YOUR WEIGHT Matters

FOR YOUR HEALTH

A CHALLENGE TO THE



PATIENT ADVOCATE

COMMUNITY

- JOE NADGLOWSKI, OAC PRESIDENT AND CFO

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YOGA!



FAMILY DINNERTIME Is it a lost cause?

CONTRAVE

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WEIGHTMatters

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News from the OAC 05

OAC names Amber Huett-Garcia, MPA, BS, as Vice-chairman of the Coalition and welcomes Sarah Bramblette to the OAC National Board.

> American Board of Obesity Medicine – An Inside Look by Dana Brittan, MBA

American Board of Obesity Medicine (ABOM) Executive Director Dana Brittan shares with us why having a doctor certified in obesity medicine is important and how the ABOM is making a difference in the fight against obesity.

A Challenge to the OAC Membership and Patient Advocate Community by Joe Nadglowski, President and CEO, OAC

OAC President and CEO Joe Nadglowski shares with us an open-letter to the OAC membership and patient advocate community regarding the ever-increasing online discussion of obesity treatment choice.

Dear Doctor, I've had bariatric surgery and always feel dehydrated. What can I do?

Answer provided by Walter Medlin, MD, FACS

Dehydration after bariatric surgery can be very dangerous. Bariatric surgeon Walter Medlin, MD, FACS, provides us with an in-depth look at dehydration and what you can do to ensure you stay hydrated throughout the day.

KID'S Corner: Dinnertime – The New Family Meal

by Sarah Muntel, RD

Dinnertime with the family – is it a lost cause? What was once a staple of American culture has now given way to fast-paced lives and drive-thru dining. Is there a way to find a seat at the table again?

CONTRAVE

by Holly F. Lofton, MD

Doctor Holly F. Lofton, MD, provides us with an overview of a new obesity medication, CONTRAVE, and shares with us more information about this new medication. OAC Members Matter -Basketball, Barkley and Fat Bashing by Abby Lentz

OAC member Abby Lentz shares with us how weight bias has impacted her life and how the OAC helped her take a stand against it.

Can Cinnamon Help Control Type 2 Diabetes?

by Ted Kyle, RPh, MBA, and William Hignett, MPH

Is it possible for the common household spice, cinnamon, to help you manage your type 2 diabetes? Ted Kyle, RPh, MBA and William Hignett, MPH, dissect this myth and help us understand how cinnamon impacts diabetes.

Measuring Success beyond the Scale by Laura Andromalos, MS, RD, LDN

Success is more than a number on a scale. We all define success differently; however, we can sometimes become too obsessed with the scale. Laura Andromalos, MS, RD, LDN, shares with us different ways we can measure success in our journey toward improved health.

YOGA FOR ALL BODIES: The True Purpose of Practice for All by Laurel Dierking, MEd, NFPT

Yoga is a great full body workout that not only helps increase our physical abilities, but it also helps clear our minds. Exercise expert Laurel Dierking, MEd, NFPT, helps us understand Yoga and how we can get started today.

NUTRITION TUNE-UP – More than numbers by Cassie I. Story, RD

It's a new year, and it's time to tune-up our nutritional plan. Expert dietitian Cassie I. Story, RD, helps us understand the difference between whole foods and processed foods, and she provides us with a strategy to help incorporate healthier foods into our daily lives.

WEIGHT Matters MAGAZINE

Winter 2015

Volume X

Issue 2

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

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Cover Photo: © istockphoto.com/CEFutcher



New Resolve for a New Year

With a new year mostly ahead of us, and many New Year's resolutions already behind us, it's worth taking a moment to reflect on what we've seriously resolved to do about health, weight and obesity.

If you're reading this, you obviously already understand that your weight matters for health and quality of life. Like me, you realize that weight and health are not entirely a matter of choice, but there's plenty you can do to work with the body you were born



Ted Kyle, RPh, MBA

with. I hope you'll find some ideas along those lines in this issue of *Your Weight Matters Magazine*.

But not everybody understands the issues of weight and health the way we do. For instance, I recently stopped to think about the false thinking reflected in a headline in the Los Angeles Times. It read:

"Obesity Rivals Smoking and War among Self-inflicted Health Risks"

This headline, paired with a stereotypical "headless fatty" picture, was too much for me. The assertion that people with obesity should be blamed for it is a subtle, pernicious lie buried in the headline and reinforced with a dehumanizing image. It's a lie repeated so much that even many people with obesity have come to accept it.

