THERE IS NO QUESTION AS TO WHAT IT IS, WHAT IT IS WORTH AND WHAT IT IS USED FOR.

WHAT “POWER” DOES WILLPOWER HOLD?

by Melinda J. Watman, BSN, MSN, CNM, MBA

identified with lacking willpower? First, there is moral judgment resulting in punishment. Then there is good or bad, right or wrong, strong or weak. It is no wonder we beat ourselves up when we “fail” to have the willpower we so desperately feel we should have. Can it be we are wholly responsible for any gaps or lapses in willpower? Likely not, so let’s consider the “what,” “why” and “now what” of this topic.

FIRST, WHAT IS WILLPOWER?

This is not an easy question to answer. There doesn’t seem to be anything concrete to grab onto. There are characteristics used to describe willpower, however when you come right down to it, it isn’t like handing someone a dollar bill where there is no question as to what it is, what it is worth and what it is used for. But like many things with psychology at its root, willpower is a lot more complicated and has competing things influencing it.

Willpower continued on next page

Is This Your Solution For Gas & Stool Odor?



There's a Better Way!

Let's clear the air. You don't have to live with gas and stool odor. Now you can stop the odor you've been experiencing since your surgery, and it's as simple as taking a pill. FDA approved and doctor recommended Devrom® will neutralize malodor quickly and effectively. Devrom® is inexpensive, does not require a prescription, is available as a banana flavored chewable tablet or gel capsule, and has a 100% money back guarantee.



**Try
Devrom
Today!**

Devrom®
(200 mg bismuth subgallate)

www.devrom.com
or by calling 1-800-453-8898

The general categories of willpower include:

- **Controlling your impulses** – Such as buying popcorn at the movies because the smell suddenly hits your brain.
- **Delaying gratification** – In the near term, in order to realize the bigger goal such as foregoing the popcorn in order to reach your longer term goal of weight-loss.
- **Controlling emotions** – Such as trying to change your mood.
- **Controlling performance** – Such as managing how you do something – speed, accuracy, etc.

Recent research supports the analogy of willpower being like a muscle that tires and can be strengthened and trained. This consideration comes from a variety of studies that measure “ego depletion,” a concept put forth by Professor Roy F. Baumeister of Florida State University. Simply put, ego depletion refers to the fact that we have a

“bank account” of willpower and once it is used up, it has to be replenished. More or less, this bank account is configured as a daily measurement.

WHAT FACTORS CONTRIBUTE TO EGO DEPLETION?

Not surprisingly, resisting food/dieting results in ego depletion.

Many of the other

factors implicated are also ones involved with our overall wellbeing. Prime examples are stress, sleep deprivation, hunger, illness, complex decision making, and trying to achieve numerous goals at the same time. It’s important to remember that for most of us, we don’t have just one or two of these things going on – many of us have several of the ego depleting factors happening simultaneously and regularly. In fact, Baumeister’s latest research indicates that people spend three to four hours a day resisting desires.

WHY IS THIS IMPORTANT TO ME?

There tends to be a lot of self-rebuke among dieters when they “fall off the wagon,” “cheat,” or any number of other ways to describe a less than perfect attempt at losing weight. We blame ourselves for our weakness, lack of discipline,

self-control and willpower. For many of us, we see it truly as our fault without consideration to the many other contributing factors or research findings. In fact, we give a lot of “power” to willpower. So what does it all mean?

I would put forth that many with obesity are bombarded with an unusually high number of concurrent ego-depleting circumstances such as the following:

- **Stress** – worrying about one’s weight and health
- **Emotions** – stigmatization, self-incrimination, anger, frustration, guilt
- **Sleep deprivation** – sleep apnea
- **Illness** – comorbidities of obesity
- **Hunger** – diet and/or disease-induced

If we then add into the above other typical factors such as work decisions, family matters and others, it isn’t hard to understand why there is little if anything left over to have the willpower for long-term successful weight loss. While there hasn’t been research that exclusively looks at willpower and those with obesity, the research that has been done suggests that willpower, ego-depletion and food choices is a much more complex challenge than deciding to exercise or start saving money.

We know there are numerous contributors to how and why obesity arises and new research is continuously surfacing revealing new information and indicators. In addition to the psychological, where willpower and ego depletion live, there are the environmental, biological, hormonal, genetic, biochemical factors that play a critical role. Removing them from the equation is doing a disservice to anyone with obesity.

“NOW WHAT”?

We are back to square one – just what power does willpower have? Are we able to step away from the preconceived notion that the lack of willpower is a personal failing and perhaps embrace some of the new thinking about the topic? If so, we can reframe some of our old notions and take some of the new information and make it work for us and not against us. Perhaps the goal isn’t to consider willpower as the be all and end all to successful dieting. Perhaps it is something to be considered as a tool to use in other areas of our lives.



According to Baumeister and others, there are things we can do to increase the willpower factor. Trying to do things differently – writing with your non-dominant hand, learning something new, forming new (positive) habits, exercising and meditating – can all contribute to a larger willpower bank account.

WAYS TO HELP DECREASE EGO DEPLETION:

- MAKE DECISIONS WHEN YOU ARE FRESH, ALERT, NOT HUNGRY OR TIRED
- SET SHORT TERM GOALS
- SET CONCRETE GOALS
- MINIMIZE STRESS
- USE PRE-DETERMINATION THINKING BY PLANNING AHEAD — “IF SOMEONE OFFERS ME A PIECE OF CHOCOLATE, I WILL SAY THANKS AND TAKE OUT MY APPLE.”

It is time to take the power away from willpower. Nothing good or helpful comes from self-recrimination. It is hard to know if ego depletion will remain the framework, however, for the moment, it provides a way to restructure how we can think about and utilize willpower without having it fall completely on diet and food choice.

About the Author:

Melinda J. Watman, BSN, MSN, CNM, MBA, spent years in clinical practice and recently founded “THE F WORD FAT tiny word, BIG impact,” a company that provides educational seminars to organizations on understanding, managing and eliminating weight bias and discrimination. She is also a member of the OAC National Board of Directors.



Photo ©istockphoto.com/ValentynVolkov

Bariatric Advantage[®]
NUTRITIONAL SUPPLEMENTS



Formulated for YOU!

Nutrients you need for healthy living.

- » Meets the Specific Needs of the Bariatric Patient
- » Sugar Free or Low Glycemic
- » Easy to Digest and Great Tasting

Learn more about the comprehensive line of Bariatric Advantage micronutrient replacement products.

Call Toll-Free 1-800-898-6888 Or Visit www.bariatricadvantage.com



The Evolution of Centers of Excellence in Bariatric Surgery

by Lloyd Stegemann, MD, FASMBS, and Pam Davis, RN, BSN, CBN

Photo ©istockphoto.com/VH Levi

Each New Year brings change, and 2014 is bringing a significant change to the concept of Centers of Excellence in bariatric surgery. In fact, the biggest change is that the term “Centers of Excellence in Bariatric Surgery” is going away!

Background

A little history will be helpful here. In response to the rapidly increasing number of bariatric surgeries that were being done in the early 2000s and the rising number of surgery-related complications that followed, the American Society for Metabolic and Bariatric Surgery (ASMBS) decided to create the Centers of Excellence (COE) in Bariatric Surgery program. The ASMBS is the largest society for the specialty of bariatric surgery in the world. The vision of the Society is to improve public health and wellbeing by lessening the burden of the disease of obesity and related diseases throughout the world.

To qualify as a COE, a hospital and surgeon had to meet certain criteria that were believed at the time to be the minimal criteria necessary to provide a safe environment for patients before, during and after their bariatric surgery. Around this same time, the American College of Surgeons (ACS) developed their own quality designation for bariatric surgery program. The ACS is a scientific and educational association of surgeons founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

Almost every center that was doing any significant volume of bariatric surgery became a COE or they dropped out of the marketplace. And it worked. Although there is some argument as to whether it was the introduction of the COE concept that made bariatric surgery safer, what cannot be argued is that bariatric surgery is now safer than at any other time in the history of the specialty. Despite the overwhelming success of the COE concept, there were clearly flaws in the initial COE system that needed to be addressed.

Developing a New Accreditation Program – MBSAQIP



In 2012, ACS and ASMBS leaders began collaborating to take the best parts of their separate programs and join them into one comprehensive program. This new program, the

Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), rolls out in 2014 and reflects the advancements made in the field of bariatric surgery throughout the last 10 years. Bariatric centers who meet all the criteria under the new program will no longer be designated a "Centers of Excellence in Bariatric Surgery," but instead will receive the designation "Accredited in Bariatric Surgery."

The new accreditation program still requires centers to have adequate resources in place to assure that bariatric surgery can be done in an environment that promotes a culture of safety both in and out of the operating room and treats bariatric patients with the dignity and respect they deserve. The new accreditation program also places a heavy emphasis on reporting of data to the MBSAQIP database, which will allow us to study bariatric surgery at an unprecedented level. The new accreditation program requires bariatric centers to self-monitor their program and develop quality improvement initiatives to constantly improve their processes and outcomes. Patients that go to an "Accredited Center in Bariatric Surgery" can be assured that the center is committed to their wellbeing and to the field of bariatric surgery.

What Does this Mean for You?

Accreditation is a valuable thing. It ensures you that a bariatric center, and its surgeons, have passed a certain level of criteria to practice bariatric surgery. However, this does not mean that this is the **ONLY** thing you need to consider when learning more about bariatric surgery. There are many other things to consider, and it's very important to discuss surgery with your family members and loved ones. Below, we've assembled a list of questions you should consider when looking for a surgeon and bariatric center:

Questions for You

1. What does it mean to be "Accredited in Bariatric Surgery"?

When a program is an MBSAQIP Accredited Center, it means they meet the minimum requirements as established by a joint effort between the ASMBS and ACS.