We don't accept such blaming and shaming for other diseases. Calling breast cancer a self-inflicted health problem would spark an angry outcry — as it should. Yet if you look for documentation of the heritability of breast cancer, you'll find estimates that range from 25 to 56 percent. The value you'll find for obesity is 70 percent. For curly hair, it's 85 to 95 percent.

We don't worry about how "self-inflicted" breast cancer is or isn't. We just look for ways to treat and prevent it. And when we find something, we do it.

Right now, breast cancer is not entirely preventable. Neither is obesity. Though everyone can make choices that will improve their health, no one chooses to suffer with either condition.

Everyone deserves respect and access to care without facing false judgments about what they would've, could've, or should've done to prevent the problem they're addressing.

Let's make it so. The OAC is working hard, every day, in pursuit of this goal.

Make your voice heard!

Tol Rope

NEWS from the OAC Obesity Action Coalition

Amber Huett-Garcia, MPA, BS, Named Vice-chairman of the OAC



The OAC is proud to announce Amber Huett-Garcia, MPA, BS, as Vice-chairman of the Coalition. Amber is a longtime OAC member and has served on the OAC National Board since 2012. She is the past-Chair of the OAC Convention Planning Committee where she led for three years and most recently helped to develop the Convention Scholarship Program. She continues to serve on the Convention Planning

Committee as well as the Revenue Generation Committee. She is also the recipient of the 2014 OAC Chairman's Award. Ms. Huett-Garcia is a director at Teach for America and lives in Memphis, Tenn.

"I am extremely excited to have Amber as Vice-chairman of the OAC. Her leadership on the Board, and with the OAC's National Convention, has been monumentally beneficial to the organization in a variety of ways. I look forward to working with her," said Ted Kyle, RPh, MBA, OAC Chairman.

The OAC National Board of Directors are as follows: Ted Kyle, RPh, MBA, *Chairman of the Board*; Amber Huett-Garcia, MPA, BS, *Vice-chairman*; Pam Davis, RN, BSN, CBN, *Immediate-Past Chairman*, Georgeann Mallory, RD, *Treasurer*; Michelle Vicari, *Secretary*; Tammy Beaumont, BSN, RN, CBN; Sarah Bramblette; Jaime Fivecoat, MBA; Robert Kushner, MD; Holly F. Lofton, MD; Tracy Martinez, RN, BSN, CBN; Walter Medlin, MD, FACS; Lloyd Stegemann, MD; and Melinda J. Watman, BSN, MSN, CNM, MBA



OAC Welcomes Sarah Bramblette to the National Board

OAC member Sarah Bramblette has been elected to the OAC National Board of Directors. As an OAC member since 2012, Sarah has dedicated herself to raising awareness of the OAC, weight bias and the disease of obesity.

In 2014, she was honored with the OAC Member of the Year Award for her support of the OAC's mission and goals. She was featured in the OAC's *Your Weight Matters Magazine* and was also the first-place winner of HealthCentral's #LiveBold Anti-stigma Photo Contest. She is a lipedema, lymphedema, obesity, and health insurance advocate and blogs about her life experiences at **www.born2lbfat.com**. Sarah is currently working toward a master's degree in health law.

"We are very excited to have Sarah on the OAC National Board. Her contributions to the OAC have been tremendous, and we look forward to her thoughts and knowledge as a director," said Joe Nadglowski, OAC President and CEO.

OAC Hosts Successful YWMLocal Event during ObesityWeek



On Sunday November 2, the OAC hosted its first regional event, YWMLocal – Boston, and invited individuals

from the Greater Boston area to join in a FREE half-day patient educational event. YWMLocal – Boston 2014 was modeled after the highly successful OAC National Convention and aims to bring the powerful *Your Weight Matters* message into the local community.

The event welcomed hundreds of individuals eager to learn about how weight impacts health, along with a variety of related topics in the areas of nutrition, exercise, evidence-based treatment options, and much more! The OAC is tremendously grateful for the support of the YWMLocal – Boston 2014 Sponsors, whose generous support made this successful event possible. Special thanks to our Event Sponsors: Novo Nordisk (Gold), Eisai (Silver), Arena Pharmaceuticals (Bronze). For complete information on YWMLocal, please visit www.YWMLocal.com.

OAC Awards More than \$10,000 in Scholarships for Individuals to Attend the *Your Weight Matters* National Convention

In 2014, the OAC awarded 13 Convention Scholarships to individuals from across the country, providing them the opportunity to take part in the 3rd Annual *Your Weight Matters* National Convention. In its first year, the Convention Scholarship Program received more than \$100,000 in requested funds from individuals throughout the United States and was able to award more than \$10,000 in scholarships.

The OAC launched the Convention Scholarship Program with a goal to give individuals, despite their financial situation, the opportunity to experience the Convention's one-of-a-kind evidence-based education where experts in the healthcare field provide the latest information on weight, health, and more.

All applications were reviewed by the Obesity Research Team at the Milken Institute for Public Health at George Washington University, which ensured a transparent and objective evaluation process. Applicants who did not score high enough to receive a Convention Scholarship were offered a complimentary one-year membership or membership renewal in the OAC, which includes a subscription to the OAC's popular publication, *Your Weight Matters Magazine*.

The OAC would like to thank the Obesity Research Team at George Washington University for their time and objectiveness in reviewing all of the Convention Scholarship Applications. To learn more about the *Your Weight Matters* National Convention, please visit **www.YWMConvention.com**.

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OAC MEMBERS MATTER

Basketball, Barkley and Fat Bashing

by Abby Lentz, founder of HeavyWeight Yoga

felt like I was back in junior high again, taking a logic test — "Which of these 3 things does not belong?" For some, fat bashing by Charles Barkley on national television during the NBA Playoffs was actually a winning combination of "None of the above." After all, only people without a sense of humor wouldn't enjoy his childish joke aimed at the "fat women" of San Antonio and their "big bloomers" during a nationally broadcasted basketball analysis television show.

I didn't wake up that morning in May thinking, "Today I'll become an activist." Throughout the last nine years, I made it a point to remain completely neutral about all things, especially on social media where everyone seems to have an opinion about everything. And, in fact, I stopped watching Barkley's show years ago when I found I just didn't have the stomach for his brand of humor. I turned him off, but I didn't stand up to him. However, when a San Antonio sports writer made mention of Barkley's comments, I had to see what it was all about.

In 2004, I founded HeavyWeight Yoga for people who would never feel comfortable or welcomed into a traditional yoga class. I based my program on the 3 A's:

- Awareness
- Acceptance
- and Affection

It was always important to me that weight-loss was never a topic of discussion. At more than 220 pounds, I just wanted to extend the benefits of yoga to everyone, with the things I had learned throughout 42 years of practicing it. After all, during those decades, I had been



many different sizes, starting from being a new mother to becoming a content grandmother who stopped thinking about her body image long ago.

I always felt that yoga is a neutral tool, one whose main message is about finding a path to loving yourself regardless of size or affiliation. I was as comfortable being at the OAC's Inaugural *Your Weight Matters* National Convention in Dallas, as when I served as the yoga moderator for the Health at Every Size (HAES) Fit Fatties Yoga Group, or presented at ObesityHelp. I came to realize that as polarized as groups may appear to be, they all agree that self-love should be promoted and fat bashing should be eliminated.

In 2012, after turning the other cheek for two years, the then-mayor of San Antonio Julian Castro stood up to Barkley on YouTube with humor. Nothing changed. Barkley even won back-to-back Emmys for Best Sports Commentary in 2012 and 2013 and got signed to a big contract with a weight-loss company. Although poking fun of

The fact is discrimination of any kind hurts us all. Weight bias seems to be the last acceptable form of discrimination in America.

public figures for their weight has a long history, that never made (or makes) it right. At least public figures have a forum to reply, a place to push back — to stand up. But what do you do if you're a woman in San Antonio watching a game with your husband, son, brother, or dad, cheering for the home team together? Or harder still, watching with your daughter or granddaughter.

The fact is discrimination of any kind hurts us all. Weight bias seems to be the last acceptable form of discrimination in America. In fact, when Barkley bashes the "fat" women of San Antonio, he's actually bashing all the women of San Antonio, regardless of their weight. He's bashing the mothers, wives, sisters, and daughters of the men of San Antonio. When he bashes all the women of San Antonio and by extension, all the men who love them, Barkley is actually bashing us all.

Separating any group from the rest of us is based on a common strategy as old as the beginning of time — so basic even wolves do it instinctively in the wild. Cull out the



Abby and her husband Ron pose for a picture at a San Antonio Spurs game.

weak from the herd and you'll be in for an easy kill — or laugh. Not all that long ago, Hitler did it to the Jews. Racists did it to the blacks. Feminists and gays all cut out from the general population, often with the scalpel named "comedy."

When on the top of his game, Barkley is an excellent analyst, sharing insights with more than flashes of brilliance. Forget that while he's making fun of the women of San Antonio, he wasn't delivering any of this expert analysis he's actually paid for. Forget that his only advice if you don't have "a sense of humor," is to turn off your television. For more than four years, to Barkley, to the producers of this show, and to a wide range of sponsors, his fat bashing didn't matter.