2. How does that affect me as a patient?

When you have bariatric surgery, the primary goal is always your safety. By following all of the guidelines to become an accredited center, the surgeon and program demonstrate their commitment to your safety. This also includes delivering your care in a sensitive manner. Some examples are having hospital gowns and beds that are more accommodating, having dedicated staff in the operating room and on the nursing units and plans to follow-up with you long-term after your surgery.

3. If accreditation is so important for patient safety and quality, then why would Medicare decide it's not important and remove it as a coverage requirement?

That's a toughie. It's not necessarily that Medicare decided it's not important. They made a decision in late-2013 to allow their members to have bariatric surgery at programs without Center of Excellence designation. That makes it even more important for you to educate yourself about choosing the right surgeon and the right program.

Bariatric Surgery continued on next page

Clean. Lean. Protein

the Original
biPro
Instant Whey Protein Isolate Supplement

Digests and Absorbs Rapidly
Natural Appetite Suppressant
Pure Protein. No Fat, Carbs or Sugars
Mixes Well in Beverages and Recipes
Preferred by Weight Loss Patients and Surgeons



Use Code **YWM** at BiProUSA.com
and receive **\$5.00 OFF** your order!*

ENDORSED BY:

For a Healthy Whey of Life

 **FAMILY OWNED
AMERICAN MADE**

*Minimum order of \$29.99 applies. One use per customer.

BIPROUSA.COM ☎ 877-MYBIPRO

4. How can I make sure the surgeon and program I choose are right for me?

Do your homework! Ask lots and lots of questions (see the offered list to the right), go to several seminars, visit their Web sites, speak with their patients either online or at support group, make sure it's the right fit for you.

5. Aren't all surgeons good? I mean, if they weren't, they wouldn't be allowed to operate, right?

Think about bariatric surgeons, which are specialty surgeons, like you would a 3-in-1 printer (don't get upset docs!). When you buy a 3-in-1 printer, one that scans, faxes and makes copies, it does everything satisfactory, but it doesn't really excel at any one particular component. If you wanted to print super high quality digital photos, you wouldn't choose a 3-in-1 printer as the best option. When you choose your surgeon, you want someone who performs a lot of bariatric surgery the majority of the time.

6. Why do I need to worry about the "program" when the surgery is the risky part?

The procedure itself is the "riskiest" part; however, the surgery is only one small component of your overall success after surgery. Equally as important to your overall long-term success is the quality of support through your program. How often will you see the dietitian? Are they dedicated to bariatrics or is that only a very small portion of the patients they see? Will you have access to an exercise physiologist? How often? How frequently are support groups held? Who leads them? Does the program provide online support? How often are you expected to come in for follow-up visits? Who will you see?

7. Is there some kind of checklist I can use to make sure my surgeon and program are good?

Begin with the questions listed at the top-right of this page and then add the questions stated here in number 6!

8. Is there some type of "seal of approval" I can look for?



**METABOLIC AND BARIATRIC SURGERY
ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM**

The MBSAQIP Accredited Center designation is what you want to look for when choosing a bariatric center.

These questions are a great place to start when trying to identify a surgeon and practice you feel comfortable with. Once you find a surgeon that's right for you, be sure to ask even more questions! At the top-right of this page, please find a list of questions you can ask your surgeon:

Questions for your Surgeon

1. What procedures do you perform and why?
2. How many of each procedure have you performed?
3. What are the risks of surgery for me?
4. What will my hospital stay be like?
5. How frequently do your patients have to be readmitted to the hospital?
6. What is the schedule for follow-up appointments?
7. What will eating be like after surgery?
8. How long will it be before I can have surgery?
9. If my insurance doesn't cover surgery or denies my request, do you have payment options available?
10. What programs do you have in place to help me be successful long-term?

Conclusion

There's an old saying in that "knowledge is power." When it comes to choosing a treatment option, especially surgery, there is nothing more valuable than knowledge. As a patient, it is your responsibility to be as informed as possible. Ask questions, ask more questions, talk to friends, talk to family and when you've done all that, ask some more questions. Remember, YOU are the leader of your healthcare team!

About the Authors:

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.

Pam Davis, RN, CBN, BSN, is a certified bariatric nurse and the Program Director for Centennial Center for the Treatment of Obesity in Nashville and Immediate-Past Chairman of the OAC National Board of Directors. Pam serves on the Integrated Health Executive Council and chairs the Integrated Health Clinical Issues and Guidelines Committee of the ASBMS and is the current president of the Eating Disorders Coalition of Tennessee. Through her work at Centennial, Pam strives to educate employers and physicians on obesity prevention and treatment.



Introducing Terri, the inspiration behind Ameriwell Bariatrics!

Terri's husband created the Ameriwell line of supplements after watching her struggle with swallowing and digesting other bariatric supplements after surgery.

- Gentle on a sensitive stomach
- Quick absorption
- Easy to make
- Delicious!

Connect with Terri
every week via Twitter
and Facebook!



1500 mg Lemon flavored Calcium
3 flavors of Multivitamin Gelatin



Enjoy **40% off** your first order!
Use promo code AMER40 at checkout
www.ameriwellbariatrics.com

AmeriWell
BARIATRICS


Inspired by family. Making a difference for patients.



Shame Campaigns

- Do they work?

by Rebecca Puhl, PhD

A nighttime photograph of a city street. In the background, a large, modern building with a glass facade is illuminated. In the foreground, a billboard is visible, featuring a large red 'M' logo and a smaller image of a person's midsection. The text on the billboard reads: "THE SOONER YOU ADVERTISE HERE, THE BETTER." The overall scene is dark, with city lights providing the main illumination.

As part of national and state efforts to address obesity, many mass media campaigns have emerged throughout the country encouraging Americans to improve their diet and exercise more.

You have likely seen television commercials, billboards, or magazine ads sponsored by different health organizations promoting obesity prevention messages. These campaigns often focus on the importance of reducing portion sizes and soda intake, eating more fruits and vegetables, and increasing physical activity. As an example, First Lady Michelle Obama's *Let's Move! Campaign* has been widely publicized and broadly embraced across the United States, which aims to encourage healthy eating and activity behaviors in children.

Shock-Tactics

While most of these campaigns are initiated from positive intentions to improve public health, some anti-obesity campaigns have instead been criticized for shaming and stigmatizing individuals affected by obesity. As an example, in 2011, the Children's Health Care of Atlanta Campaign to address childhood obesity in Georgia publicized billboards and commercials portraying youth with excess weight with "warning" captions such as "Stocky, Chubby, and Chunky are Still Fat" and "Fat Kids Become Fat Adults." Despite being the target of public criticism for promoting shame and stigma toward families affected by obesity, these kinds of shock tactics are often defended by campaign organizers

as being necessary to increase public attention to the issue, and from misperceptions that shame and stigma may actually provide an incentive for people to lose weight.

Gathering Public Opinion

As a researcher who has studied weight stigma for more than a decade, I was concerned that these types of campaigns would do more harm than good. We know from considerable research evidence that experiencing weight stigma can worsen psychological and physical health, impair weight-loss efforts, and potentially lead to increased weight gain. In addition, given that so many people with excess weight already suffer from stigma and prejudice, and are frequently made to feel ashamed of their bodies, the potential harm that could come from public health campaigns using shaming tactics is a legitimate concern. I was also surprised to learn just how little research was being done by health organizations to test their messages and approaches before they launched their obesity-related campaigns. In an effort to address this, my research team at the Rudd Center conducted two nationwide studies to see what Americans really think of different anti-obesity campaigns.

Shame Campaigns continued on page 30

Bari Life Bariatric Supplements

SETTING *the* STANDARD in Bariatric Vitamin Supplementation



*Easily mix the **Powder Multivitamin** into a protein shake or sprinkle on your yogurt!*

Instructions for Use

Non-surgical and Pre-surgical patients:
3 tablets/day or 1 scoop of powder

Adjustable Gastric Band:
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:
8 tablets/day or 3 scoops of powder

All in One Multivitamin Formula

Bari Life is changing the bariatric vitamin industry with the development of the first and only all in one bariatric multivitamin formula. ***Clinically Proven***, Bari Life helps patients with vitamin and mineral compliance after weight loss surgery.

Our mission is to provide the highest quality bariatric vitamins that meet or exceed the ASMBS recommendations.

Toll Free: 1-855-438-6527
Visit Our Online Store

www.barilife.com

Follow Us







ARE YOU GETTING WHAT YOU NEED?

	 RECOMMENDED VITAMIN SUPPLEMENTATION	 BARIATRIC SUPPLEMENTS NEW & IMPROVED TABLETS 6	 BARIATRIC SUPPLEMENTS NEW & IMPROVED POWDER 2 Scoops
VITAMIN A	10,000 IU	10,000 IU	10,000 IU
VITAMIN C	120 mg	120 mg	120 mg
VITAMIN D	3000-6000 IU	6000 IU	6000 IU
VITAMIN E	60 IU	200 IU	200 IU
VITAMIN K	160 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
B6	4 mg	8 mg	8 mg
FOLIC ACID	400 mcg	400 mcg	400 mcg
B12	1000 mcg	1000 mcg	1000 mcg
BIOTIN	60 mcg	600 mcg	600 mcg
PANTOTHENIC ACID	20 mg	40 mg	40 mg
CALCIUM	1200-2400mg*	2000 mg	2000 mg
IRON	45-60 mg	45 mg	45 mg
MAGNESIUM	400 mg	800 mg	800 mg
ZINC	15 mg	30 mg	30 mg
COPPER	2 mg	2 mg	2 mg
MANGANESE	3.6 mg	4 mg	4 mg
CHROMIUM	120 mcg	240 mcg	240 mcg
MOLYBDENUM	90 mcg	200 mcg	200 mcg
IODINE		225 mcg	300 mcg
SELENIUM		140 mcg	140 mcg

* 1200-1500mg for Band, Bypass and Sleeve 1800-2400mg for Duodenal Switch


BARIATRIC SUPPLEMENTS

Simplify Your Vitamin Regimen

-  Best Value
-  All in One
-  Clinically Proven
-  Developed by a Bariatric Surgeon



Developed by a
Bariatric Surgeon

"As a bariatric surgeon I've performed more than 4,000 surgeries and I'm concerned about those affected by obesity every day. I created Bari Life's all in one formula because patients should have access to an easy, affordable and well tolerated vitamin regimen after surgery."

-Stephen G. Boyce, MD

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

©2013 Bari Life Bariatric Supplements, LLC. All Rights Reserved.

1. Mechanick JL, Kushner RF, Sugerman HJ, et al. American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery medical guidelines for clinical practice for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient. *Surg Obes Relat Dis* 2008; 4: S109-S164.
2. Ailis L, Blankenship J, Burroughs C, Furbush M, Perrotti J. ASMBs allied health nutritional guidelines for the surgical weight loss patient. *Surg Obes Relat Dis* 2008; 4: S274-S288.
3. Mechanick, et al., Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient 2013 Update. *Consensus by American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic and Bariatric Surgery. Surgery for Obesity and Related Diseases* 9 (2013) p 159-179.



Shame Campaigns continued from page 27

Specifically, our aim was to examine public perceptions of obesity-related health campaigns that were recently publicized throughout the U.S. In our studies, we presented people with a series of obesity-related campaigns to look at (including those that had stigmatizing content and those that were more neutral), and we asked them to evaluate each campaign on a number of different characteristics. For example, we asked participants to what extent each campaign instilled feelings of motivation to improve their health, whether they felt able and confident to make health

“Campaigns that were rated to be most motivating for improving health behaviors were those that did not even mention the word “obesity,” and in most cases made no mention of body weight at all.”

behavior changes that were promoted by the campaign, whether they felt the campaign reinforced negative stereotypes about persons affected by obesity, and whether they felt the campaign content (both pictures and words) was appropriate.

Our findings revealed some important insights:

- First, obesity-related campaigns that were rated to be stigmatizing were no more likely to instill motivation for improving lifestyle behaviors than campaigns rated as more neutral.
- In addition, stigmatizing campaigns were also rated as inducing less self-confidence to engage in health behaviors promoted by campaigns, and viewed to have less appropriate visual content compared to neutral campaigns.

These findings also remained consistent across different segments of the public (regardless of a person's own body weight). Importantly, these findings challenge the idea that stigma is an acceptable or necessary approach to take in efforts to address obesity. It also indicates that shaming and stigmatizing approaches are less effective than non-stigmatizing campaigns to encourage health behaviors.



When we looked more closely at the types of obesity-related campaigns that the public favored and felt motivated to improve their health behaviors, we came across another important finding: campaigns that were rated to be most motivating for improving health behaviors were those that did not even mention the word “obesity,” and in most cases made no mention of body weight at all. These were campaigns that instead focused on promoting specific health behaviors, such as eating more fruits and vegetables, or replacing sugar sweetened beverages with water; behaviors that all Americans can engage in to improve their health, regardless of their body size.

What Does this All Mean?

What these findings tell us, is that weight stigma undermines the ability to effectively communicate with Americans about obesity and health. People feel much

more motivated and empowered to make healthy lifestyle changes when campaign messages are supportive and encourage specific health behaviors. In contrast, when campaigns communicate shame or stigma, people feel less motivated and have lower intentions to change their health

behavior. Our research findings also suggest that campaigns don’t need to focus on obesity in order to promote healthy eating and exercise behaviors. This kind of approach could go a long way in helping to reduce weight stigmatization. Removing the emphasis on obesity, and instead focusing on healthy behaviors that everyone can engage in regardless of their body weight, can help reduce blame and shame directed at persons affected by obesity and support all individuals in their efforts to be healthy.

Shame Campaigns continued on next page

“ We know from considerable research evidence that experiencing weight stigma can worsen psychological and physical health, impair weight-loss efforts, and potentially lead to increased weight gain.”



Conclusion

Clearly, there is much work that needs to be done to ensure that media campaigns are truly empowering and supporting people as they take steps to improve their health behaviors, rather than alienating persons affected by obesity and instilling shame and stigma. This also holds true for the way that we talk about

obesity in other settings, such as in schools with children, and with healthcare providers and their patients.

As a starting point, our research highlights strategies that can lead to a more careful and thoughtful consideration of

approaches and messages that are used to communicate about weight-related health. Summarized below on this page and the next are the “Do’s” and “Don’ts” that can serve as general guidelines for obesity-related campaigns, but these also apply to the way that we talk about weight and health as health providers, educators, and even as parents. We all need to promote a positive and productive dialogue about weight-related health without any stigma or shame, and with plenty of support and empowerment.

About the Author:

Rebecca Puhl, PhD, is the Deputy Director at the Rudd Center for Food Policy & Obesity at Yale University. For more information about Dr. Puhl’s work, please visit www.yaleruddcenter.org.

References:

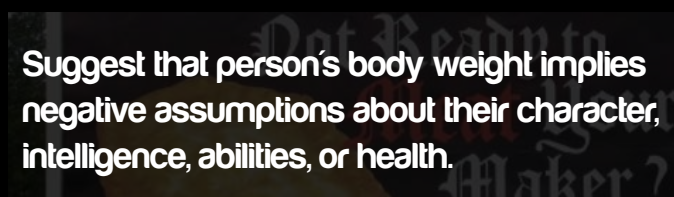
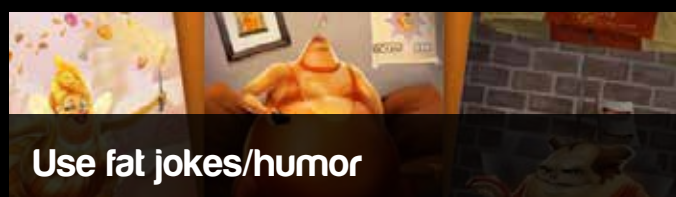
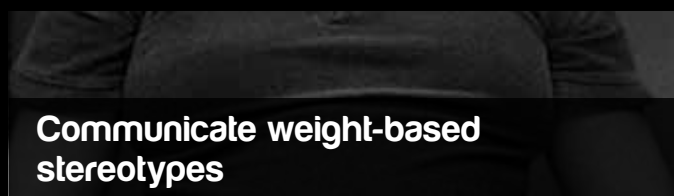
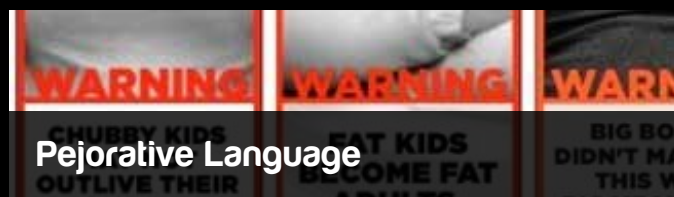
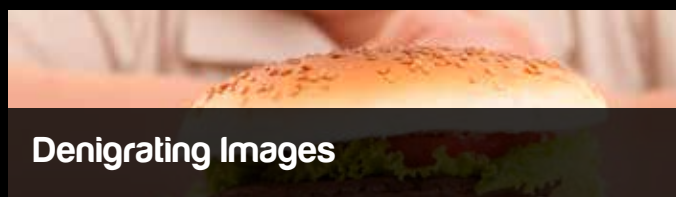
Puhl, R.M., Peterson, J.L., Luedicke, J. (2013). Public reactions to obesity-related public health campaigns: A randomized trial. *American Journal of Preventive Medicine*. 45, 36-48.

Puhl, R.M., Peterson, J.L., Luedicke, J. (2012). Fighting obesity or obese persons? Public reactions to obesity-related health messages. *International Journal of Obesity*. doi:10.1038/ijo.2012.156

Article Photos: © istockphoto.com/iconogenic
© istockphoto.com/ hayesphotography
© istockphoto.com/fatihhoca
© Rudd Center for Food Policy & Obesity at Yale University

Below, and on the next page, are examples of Do’s and Don’ts

What NOT to do:



What TO do:



Respectful portrayals of persons with obesity



Focus on health behaviors



Suggest specific actions



Use sensitive language



Challenge stereotypes



Question whether “obesity” or body weight need to be mentioned at all

UNDERSTANDING YOUR WEIGHT-LOSS OPTIONS



An educational resource provided by

OAC
Obesity Action Coalition

**Order your
FREE copy of
*Understanding Your
Weight-loss Options*
Brochure at
ObesityAction.org**



Dear Doctor



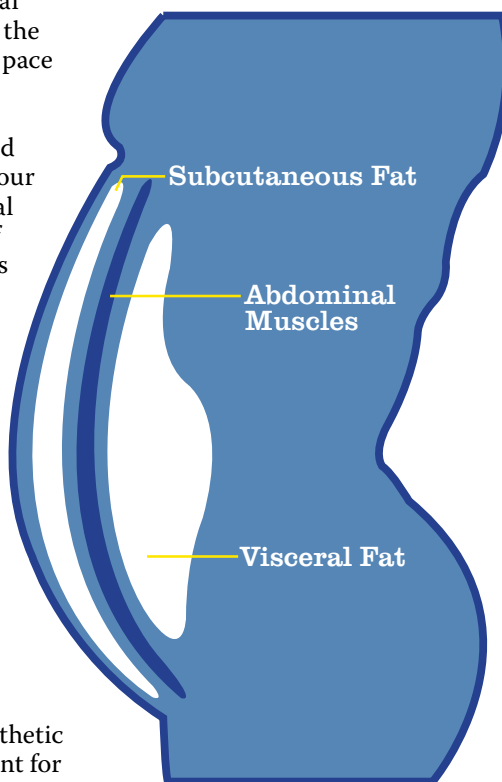
Dear Doctor, why doesn't liposuction cure obesity?