That is, until the OAC turned up the heat with their "Bias Busters."

Not able to be everywhere, the OAC relies on its membership to alert them of weight discrimination. Their Stigma section talks directly to the pain and heartbreak brought on by this type of prejudice. While finally I pushed back as an individual with Facebook, Twitter, and even a MoveOn petition that generated 150 signatures, it was a good start — but not enough. My contacting the OAC turned the tide. Putting their professional expertise to work they got noticed by national media — TMZ Sports, 247Sports and the Washington Examiner, just to mention a few.

OAC Membership Application

Why Join the OAC? Because it's the ONLY National non-profit organization whose sole focus is helping individuals affected by obesity. The OAC needs every individual who is concerned about the cause of obesity to join our Coalition. With your voice, we can make a difference in education and advocacy for the millions of individuals affected by obesity.

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OAC Membership Categories (select one)		
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☐ Institutional Member	•	\$500/year
☐ Chairman's Council	•	\$1000+/year
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Premium Packa 101-250 pieces/q		\$150
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AMERICAN BOARD of OBESITY MEDICINE

An Inside Look

by Dana Brittan, MBA

besity is a complex disease affecting millions of Americans nationwide. Today, there are many options available for the treatment of obesity; however, individuals often express frustration in trying to work with their healthcare provider when it comes to treating their obesity. Patients say that they often hear the words "Eat less and move more." Unfortunately, treating obesity is not that simple. In an effort to help healthcare professionals understand more about obesity and its treatments, the American Board of Obesity Medicine (ABOM) was established. ABOM certified physicians are equipped to work with individuals affected by the disease of obesity and recognize that there's no one-size-fits-all approach to treating this complicated disease.

WHAT IS THE ABOM?

The ABOM was founded in 2010 to serve the public and the field of obesity medicine. The ABOM Board of Directors and Staff are dedicated to raising awareness about the field of obesity medicine and the opportunity for certification. There are currently more than 850 ABOM Diplomates in the United States and Canada.

Physicians who complete the ABOM certification process in obesity medicine are designated as Diplomates of the American Board of Obesity Medicine. "Achieving recognition as a Diplomate of the ABOM is a great honor. It distinguishes a physician as a competent clinician who is skilled and knowledgeable in the care of patients with obesity who are seeking professional assistance," says Robert Kushner, MD, Chair of the ABOM.

In other words, the ABOM distinguishes a physician as having achieved a higher level of understanding in obesity care by completing specialized education. Obesity medicine physicians meet rigorous qualification and assessment requirements. Physician candidates are required to meet the following eligibility requirements before they can even apply to take the examination:

- Proof of completion of U.S. or Canadian medical residency such as internal medicine, family practice or pediatrics
- Active board certification in an American Board of Medical Specialties ("ABMS") member board or osteopathic medicine equivalent
- A minimum of 60 credit hours of continuing medical education recognized by the American Medical Association Physician Recognition Award Category 1 Credits on the topic of obesity

"It is important that candidate physicians demonstrate that they have completed a residency, hold an active board certification, and completed at least 60 hours of additional education prior to being allowed to sit for the examination. This ensures that the physician is well-versed in the practice of medicine and has spent the additional time necessary to focus on topics that are pertinent to the sub-specialty of obesity medicine," according to Dr. Kushner.

Once the board has determined that a physician candidate is eligible to take the examination, the physician candidate must then prepare for and pass the Certification Examination for Obesity Medicine Physicians. Approximately 70-75 percent of physician candidates pass the examination per year.

WHAT IS AN OBESITY MEDICINE PHYSICIAN?

By definition, an obesity medicine physician is a clinician with expertise in the sub-specialty of obesity medicine. This requires competency in and a thorough understanding of the treatment of obesity and the genetic, biological, environmental, social, and behavioral factors that contribute to obesity.

The obesity medicine physician employs therapeutic interventions including:

- Diet
- Physical Activity
- Behavioral Change
- Pharmacotherapy
- and Bariatric Surgery

The obesity medicine physician also utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, psychologists and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician can help pre and post-surgery bariatric patients with their care, advocate for those affected and work on obesity prevention as well.

HOW DOES ABOM WORK WITH OTHER HEALTH-FOCUSED ORGANIZATIONS?

The ABOM aims to unify the field of obesity medicine under one certification process and to attract the support of as many meaningful partnering organizations as possible. The following societies and organizations are supporting partners with the ABOM and provide endorsement and educational activities to their respective members:

Primary Obesity CME Partners

- American Society of Bariatric Physicians
- Harvard Medical School Blackburn Course in Obesity Medicine
- Columbia University Institute of Human Nutrition
- The Obesity Society

Obesity-Related CME Partners

- American Society of Metabolic and Bariatric Surgery
- Canadian Obesity Network
- Cardiometabolic Health Congress
- Cardiometabolic Risk Summit
- Cleveland Clinic Obesity Summit
- Let's Go

- Mayo: Nutrition & Wellness in Health & Disease
- USF: Making Sense of Treatment Guidelines for Obesity
- World Congress on Insulin Resistance, Diabetes & Cardiovascular Disease

American Board of Medical Specialties (ABMS) Fields of Medicine Partners

- American College of Physicians
- American College of Preventive Medicine
- American Congress of Obstetricians and Gynecologists
- American Gastroenterological Association
- The Endocrine Society

Public Health Partners

- American Society of Metabolic and Bariatric Surgery Foundation
- Obesity Action Coalition
- STOP Obesity Alliance
- The Obesity Treatment Foundation

WHY IS IT IMPORTANT FOR YOUR PHYSICIAN TO BE ABOM CERTIFIED?

Obesity medicine physicians are committed to providing effective, evidence-based therapy for patients who are affected by excess weight or obesity. They recognize the need for a comprehensive approach that considers the multiple factors contributing to obesity including lifestyle, medical, pharmacological and surgical treatment options.

National studies have shown that obesity counseling rates remain low among healthcare professionals. The reasons vary and include time restraints during a busy practice, lack of effective treatment options and practical tools, low confidence or insufficient training in weight management skills and counseling, or concern that raising the topic will be interpreted by the patient as being insensitive. These factors suggest that there is a big gap between recommended obesity care and current physician practice.

An ABOM physician has been trained and is prepared to talk with you about your weight struggles. As the beginning of this article stated, "Obesity is a complex disease." Through a strong patient-physician relationship, we can work with one another to address this nationwide epidemic and help individuals affected by the disease of obesity.

About the Author:

Dana Brittan, MBA, is the Executive Director of the American Board of Obesity Medicine. She completed her undergraduate degree at the University of Missouri-Columbia and her MBA at the University of Miami where she specialized in logistics and operations management.

Learn more about the ABOM on **Page 14!**



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 STARTSA DIET THAT MAY NOT WORK

WE HAVE 2 REASONS WHY THAT COULD CHANGE



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

2 IN 1 WEIGHT LOSS

One ingredient likely reduces appetite and decreases food consumption



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

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

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

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

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

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

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

IMPORTANT SAFETY INFORMATION

Who should not take Qsymia?

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

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

Qsymia can cause serious side effects including:

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

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

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

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

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

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

What are the possible side effects?

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

Some common side effects include:

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

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

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

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.



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.

Osymia is a federally controlled substance (CIV) because it contains phentermine and can be abused or lead to drug dependence. Keep Osymia in a safe place, to protect it from theft. Never give your Osymia 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 Qsvmia?

- 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.



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OAC Members Matter continued from page 7

While Barkley responded to the national pressure for him to apologize that it would only happen when "hell freezes over," so far this basketball season he seems to be content just talking about basketball and his new eyewear. For me, my sensibility is heightened. My language changed not just in public, but also in private. It's affected by obesity now, not just "obese." But most importantly it's the realization that we are not in this struggle alone.

For me, my sensibility is heightened. My language changed not just in public, but also in private. It's affected by obesity now, not just "obese." But most importantly it's the realization that we are not in this struggle alone. That with OAC the whole is greater than the sum of its parts — and its parts are each of us, its members, coming together to...

MAKE A DIFFERENCE!



ABOM FAQ

1. MY CURRENT DOCTOR/SURGEON IS NOT ABOM CERTIFIED. IS THIS BAD?

Just because your current doctor or surgeon is not ABOM certified does not mean they are unable to help you address your obesity. If you are comfortable with your physician and are addressing your weight in a proactive manner, we encourage you to continue working with your current doctor/surgeon. However, if you feel that your doctor is avoiding the conversation of weight, it may be best that you locate an ABOM doctor in your area.

2. IS IT MORE EXPENSIVE TO SEE AN ABOM CERTIFIED DOCTOR?

There shouldn't be any difference in cost regardless if your doctor is ABOM certified or not. It's best that you contact your insurance provider and confirm that the ABOM doctor is covered under your plan.

3. WHERE CAN I FIND AN ABOM DOCTOR?

To locate an ABOM certified physician, please visit http://abom.org/diplomate-search/.