Answer provided by Alan Wittgrove, MD, FASMB

Liposuction was developed into the United States in 1982 after a panel of American plastic surgeons traveled to Paris, France to validate effectiveness. Through organizational educational opportunities for plastic surgeons, the clinical availability grew at a rapid pace in the U.S. since that time.

Liposuction was originally intended to focus and treat only minor contour irregularities, but technical surgical advances allowed multiple areas of body contouring possible. Needless to say, you have probably seen advertisements for this type of surgical procedure. And although it can be quite effective in getting rid of extra body fat deposits commonly in the hips, thighs and buttocks, it is not a treatment to cure or treat obesity. On the contrary, liposuction can be very effective in reducing or eliminating localized adiposity. It is a treatment designed to treat subcutaneous fat deposits that are disproportionate to the rest of body. In other words, this is an aesthetic intervention, not a cure or treatment for a serious condition, obesity. This may be in contrast to some of the pre and post-procedure advertisements that you might have seen which show an individual affected by obesity turn into a beach body. This is not reality.

Here is why. Liposuction removes only subcutaneous fat, not visceral fat. Humans have both. But it is the percentage of both that can be healthy or not. There is a distinct difference between the two.



Subcutaneous fat is found below the layer of skin called the epidermis layer. This is the tissue that you can pinch externally. This is common in a body type often referred to as a pear shape. Subcutaneous fat has a far less negative impact on health and increasing weight gain than visceral fat. Subcutaneous fat is easier to lose compared to visceral fat.

Visceral fat is a type of fat that is located inside the abdominal cavity. This is the type of fat that surrounds the body's internal organs. This body type is often called apple shape. These organs can include the heart, liver, pancreas among others. It is this type of increased fat (visceral fat) that can cause serious health conditions. These conditions include heart disease, type 2 diabetes, high blood pressure, high cholesterol, sleep apnea to name a few. Scientists believe that this type of fat acts like its own organ which secretes substances that affect other organs negatively including continual weight gain. Liposuction is not effective on this intra-abdominal phenomenon. Although it is possible to lose this type of fat with a concentrated effort, it is far more difficult.

Do we need fat?

Our body needs some body fat. One of the primary roles of body fat is to regulate a stable temperature as well as store energy which the body uses as fuel when needed. There are numerous reasons why individuals have unhealthy amounts of body fat. They include unhealthy dietary habits,

sedentary lifestyle, stress and genetics (family history related). Back in the days when humans were hunters and gathers, obesity was not a problem because food was scarce and people had to go for long periods of time without it. They also had to work very hard to get it when there was an opportunity; this included hunting and gathering plants. Mind you, there were no guns, automobiles, tractors or grocery stores hundreds of years ago. Due to this ancestry, our bodies create a protein called perilipin that settles around the fat protecting it from destruction. Because of our heritage, our bodies have learned to store fat for survival. This is what kept the human race alive. Interestingly, this is the same mechanism that may kill it. Somebody needs to tell it that we have grocery stores and we don't need fat to hold on so stubbornly anymore!

Scientists have discovered that our genes contribute to obesity. Although it is still not understood completely, there is significant research that shows there are some people who have genetic (inherited) factors that make an individual's body composition leaner or fatter. It seems that genes play a role on how we utilize energy from food. If this predisposition exists in an individual, then adding a more sedentary lifestyle, increase in saturated meals, packaged foods and daily sugar it is easy to see how the genetic factor along with environment and lifestyle can make the genetic factors more potent.

So, if liposuction doesn't work, what can be done to reduce body fat and cure obesity? To date, no treatment today can cure obesity. There are treatment options that can be very helpful and therefore decrease body weight and fat percentage. They include: a healthy diet low in saturated fat and sugar, regular physical activity especially aerobic exercises, stress reduction and management, consistent seven to eight hours of sleep. Obesity medications can be a very helpful tool when combined with a healthy lifestyle, and bariatric surgery can be very effective on controlling obesity for individuals with a body mass index of 30 or greater.

Conclusion

In conclusion, there is not a "one procedure fix" to cure obesity including liposuction. Liposuction is designed as a treatment only for fat removal in specific areas and does not rid the body of the type of body fat that is not only more health threatening but also more metabolically active. This is the visceral fat not subcutaneous (fat that liposuction removes). Some people need to work much harder than others at losing excess weight and maintaining a healthy weight. Although some may focus on fat in the thighs and buttocks, it's the fat that is deep inside that is the real culprit. Decreasing this type of body fat can't cure obesity, but it can keep it in remission.

About the Author:

Alan Wittgrove, MD, FASMBS, has been a dedicated bariatric and metabolic surgeon for more than twenty years. He is the pioneer of laparoscopic gastric bypass and the past president of the American Society for Metabolic and Bariatric Surgery.

OAC chairman's Council

Platinum

Allergan, Inc.
ASMBS Foundation
Covidien
Eisai Inc.
Vivus, Inc.

Gold

American Society for Metabolic & Bariatric Surgery
Bariatric Advantage
Potomac Currents

Silver

American Society of Bariatric Physicians
Arena Pharmaceuticals
New Life Center for Bariatric Surgery
Novo Nordisk
Orexigen Therapeutics, Inc.

Bronze

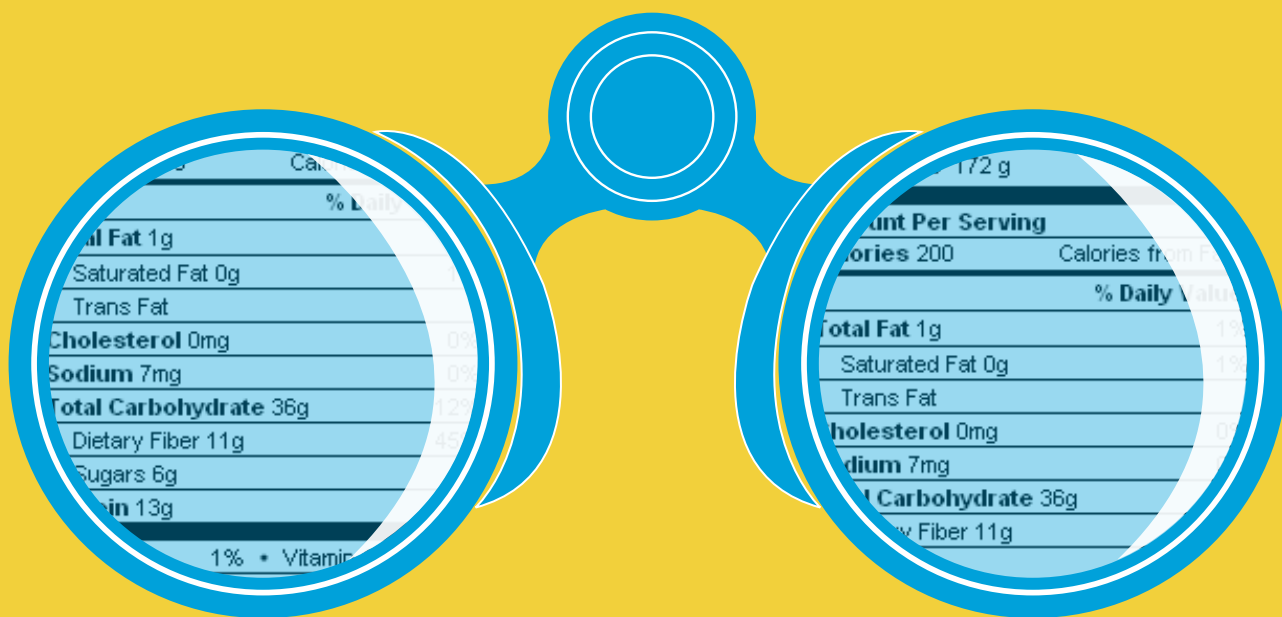
Celebrate Vitamins
New Dimensions Weight Loss Surgery
Rocky Mountain Associated Physicians
The Wellborn Clinic

Patron

Academy of Nutrition and Dietetics
Advanced Specialty Care
Advanced Surgical Associates
Advanced Weight Loss Surgery
Alaska Bariatric Center
Baptist Metabolic Surgery Center
Barton Behavioral Health Solutions
BMI Surgical & Medical Weight Loss Solutions
Bariatric Support Centers International
Billings Clinic
Centennial Center for the Treatment of Obesity
ConscientHealth
Pam Davis, RN, CBN
Elkhart Clinic
EnteroMedics Inc.
Ephrata Community Hospital Weight Loss Clinic
Erlanger Health System
Jim Fivecoat
Fortris Corporation
Gastric Band Institute
Geisinger Health Care System
IU Health Bariatric & Medical Weight Loss
Lindstrom Obesity Advocacy
Marquette General Weight Loss Center
Tracy Martinez, RN
Mercy Bariatric Center Washington, MO
Minimally Invasive Surgery Center
Murfreesboro Surgical Specialists
NYU Langone Weight Management Program
Provost Bariatrics
ResMed's Wake Up to Sleep Program
Salem Hospital
Lloyd Stegemann, MD
Christopher D. Still, DO
Scottsdale Healthcare Bariatric Center
St. Vincent Bariatric Center of Excellence
Southern Surgical Hospital
Surgical Weight Loss Solutions at Tempe St. Luke's
Weight Loss Center of Oklahoma
WLS Surgical Associates

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

List as of 12/11/2013



SEEING BEYOND THE CALORIES

by Eleni Papadopoulos

Thanks to today's busy lifestyles, more Americans are eating an increasing number of meals away from home. In fact, we are spending nearly half of our food dollars at restaurants and other foodservice establishments, where maintaining healthy eating habits can be especially challenging. At the same time, one of the latest tools intended to help us make healthy food choices – the posting of calorie counts for food and beverage items on menus – may not be as straightforward as it may seem.

COMING TO A MENU NEAR YOU

Now that calorie counts will soon be required of nearly half of the restaurants in the country, it's crucial that Americans know how to best navigate this "new order."

In an effort to promote transparency and inform diners of the nutritional content of their food choices, there's a growing trend by restaurants to provide calorie counts on menus. Cities like New York, Philadelphia and Seattle and states like California, have adopted some form of menu labeling laws that mandate calorie posting. Across the country, there are a few restaurant chains voluntarily providing the calorie information of their menu offerings. They are doing so in anticipation of a federal law that in 2014 requires all restaurant chains with 20 or more locations to post calorie counts on their menus and menu boards.

Americans significantly underestimate the amount of calories in the meals they order at restaurants, so it's not surprising that an overwhelming majority of the public support the idea of menu labeling. As the United States has the highest per capita caloric consumption of any other country in the world, empowering consumers with information about their food choices is a step in the right direction toward improving our nation's health.

Yet while the intention of menu labeling measures is to serve consumers and encourage the consumption of "healthier" options, the long-term impact of menu labeling remains to be seen. In parts of the country where posting calorie counts has been the norm for a few years, there's limited evidence suggesting this practice is making a meaningful dent in the amount of calories consumers are ordering.

Until now, studies focused mostly on fast-food establishments, with mixed results in terms of whether

or not menu labeling influences the amount of calories ordered. Recent studies indicate calorie posting may be more effective among women than men and on food orders rather than beverages choices.

CALORIE LABELS FALL SHORT

When it comes to nutrition, however, calorie counts may not tell the whole story. Oftentimes, these counts are not an accurate barometer for the healthfulness of a meal. For example, two meals with the exact same calorie counts can have different nutritional content. More importantly, these two meals can have drastically different levels of processed and artificial ingredients.

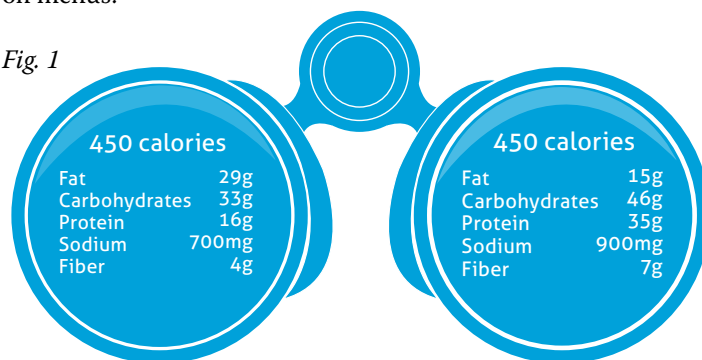
Additionally, simply knowing a calorie count, without details about the preparation, tells very little about the balance of the meal. When considering two 450-calorie items from a national restaurant chain, it would be natural to assume that these items are comparable and that either would be a good choice for a small meal. What consumers can't tell from the calorie information alone is that one item contains 15 grams of fat while the other contains 29 grams (Fig. 1).

Similarly, when comparing more typically sized meals from the same restaurant chain, a 680 calorie and a 700 calorie entrée salad, one could easily conclude that either of these would make a good meal choice for someone on a 2,000

calorie-a-day regiment. What's missing again is that the 700 calorie item contains 3.5 grams of saturated fat and 12 grams of fiber; whereas, the 680 calorie item contains 13 grams of saturated fat and only 4 grams of fiber. In this case, the calorie count belies the better-for-you choice.

Although these common scenarios may leave consumers lost, there is helpful change on the horizon. The increased transparency could eventually improve the availability of fresh, healthful menu options, as restaurants look to reformulate recipes and redesign menus. In addition to posting calorie information, the new federal law requires that supplemental nutritional information such as fat, carbs, and sodium be readily available in print to consumers who request it. And thankfully, there are many ways we can avoid the common pitfalls related to calorie information on menus.

Fig. 1



Seeing Beyond continued on next page

Right-size your world *Beautifully*

Simply elegant, intelligently designed dishware to subtly guide you in eating a balanced meal with appropriate serving sizes that leave you feeling nourished and satisfied.

Use coupon code: **OAC15** for a special 15% discount!

 **livliga**TM
live vibrant.
www.LivligaHome.com

CONQUERING THE CALORIE COUNTS

While the calorie count can provide generic guidance to consumers, the number alone provides limited insight and may not necessarily represent the quality and healthfulness of the ingredients. Plus, regardless of calorie labeling regulations and mandates, establishments ultimately determine how their offerings are promoted and priced, and in turn, how consumers are presented with food choices and value.

When the cost to up-size the combo meal is small, the consumer is much less motivated to choose the standard-sized portion. This greatly reduces the power of calorie information to enable the healthy choice. Specials, promotions and value are influential factors in consumers' decisions, which explains, in part, why posting calories does not impact restaurant revenue.

So what are consumers to do? With menu labeling being required of both fast food and full service establishments soon, there are many ways to make the calorie counts work for you:

1. ASK FOR ADDITIONAL INFORMATION

This can be as simple as a question about the use of butter or oil in a menu item or as specific as requesting the detailed nutritional and ingredient information of menu items. Otherwise healthful sounding options like yogurt parfaits, oatmeal/granola and low-fat salad dressings can be loaded with sodium and processed, artificial ingredients. Additional insight into the nutritional content could help you make the wiser choice.

2. RETHINK THE UPSELL

Mega-sizing, value-sizing or pricing specials can jeopardize the best of intentions. If upsizing your order, consider a few simple strategies that help offset the surplus portion:

- Share the meal with someone else;
- Ask for a to-go container or immediately separate and save part of your meal for later;
- Choose an unsweetened beverage or a healthier alternative to fries as your side item.

3. CONSIDER THE INVISIBLE CALORIES

Sometimes the "extras" are not included in the calorie information so it's helpful to consider the fine print. For example, does the calorie count of your customizable sandwich include cheese, mayo and other calorically dense toppings? Does your salad's calorie count include the dressing?

4. BEWARE OF THE CALORIE RANGE

Posting a range of calories is common for combo, build-your-own and other customizable meals, making it challenging to gauge exactly where your choices fall on the calorie spectrum. The more variations and combinations available, the wider the range. An apple and unsweetened beverage as your choices can represent the low range of a combo meal's calorie count, while fries and soda may round out the high end. Shared, customizable meals such as a pizza can be even more complicated, as it's difficult to capture all of the possible combinations and provide useful calorie estimates. And even if all the variations are represented, portion control and therefore, total calories consumed, is still up to you.

CONCLUSION

The jury may still be out on the effectiveness of calorie postings, but these are several strategies that we can employ to most effectively use calorie information and select the best options. In the end, there is no substitute for informed choices on the part of the consumer. Asking questions about preparation, managing portion size and taking a moment to consider the quality of the ingredients are all crucial steps in choosing foods for improving one's health.

ABOUT THE USHC



The United States Healthful Council (www.ushfc.org) is doing just that – informing consumers, helping restaurants adopt best practices, taking into account the quality of menu ingredients and recognizing establishments for preparing, serving and promoting healthy food and beverage. Through the *Responsible Epicurean and Agricultural Leadership (REAL)* Certification program (www.eatreal.org), restaurants voluntarily undergo a review process that assesses menus, nutritional content, preparation methods and sourcing practices. In other words, restaurants that have earned REAL Certification can serve as a powerful guide for those seeking healthy options, helping consumers see beyond the calories.

About the Author

Eleni Papadopoulos is the Director of Business Development for the United States Healthful Food Council, a nonprofit nongovernment organization dedicated to fighting obesity and other diet-related diseases by increasing the consumption of healthful and sustainable food and beverages. The USHFC works towards its mission through the Responsible Epicurean and Agricultural Leadership (REAL) program, which assesses and certifies foodservice establishments based on their utilization of nutrition and sustainability best practices and serves as a beacon for consumers seeking healthier options.

Save the Date

OAC's
3rd Annual
*Your Weight Matters*SM
**National
Convention**

SEPTEMBER 25-28
ORLANDO, FLORIDA

Renaissance Orlando
at SeaWorld

Room Block Now Open!
OAC Convention Room Rate
Only \$109/night!

Save the Date for the Nation's Leading Event in Weight and Health

The OAC's *Your Weight Matters* National Convention is the premier event featuring evidence-based education, a supportive community and an empowering group of individuals who care about you, no matter where you are in your journey.

For Complete Details, to Make Your Room Reservation
and to Sign-up for Convention Alerts, visit:

www.YWMConvention.com

EDUCATION COMMUNITY SUPPORT EMPOWERMENT ADVOCACY

TAKE STEPS WITH BELVIQ®

What is BELVIQ®?

BELVIQ is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight* adults with a weight-related medical problem, or obese adults, lose weight and keep it off. It is not known if BELVIQ when taken with other prescription, over-the-counter, or herbal weight-loss products is safe and effective. It is not known if BELVIQ changes your risk of heart problems, stroke, or death due to heart problems or stroke.

* Overweight (body mass index [BMI] of 27 kg/m² or greater) with at least one weight-related medical condition, such as high blood pressure, high cholesterol, or type 2 diabetes; Obese (BMI of 30 kg/m² or greater).

Important Safety Information

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

For more information about BELVIQ, talk to your doctor and see the Patient Information on the reverse side.

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



You could be carrying more than just extra weight.

In FDA clinical trials, people who added BELVIQ® to diet and exercise were able to **lose weight as well as improve certain health risk factors†**, such as high blood pressure, high blood sugar, and high cholesterol levels.

FDA-APPROVED FOR WEIGHT LOSS



Power Over Portion™

VISIT BeginBELVIQFree.com

OR CALL 1-855-BELVIQ1 (1-855-235-8471) TO GET A

15-DAY FREE‡ TRIAL

PROMO CODE: OC

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

‡Restrictions apply.