4. I HAVE A HARD TIME LOSING WEIGHT. IS IT A GUARANTEE THAT I'LL LOSE WEIGHT WITH AN ABOM DOCTOR?

Obesity is very complex, and this is why the ABOM was created to help train doctors in the field of obesity medicine. No doctor can guarantee weight-loss; however, an ABOM doctor is best qualified to help you in your weight-loss journey.

5. DO ABOM DOCTORS USE ANY TYPE OF MEDICATION OR SUPPLEMENT FOR OBESITY?

ABOM doctors only use FDA-approved medications for the treatment of obesity.

6. IF I GO TO AN ABOM DOCTOR, DO I STILL HAVE TO SEE A DIETITIAN AND OTHER HEALTHCARE PROFESSIONALS.

An ABOM physician is one piece to the healthcare puzzle. It is important that any weight-loss plan include a comprehensive team which may include a dietitian, psychologist, exercise physiologist and others.

7. IF I HAD SURGERY, CAN AN ABOM DOCTOR STILL HELP ME?

They will work in conjunction with your bariatric surgeon to help you manage your weight and improve your health. Think of an ABOM physician as another part of your healthcare team.

8. DOES AN ABOM DIPLOMATE HAVE KNOWLEDGE OF APPROPRIATE COMMUNICATION AND ISSUES RELATED TO WEIGHT BIAS, STIGMA, AND DISCRIMINATION?

Yes, these subjects are covered by the ABOM examination.

9. MY BARIATRIC SURGEON IS NOT ABOM CERTIFIED. DOES THIS MEAN THEY DON'T KNOW HOW TO HELP ME WITH MY WEIGHT?

If your bariatric surgeon is not ABOM certified, that does not mean that they are not able to help you with your weight. ABOM certification is still fairly new, and your surgeon may not have had an opportunity yet to be certified. Continue working with your healthcare team and monitor your progress. You may even want to inquire with him/her regarding the ABOM and see if they plan on becoming certified in the future.

10. HOW LONG DO I HAVE TO WAIT TO SEE AN ABOM CERTIFIED PHYSICIAN?

Wait times to see an ABOM doctor will vary depending on availability. Use the ABOM's Diplomate search function to locate an ABOM physician in your area and contact the physician for more information.

ABOM BOARD MEMBER SPOTLIGHT

The ABOM Board of Directors is comprised of 12 individuals who specialize in the field of obesity medicine. In this article, we're excited to share with you a Q&A with board members Dyan Hes, MD, FAAP; and Robert Huster, MD.



DYAN HES, MD. FAAP

WHY WERE YOU INTERESTED IN RESEARCHING OBESITY AMONG CHILDREN AND ADOLESCENTS?

Growing up I was one of three sisters. I

was extremely underweight, despite the fact that I ate all the time. My middle sister loved to eat and put on weight very easily; this caused her problems her whole childhood. My younger sister was normal weight, and food wasn't an issue for her. I knew I wanted to be a doctor since I was a young child and I knew there was something different genetically between my sisters and myself. We all ate the same food, yet we all had such different body types. It was clear to me that we all had different genetic makeups. Body shape was always an issue in my house. While my grandparents were trying to fatten me up, they were always worried that my middle sister was gaining weight too quickly. As we grew older, and my sister continued to gain weight, I saw how her weight negatively affected her self-esteem. Despite the fact that she was such a beautiful child, teachers would make rude comments like "are you sure you two are sisters?" Since I can remember, I always wanted to help children who were affected by obesity to avoid suffering from the complications of obesity both mental and physical.

WHAT EXPERIENCES FROM YOUR CHILDHOOD IMPACT THE WAY YOU PRACTICE OBESITY MEDICINE?

Because of what I witnessed as a child, I believe that my treatment plan comes from the heart along with a medical book. I am very empathetic toward my patients who are often teased and bullied because of their weight, since I saw it first-hand growing up. I also try to take the blame out of the equation; children often blame their parents, and parents often blame their children when obesity is the issue. I try not to dwell on the past with the family, and just talk about making positive plans for the future.

CAN YOU DESCRIBE WHAT YOUR PATIENTS MOST LOVE OR VALUE IN WORKING WITH YOU?

I think my patients love that I am not judgmental. My goal is not to make someone thin, but to make them healthy. We talk a lot about being healthy on the inside, and that my weight-loss program is not like the false commercial advertisements that they see on TV. We talk about the health risks, including but not limited to diabetes and heart disease. There is no one-size-fits-all with my weight-loss plan -- each plan is individualized to the patient. As a physician, it is very important to determine whether the child wants the change or the parent wants the change. Without the patient on board, it is a difficult task. It's all about stages of readiness.