IMPORTANT PATIENT INFORMATION

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

What is BELVIQ?

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

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

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

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

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

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

Who should not take BELVIQ?

Do not take BELVIQ if you:

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

What should I tell my healthcare provider before taking BELVIQ?

Before you take BELVIQ, tell your doctor if you:

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

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

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

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

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

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

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

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

How should I take BELVIQ?

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

What should I avoid while taking BELVIQ?

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

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

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

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

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

The most common side effects of BELVIQ include:

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

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

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

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

How do I store BELVIQ?

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

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

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

General information about the safe and effective use of BELVIQ.

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

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

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

What are the ingredients in BELVIQ?

Active Ingredient: lorcaserin hydrochloride

Inactive Ingredients: silicified microcrystalline cellulose; hydroxypropyl cellulose NF; croscarmellose sodium NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C Blue #2 aluminum lake; and magnesium stearate NF. This Patient Information has been approved by the U.S. Food and Drug Administration.

Rx Only

BELVIQ® is manufactured by Arena Pharmaceuticals GmbH, Untere Brühlstrasse 4, CH-4800, Zofingen, Switzerland
Distributed by Eisai Inc., Woodcliff Lake, NJ 07677
©2013 Eisai Inc. BEL1050 07/13

YOUR WEIGHT HEALTH CHALLENGE



TAKE THE *YOUR WEIGHT MATTERS*SM CHALLENGE TODAY AND LEARN MORE ABOUT YOUR WEIGHT AND ITS IMPACT ON YOUR HEALTH

RECEIVE YOUR **FREE** COMPREHENSIVE TOOLKIT TO PREPARE YOU FOR THE CONVERSATION OF WEIGHT WITH YOUR HEALTHCARE PROVIDER



THIS CAMPAIGN PROUDLY BROUGHT TO YOU BY



TAKE THE **CHALLENGE**

www.YourWeightMatters.org

SPONSORED BY



LEARN TO HAVE A HEALTHIER RELATIONSHIP WITH FOOD

by Mari W. Broome, MSW, LCSW



Photos: ©istockphoto.com/Ridofranz
©istockphoto.com/Okea

Being a teenager is tough! I can tell you that firsthand. I was 13 years old when I started developing unhealthy eating habits due to stress associated with school, trying to fit-in and family problems. I didn't know how important practicing healthy eating habits were until it was almost too late. There became a time where my health was of serious concern because of my unhealthy relationship with food.

YOUR EMOTIONS AND FOOD

A lot of focus is placed on what a person eats and how they eat it (Do they eat a lot at one time or maybe only a little?). Still, it's just as important to understand why we eat certain foods and why we choose certain eating behaviors because this can directly affect our self-esteem and emotional behavior. It can also affect how we perform on tests and homework and even how we interact with our peers.

As a psychotherapist, I work with many people who struggle with concerns related to food. One commonality amongst these individuals is that they use food to deal with their emotions, such as:

- **STRESS**
- **ANGER**
- **SADNESS**
- **BOREDOM**
- **AND EVEN HAPPINESS**

And let's be real! Life can be stressful and overwhelming... school, tests, homework, work, friends and even family! As teenagers, you go through many life changes where you may feel alone; where no one really understands you. At times like these, it is very common to turn to food for comfort. Food is all around us, so it's one of the easiest things to turn to when we are feeling these emotions.

"THE FOODS MANY OF US TURN TO ARE FULL OF SUGAR, WHICH SIGNAL FEEL-GOOD RECEPTORS IN OUR BRAIN."

TURNING TO FOOD FOR COMFORT

The foods many of us turn to are full of sugar, which signal feel-good receptors in our brain. What does this do? It makes us feel good, and in turn, makes us want to keep eating. Unfortunately, our brain is tricking us into engaging in unhealthy eating habits. The good news is there are other healthy choices that can also stimulate those feel-good receptors in our brains. When we use those healthier choices, we will be able to find a healthy relationship with

Kid's Corner continued on page 46

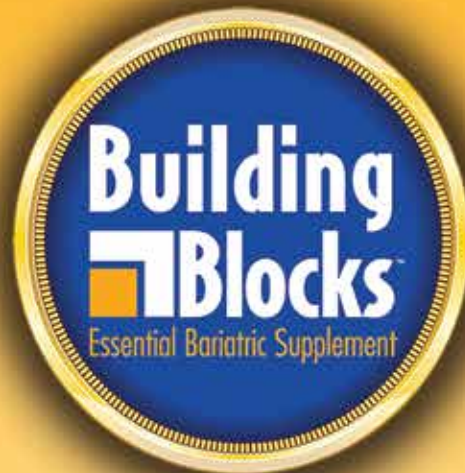


**Building a
Healthier YOU!**



/bbvitamins

@bb_vitamins



Providing quality products designed specifically for the bariatric patient



**Capsule, Chewable, Tablet
Supplements**

Sublingual B-12 Spray

Protein Powders, Bars & Snacks

Available in 30 & 90 day quantities

VISIT US ONLINE FOR FREE SAMPLES

www.bbvitamins.com

877-419-1568



PLACE ORDER

**PROUD MEMBER
AND SPONSOR**



FREE SAMPLES

food, using it to strengthen our body instead of harming it. Developing these healthy habits early-on will last a lifetime and will naturally become a part of your lifestyle.

Is it OK to eat sugary foods every once in a while? Of course! It's important to treat yourself! The difference now will be that you can actually enjoy it for what it is instead of using it to deal with your emotions. Now maybe you will be able to see if you are eating a whole bag of potato chips because you are bored or eating a piece of chocolate because you appreciate the taste...because it's delicious!



KEEP A FOOD JOURNAL

Are you using food to deal with your emotions? A great way to figure this out is to start a food and emotion journal to monitor what and why you are eating. It will help you start to notice the connection between the two. This will also help you learn to eat when you are physically hungry rather than eating when you are emotionally hungry. Also, start to notice the foods you are eating when you are bored, tired, stressed, etc. Try to write down everything you eat and drink. It may look something like this (for "Hunger Level," use the number "1" for when you're least hungry and use "10" for when you're very hungry):

WHAT I'M EATING	DAY/TIME	LOCATION	SITUATION/MOOD	HUNGER LEVEL (SCALE OF 1-10)
POPCORN	MONDAY, 5PM	HOME	WATCHING TV, BORED	2
CHICKEN, VEGGIES, CORN BREAD	MONDAY, 7PM	HOME	DINNER, CONTENT	10
SNICKERS BAR, SODA	MONDAY, 10PM	CONVENIENCE STORE	LEFT THE HOUSE BECAUSE I WAS MAD AT MY MOM	1

My food and emotion journal clearly shows that I like sweet and salty foods when I am going through different emotions. Does this mean that popcorn, snickers and soda are bad? Absolutely not! But the reasons I am eating these foods are not for healthy reasons. I am not eating them to indulge and enjoy or because I am hungry; I am eating them because I am emotionally hungry, specifically bored and angry. Now that I know I am sometimes using food to deal with my emotions, what can I do about it? Write down activities you enjoy doing; things that make you happy. These can be used as your healthy coping strategies. Here are some examples:

HEALTHY COPING STRATEGIES

- Physical Activity – bike, tennis, swimming, skateboarding, trampoline, football, basketball, dancing, etc.
- Singing
- Drawing and/or painting
- Other arts and crafts (You can find some cool ideas on Pinterest!)
- Reading
- Board games
- Yoga
- Sidewalk chalk
- Play outside
- Taking a walk with your parents
- Play with your pet
- Enjoy nature... Play in the rain
- Use your imagination
- Talk it out
- Getting support from a parent, a friend, a counselor, a teacher

FAMILY FOCUS



Did having that snickers bar and soda help me deal with my situation with my mom? Not likely. It actually just made me more upset and made me crave more sweets because my mom and I were still in an argument. Now that I am thinking about it, maybe it would have been better to cool off

by taking a walk and listening to my favorite music. Once I cool off, I should probably have a conversation with my mom instead of just holding it in and never dealing with it because that will come back to affect me later!

Your family is the primary role model when it comes to eating habits, levels of physical activity and healthy communication. Researchers agree that long-term and short-term success rates are much higher when families are involved in programs designed to help children work on their eating habits and activity levels.



IDEAS TO GIVE YOUR PARENTS

- Make dinner together
- Plan to eat dinner at the table together with no television
- Plant a garden of fresh fruits and vegetables
- "Practice what you preach" – If you want me to make healthier choices, show me how!
- Education on healthy choices
- Let's talk!

CONCLUSION

Overall, health and wellness encourages healthy attitudes and helps improve academic, social and emotional performance, which also helps you improve how you feel about yourself. This really is about the whole person and not just about what you are eating. It's so important to identify your eating habits so you can change your lifestyle to be able to live a happier and more balanced life.

Parents and children: Give each other the tools to understand what healthy choices are and how to appropriately deal with your emotions. It may take time and hard work to make this change, but the result will make it all worth it. If you need extra support, connect with a psychotherapist and/or a dietitian. Many school counselors or PE coaches can also help you find resources!

About the Author:

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



Photo: ©istockphoto.com/AtomicSparkle

FERRETTS

Gentle Iron Supplements
Feel the Difference

Why is IRON important?