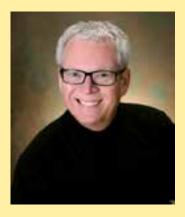
WHAT IS THE GREATEST VALUE IN SEEING AN ABOM DIPLOMATE VERSUS A PHYSICIAN WITHOUT SPECIALIZED TRAINING IN OBESITY?

Some physicians like to call themselves obesity medicine doctors without any training. This is dangerous. Obesity medicine in an evolving field, and it is imperative that a doctor who wants to specialize be trained properly. The ABOM has created a rigorous, yet practical, pathway for a physician to become an obesity medicine specialist. Since most of us did not learn about obesity in our training, it requires a great deal of motivation on the part of the physician to educate themselves about this disease. An ABOM physician has the tools and the foundation to help their patients to the best of their ability. It means that they are up to date on the most current medicines, surgeries, and other treatments to help their patients.

About Dr. Hes:

Dr. Dyan Hes is Medical Director of Gramercy Pediatrics in New York City and a Director of the American Board of Obesity Medicine. She is Board Certified in both pediatrics and obesity medicine, and practices both in her New York office. In addition, she serves as Clinical Assistant Professor of Pediatrics at the Weill Medical College of Cornell University. You can contact Dr. Hes on Twitter @GramercyPeds.

ABOM continued on next page



ROBERT HUSTER, MD

WHY DID YOU TRANSITION FROM A TRADITIONAL OB/GYN PRACTICE TO ONE THAT INCORPORATES THE TREATMENT OF OBESITY?

As a gynecologist, I have always felt it is my responsibility to open the dialogue with my patients regarding their lifestyle as it impacts their overall health. A discussion of healthy weight is a natural part of that. Excess body fat impacts infertility and conditions such as Polycystic Ovarian Syndrome, thus weight-loss is often an important part of their treatment plan. Educating patients about not only safe, but effective, weight management should be a priority for all physicians. As I learned about new approaches and individualized treatment plans, the excitement and satisfaction that my patients exhibited was inspiring. The personal satisfaction I felt daily, seeing those smiles, made the transition from a traditional OB/GYN practice to a dual gynecology/obesity medicine practice an easy one.

HAVE YOU EVER BEEN IMPACTED BY OBESITY?

My interest in obesity medicine began with my own personal journey. As a child affected by obesity, adolescent and adult, I was always acutely aware of being "fat." I remember being prescribed an appetite suppressant by my pediatrician. I remember the serious discussion my sixth grade PE instructor had with my family about my weight and the urgency that "something needs to be done." And I remember many weight-loss efforts, successful in the short term, but eventually failing.

Both of my parents were affected by obesity, had type 2 diabetes, and heart disease. Many of the co-morbidities we now associate with obesity were present and not only shortened their lives, but also significantly altered the quality of their lives. My mother died on dialysis with kidney failure as a complication from her diabetes.

As an adult at age 51, having lost on three occasions 100, 80, and 70 pounds only to regain the majority of my weight, I found myself with severe obesity. I was determined not to proceed down the path of my parents' health. It was time for a change. On the advice of my bariatrician, I underwent a Roux-en-Y gastric bypass. I was successful in losing 100 pounds. Throughout the last 12 years, I have successfully

maintained my weight with careful attention to diet and physical activity. I now feel in control using this wonderful "tool" that was given to me.

CAN YOU DESCRIBE WHAT YOUR PATIENTS MOST LOVE OR VALUE IN WORKING WITH YOU?

The personal interest and enthusiasm that I "bring to the table" is important to my patients. I encourage them to anticipate success as we make this journey together. During all initial interviews, I show them my picture when I was at my highest weight. On more than one occasion, the smiles I see indicate that they appreciate my personal history and struggles. The empathy that a physician can share should never be underestimated as a powerful tool.