Iron is a mineral that is an essential component of blood and is required for transporting oxygen in the blood. Typical symptoms of iron deficiency are fatigue, irritability, weakness, and pale skin color



Choose which Iron is best for you:

Ferretts Tablets

- (325 mg Ferrous Fumarate)
- Gentle
 - Gluten Free
 - Dye Free
 - Sugar Free
 - Small Easy to Swallow Tablet



Ferretts IPS Liquid Iron

- Gentle
- Non Constipating
- Gluten Free
- Ideal for those who have difficulty absorbing iron



Ferretts Chewable

- Carbonyl iron is naturally regulated by the body for better absorption
- Delicious & Gentle
- Gluten Free

FREE SHIPPING

on orders over \$30
with
Coupon Code
OAC13
Coupon Expires 12/31/2013



Call Now 800-456-4138
www.BetterIron.com

Better Tolerate = Better Results

pharmics INC

Quality Nutraceuticals
Since 1970



Why Aftercare is Not Optional for Long-term Success

by Jill C. Williams, MS, CPT

Photo: ©istockphoto.com/asiseit

Obesity surgery, regardless of procedure choice, is a gift. I don't mean that in the traditional sense of the word. You, your insurance carrier or a combination of both paid for the surgery. **The gift is the procedure itself.**

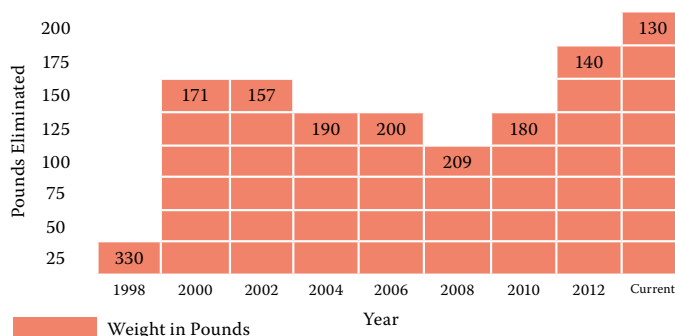
There are many more choices for bariatric (obesity) surgery now than in 1998 when mine was done, and this article is not about any specific surgery. Along with your medical care team, you made (or will make) a decision for a particular surgery based on your general health, any obesity-related co-morbidities and what procedures your medical insurance provides coverage for according to your policy. We come to this point in our lives with a variety of expectations, at a variety of ages and live our lives on very different playing fields. So, this article focuses on what happens next – YOUR life post-surgery.

About Me

A bit about my history: I had a duodenal switch procedure in 1998; with a starting weight of 330 pounds, Type 2 diabetes, sleep apnea and high blood pressure. I was on a c-pap machine for the apnea and on oral medications for the others. As of now, I am 135 pounds, no obesity-related comorbidities and am a happy and healthy 59-year-old. I have undergone several rounds of plastic surgery (some covered by insurance; some not) and am living a great life.

I have seen and or heard of many people go through a surgical procedure, do well for a while, and they either quickly or slowly regain their weight. A small percentage of this can be traced back to a physical cause related to the surgery or a new illness; for the most part, weight regain is lack of support and a strong program that routinely encourages high quality self-care. That is one of the glaring issues with any obesity surgery, it is a tool; it is not a cure. If we make no behavioral changes, no commitment to a new way of life and health and do not take the time to nourish ourselves well, then weight gain is almost inevitable.

My Weight-loss Journey



My own weight-loss history is fairly straightforward, good weight loss with a period of coasting for about six years where my weight was not ideal; but “not bad.”

Keys to Success

As statistics show in the research available, many people do quite well in their first year(s) following their procedures. This is partly our adjustment to the surgery, partly our enthusiasm for success and our high levels of self-motivation. In my own course of research (non-scientific); I have found that like me, many people have settled into a comfort zone. While not at their ideal weight, they are significantly lighter, may have gotten rid of several comorbidities and their surgeon is pleased with the progress!

Long-term Success continued on page 50



BARIATRIC SUPPORT

➤ Comprehensive Supplementation Program

➤ Nutrient Dense

➤ Convenient Delivery Forms for Optimal Absorption:

> QUICK-DISSOLVE MICRO TABLETS

> LIQUIDS > CHEWS > POWDERS

> **Bariatric Support** is a comprehensive supplementation program designed by Twinlab to provide high quality nutritional solutions to help address the specific needs of bariatric patients. The goal of bariatric surgery is to limit the body's supply and absorption of calorie-laden macronutrients. However, this also results in a decreased intake of micronutrients and other essential dietary components including vitamins, minerals and protein that are key to overall good health.* Our products utilize nutrient-dense, convenient delivery forms that are easily digested and absorbed by the body to help meet the unique needs of bariatric patients and support optimum assimilation and utilization of nutrients.*

PRODUCTS

CORE NUTRIENT SUPPLEMENTATION

➤ **Core Nutrition**

Basic Essentials (Vanilla and Chocolate with no artificial flavors and sweeteners)

➤ **Multi-Vitamin**

Chewable Multi

➤ **B Vitamins**

Super B Complex

➤ **Calcium**

Calcium Wafers

➤ **Iron**

Chewable Iron

SUPPORT PRODUCTS

➤ **Vitamin D**

D+K Dots

➤ **B Vitamins**

B-12 Dots

➤ **Joint Support***

Joint Dots

Available at
specialty retailers and
health and natural food
stores everywhere.



The key to all of this is that if you want the best results, you must have a large amount of control over your long-term success. You can choose to add into your journey any of the below resources that are key to this success:

Support from Your Surgeon and Healthcare Provider

Your surgeon or provider will be able to help you learn more about nutrition & supplementation. Annual blood tests are needed with malabsorptive procedures, and all quality surgical practices have an aftercare program to support your medical needs. Your surgeon and your primary care physician will guide you to long term success in the medical arena. Your medical team can tell you what you “should” eat and how best to maximize your weight-loss and improve your health – the decision to actually do that remains with you. These surgically-based support groups also provide great information to family members and most have a small amount of active emotional support with each patient forming relationships with other post-ops to provide more encompassing emotional support.

Support from Your Family/Friends

Family support is particularly important to having long term success. Be sure that you and your family and friends understand what you will be experiencing from a medical perspective, and have as much open communication as possible before and after your procedure. Weight-loss impacts many areas of your life (what you eat, how you move, your physical appearance, your sexual relationships, your spousal relationship, work relationships, etc.), and it is essential to understand your own needs and be able to communicate them. In some instances, family and friends are used to us being affected by obesity, and they feel like they are losing us with our weight-loss. Here again, open communication is essential.

Support from a Therapist

For some of us, our weight has been an issue for so long that the rapid weight-loss brings up unresolved issues and feelings that are best sorted out with a therapist or counselor. Although most surgical practices require a psychological screening prior to surgery, be sure that you have resources lined up if your screening shows that you may want some additional support in this arena. Weight-loss only makes you thinner; it does not eliminate emotional, addictive or psychological issues. You may also find it useful to undergo some therapy as a family to be sure that all family members are on the same page in terms of what success means to YOU!

Support from a Fitness Trainer

Whether in a pre-op stage or newly post-op, most of us did not excel at exercise during our time of weight gain or obesity. For some, it is embarrassing to go to a gym.

For others, it is a financial struggle to pay for a membership or training. For some, we simply want the surgery to be the CURE and not have to work so hard! Fitness and movement need to become a part of your life for long term success. Trust me, it is vastly easier and more enjoyable to have workouts and partake in high energy events (hiking, biking, etc.) at 130 pounds. I was one of the embarrassed ones and simply stopped exercising. I returned to a gym environment (aqua aerobics and elliptical trainer) in addition to simply walking more during my first year. Do what you can; but **DO SOMETHING!** You will need to redefine this area of life; set goals and work toward what will become your standard of fitness for you! Some trainers will work in outdoor settings, some will come to your home, some will have their own facilities or work with an established local health club. If you think this would be helpful, find the right trainer and go for it! If this is not an option, buddy-up with another post-op that lives close by (perhaps someone from your surgery support group) and make play dates together. Get out and move and have fun!

Support from a Coach

Again, I realize this can be a costly venture, and I recommend you find an aftercare program that combines 1:1 coaching with fitness and group support as a great and perhaps more economical resource. Ask your surgeon to recommend one in your community, do some research on the Internet, and I am also happy to help you find local resources. Coaching differs from therapy in that it assumes an emotionally healthy, resourceful and creative person who wants to take charge of their lives. You will set the agenda, choose your goals, and together with your coach, will reach successful outcomes or examine why you did not. Coaching is not about blame/failure, etc. It is about holding yourself accountable for your life, in the present and future. While therapy can help you deal with your past, coaching is very much a NOW activity and should be approached that way. Be sure to find an appropriately certified coach as there are currently few regulations about who can call themselves a coach. If you want further information, please feel free to contact me.

Support from a Food Plan

For some, our eating will continue to be an issue, and I know that people have found the structure of commercial weight-loss programs both emotionally supportive and a healthy way to give their food plan some boundaries. For me, the key has been the elimination of simple carbohydrates (all sugars, any products made with flour), and I have a very peaceful relationship with food and easily maintain my current weight. Again, the surgery is a TOOL, not a cure, so seeking other forms of support is perfectly normal and healthy!

I have been involved with any combination of the resources on page 50 throughout the years and have found significant help from each depending upon the current issue and how much time and money I had to seek external support. Through journaling, prayer and a lot of talking to myself and others, I was able to solidify these things for myself about my life going forward:

- I needed to forgive myself for past mistakes and reclaim ownership of my life and my body.
- I wanted to be able to enjoy and trust my body to work physically.
- I wanted to make peace with food.
- I wanted to find my purpose NOW, not the one that was relevant at 25 or 45, but the life I wanted at 56 and beyond.

As I move forward the most important thing comes down to my attitude, how I frame my life and the language I use for my internal talks. With any food plan, I have a choice of how I view things. Notice the language; “I chose to eliminate...” rather than “I am forcing myself to give up...” – HUGE difference in self talk, and HUGE difference in my attitude and success! Reframe the gym into an adult playground and stop exercising and start playing!

Repeat after me: IT IS NEVER TOO LATE TO WRITE MY NEXT JUICY LIFE CHAPTER!

I tell you these things not to promote a particular surgery, food plan or aftercare choice. I tell you these things so that you too can go and find **YOUR** way, **YOUR** path and

YOUR bliss. The surgery helps to change your weight; **YOU** are ultimately in charge of your life. My advice is to honor who you are.

My wish for you is that you have:

- Courage to seek out and obtain support
- An attitude of gratitude about the surgery and life itself
- Success in your endeavors!

Conclusion

You **can** find all that you need for life-long success with your weight. Find the courage to ask for what you need and accept nothing less. Yet another lesson: I don't get everything I want, **AND** I create a life where I get everything I need. As with any gift, treasure your opportunity to have obesity surgery and commit to taking great care of yourself.

About the Author:

Jill C. Williams, MS, CPT, is a wellness coach, certified personal trainer and workshop facilitator. Jill had a DS procedure in 1998 and has gone from 330 pounds to 130 pounds. She is an obesity surgery aftercare program developer and works with individuals and small groups to ensure long-term success through fitness training, wellness coaching and group support. She is a tireless advocate for helping you create a body you love and trust physically and emotionally. To learn more about Jill, please visit www.silversexynstrong.com.

WHY do YOU want to LOSE WEIGHT?

**Whatever your reason,
Robard's programs can help!**

Find a provider near you by visiting
robard.com/FindAClinic

Better yet! Refer your current provider
and we'll pay for you to lose weight!
Visit robard.com/OAC for details.



DRESS IT;

by Lea Crosetti, RD, CSSD

Have you ever ordered a salad at a restaurant with the intention of being “healthy,” only to discover on your calorie counting app that it was actually 1,800 calories and 60 grams of fat?

If so, you are not alone! This situation can leave people feeling very discouraged when they are trying to manage their weight. And nothing could be more discouraging when you find out that the burger you really wanted was actually less than 1/2 the calories of the salad. How can that be? Salads are supposed to be healthy right? It depends. If you are adding lettuce for the sole purpose of having somewhere for your dressing and bacon bits to go, then you may need to think again.

So What's the Problem?

Problem number one lies within the portion size. Regular salad dressings can be very calorically dense. Most dressings offer up to 200 calories per two tablespoons. However, two tablespoons of dressing may not be the actual serving but rather 1/4 - 1/3 cup, which can easily rack up the calories to more than 500. By keeping the serving to two tablespoons or less, you can keep the calories at a reasonable amount. Now, that is all fine and good in your own home, but it can be a little more challenging at a restaurant. One of the best ways to avoid 1/3 cup dressing at a restaurant is ordering the dressing on the side, so you can then control how much goes on the salad. An old trick that is favored by many is dipping the fork in the dressing first and then the lettuce. This is a great way to “dress” the salad rather than drenching it.

Another issue with salad dressing is the type of fat that it is made of. The calories and total grams of fat do not differ too much between ranch and Italian.

However the difference in saturated fat is significant. Cream-based dressings, like ranch, contain high amounts of saturated fat that can raise cholesterol levels, clog arteries and increase inflammation. On the other hand, oil-based dressings, like Italian, tend to be higher in unsaturated fat which can lower cholesterol levels and help keep your arteries nice and clean. Even amongst the oil-based

dressings some are better than others. Look for those made with monounsaturated fats like olive, avocado or nut oils. These oils are great for not only keeping cholesterol levels low, but they can also help raise good cholesterol and reduce inflammation.

Now for all you ranch or blue cheese fans, you don't have to switch to the oil based dressing that you can't stand. I have included some recipes in this article that use plain Greek yogurt as the base. An advantage of using a yogurt-based dressing is it not only reduces the fat, but it also provides more nutrients like protein, calcium, potassium and vitamin D.



Photo: ©istockphoto.com/Berc

“Believe it or not, another potential problem may actually be from choosing fat-free dressing.”

Can Choosing Fat-free be a Problem?

Believe it or not, another potential problem may actually be from choosing fat-free dressing. You may have to read that sentence twice, but yes, the fat-free options are not always the best when it comes to salad dressings. One reason has to do with the purpose of fats in the diet. Fats help with the absorption of the fat soluble vitamins and phytonutrients like carotenoids

that are in the vegetable. Vitamins A, D, E and K as well as phytonutrients lutein, lycopene and beta-carotene are actually better absorbed with a little fat. A study in the [American Journal of Clinical Nutrition](#) showed that those who ate fat-free dressings absorbed less nutrients than those who used regular salad dressing.

DON'T DRENCH IT

In addition, fat provides palatability and satiety, helping you become more satisfied and stay fuller longer. Although you may be adding a few more calories up front, it may keep you from grazing later. It sounds like a good investment to me!

Another reason why it may not be best to opt for fat-free dressing is that there are typically three major ingredients that manufacturers use to enhance the flavors of foods: fats, sugar and salt. Typically, when you take one of those ingredients out, like fat, the other two tend to go up. And

like I mentioned earlier, fats add to the great mouth-feel of salad dressing, and in order to replace that, manufacturers will have to add other thickening agents which technically don't need to be in the dressing to begin with.

Do you ever look at the ingredients? Many people are pros at reading the numbers on the nutrition facts but rarely look at what

is actually in the product. When it's listing off ingredients that sound like they are coming out of chemistry lab rather than a kitchen, it may not be the best choice.

Don't forget to look at the salad as a whole. Dieters are often too concerned about taking things out rather than looking at what's going in. Sure, look to reduce the saturated fat, but don't forget to look for ways to add some vitamins, minerals, antioxidants and fiber. Remember, the lettuce is not simply a place for your dressing and fattening toppings.

To get the most out of your salads, make sure you are adding colors. The more color the better! Different colors provide different phytonutrients. Start with a dark leafy green base (like spinach), add some other colors like red tomatoes, orange carrots, purple cabbage, yellow peppers and white mushrooms, while limiting the bacon, cheese and croutons.

Preferred Picks

Walking down the salad dressing aisle at any grocery store gives you an idea of how many options there are. Remember to look at the ingredients. Look for olive, avocado or nut oils. Look for natural ingredients and those that limit the addition of sugar and salt. Annie's and Brianna's are other great brands that use all natural ingredients. Newman's Own is a popular brand that provides mostly natural ingredients. The Lite versions tend to be pretty comparable to the regular dressings. They just use less oil and more vinegar.

Make Your Own!

Anything that comes out of your own kitchen will likely be better than the store-bought brands. Not only are you able to use the freshest ingredients, you can avoid the preservatives manufacturers use to keep their products on the shelf longer. Below, and on the next page, are a few recipes to try out at home!



Photo: ©istockphoto.com/jeangill

Recipes:

Raspberry Vinaigrette*

Ingredients:

- ½ cup olive oil
- ½ cup balsamic vinegar (or raspberry balsamic vinegar, or other type of vinegar)
- ½ cup raspberries
- 2 tablespoons honey
- ¼ cup fresh basil

Dress It continued on next page

Dress It continued from previous page

Directions:

- In a blender or food processor, combine raspberry vinegar, raspberries, honey, and basil; whirl 1 minute or until well blended.
- With the motor on, add olive oil in a slow steady stream, whirling until dressing is smooth.

*Adapted from WhatsCookingAmerica.

This dressing is great because not only is it providing a heart healthy oil that can help reduce inflammation, but it also provides a great source of antioxidants from the fresh berries.



Photo: ©istockphoto.com/looby

Greek Yogurt-based Dressings*

Heart Healthy Blue Cheese

Ingredients:

- 1 cup Greek yogurt
- 2 tablespoons blue cheese crumbles

Directions:

- Combine ingredients and let sit for at least one hour. For best results, let sit for 24 hours.

Heart Healthy Ranch

Ingredients:

- 1 cup Greek yogurt
- 1 teaspoon dried/powdered ranch seasoning**

Directions:

- Combine ingredients and let sit for at least one hour. For best results, let sit for 24 hours.

*Fat-free yogurt in this case would be OK because it is reducing the saturated fat. We suggest adding avocado or nuts to provide some healthy fats in the salad.

**High sodium

References:

1. M Brown, M Ferruzzi, M Nguyen et al. Carotenoid bioavailability is higher from salads ingested with full-fat than with fat-reduced salad dressing as measured with electrochemical detection. *Am J of Clin Nut.* 2004;80:396-403/
2. WhatsCookingAmerica.net/Salad/RaspberryVinaig.htm

About the Author:

Lea Crosetti is a registered dietitian and board certified specialist in sports dietetics. With a strong background in both sports and bariatric nutrition, Lea coined the term and founded BariAthletes®. Her mission is to not only help bariatric athletes meet their specific nutritional needs but also help them embrace their inner athlete and reach their fitness dreams.

Article Photos: ©istockphoto.com/robynmac
©istockphoto.com/Juanmonino



the **GIFT** of
healthy • strong • happy
svelte • vibrant • positive
sexy • easy **LIFE!**

10% off
order(s) over \$70
with code
OAC13



Precise**Portions**
Nutrition Control Systems®

visit **PrecisePortions.com** now



Multivitamin Soft Chews

The world's **ONLY**
bariatric **SOFT CHEW**
multivitamin &
multimineral!



Available Flavors: Orange
and Very Berry

- High Potency Multivitamin
- 2 chews per day



Opt in ✓

There's more to losing weight than just dieting



Medically monitored weight management program, clinically proven to get results.

Results for OPTIFAST® patients include

>50 lbs

average
weight loss

11%

average decrease
in blood pressure

14%

average decrease
in cholesterol

- 5 years after completing the program, approximately 50% of patients maintained medically significant weight loss¹

To learn more, visit www.OPTIFAST.com and find an OPTIFAST program near you.



Join our online community www.facebook.com/OPTIFASTUS

OPTIFAST®

The serious solution for weight loss™

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

All trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland or used with permission. © 2012 Nestlé. OPTI-11877-1112



Nestlé HealthScience
NOURISHING PERSONAL HEALTH