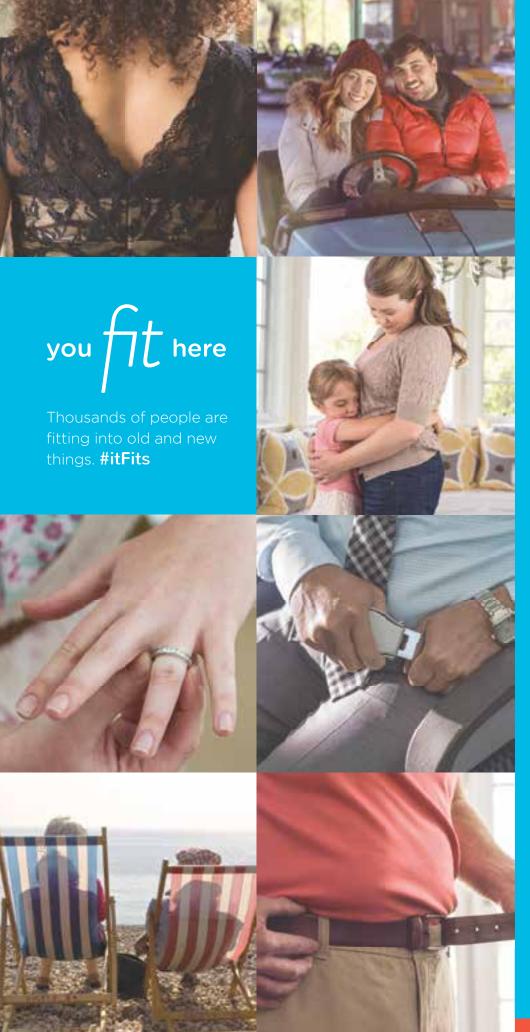
WHAT IS THE GREATEST VALUE IN SEEING AN ABOM DIPLOMATE VERSUS A PHYSICIAN WITHOUT SPECIALIZED TRAINING IN OBESITY?

The reluctance of many physicians to treat overweight and obesity has many facets. Education in medical school and residency about weight management is largely non-existent. In a primary care setting, pressure to see as many patients as possible in a short period of time makes it difficult to open this discussion. It is much easier to ignore it. The current reluctance of third party payers to reimburse for obesity treatment is the third factor that many cite as a reason for "non-treatment."

As a Diplomate of the ABOM, a physician demonstrates a strong commitment to his/her education regarding the evaluation and treatment of overweight and obesity. As new therapies and treatments become available, the ABOM Diplomate positions themselves as the community expert on these topics. It signifies that the Diplomate has both the interest and willingness to address this area of medicine. As a resource, a Diplomate can publicize and direct efforts in obesity treatment. Importantly, he/she can advocate for the patient and influence policy on both state and national level.

About Dr. Huster:

Dr. Robert Huster is a graduate of the University of Missouri – Columbia, School of Medicine and is board certified in both Obstetrics/Gynecology and Obesity Medicine. He served as the Chairman of the American Board of Bariatric Medicine from 1997-1999 and is currently serving as a director of the American Board of Obesity Medicine. Dr. Huster practices both Gynecology and Bariatric Medicine in his private practice in Liberty, Missouri, just north of Kansas City.



lap-band

Dial 1·800·LAP·BAND or visit lapband.com to see how the LAP-BAND® System can fit into your life.

Important LAP-BAND® System Safety

Indications: The LAP-BAND® System is indicated for weight reduction for patients with obesity, with a Body Mass Index (BMI) of at least 40 kg/m2 or a BMI of at least 30 kg/m2 with one or more obesity-related comprisid conditions.

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

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

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

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

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

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

Important: For full safety information please visit LAPBAND.com, talk with your doctor, or call Apollo Customer Support at 1-855-551-3123.

CAUTION: Rx only

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he world is full of oddities and curiosities. For example, if a tiger loses all his hair, he will still be striped.

Tiger stripes are like fingerprints, and individual feline's markings are unique. They're not just hair; the stripes are in their skin. Or consider that there is enough salt in the world's oceans to cover the land on all the continents to a depth of nearly 500 feet. These are hard to believe, yet true scientific facts.

So could it be true that a common spice used in Malaysian and Indian food and also in desserts like pumpkin pie could help control Type 2 diabetes? To some, this may be a strange notion, but for many years, cinnamon has been touted for its potential benefits in treating diabetes and lowering blood sugar. Is this true like the tiger and salt tidbits above, or a myth?

THE HISTORY...

Cinnamon is one of the oldest spices known to man with a long history both as a spice and as a medicine. The use of cinnamon dates back more than 4,000 years, and its use can be found in the Bible and other ancient texts. In different cultures, it had a large range of historical health uses, which anecdotally included improving cognitive function and memory, helping with digestion, relieving certain menstrual disorders, and treating rheumatism. The spice was also valued for its preservative qualities for meat due to the phenols which hinder the bacteria responsible for spoilage. Cinnamon is an ample botanical source of polyphenolics (micronutrients in our diet) that have been used for many centuries in Chinese medicine, and it has been shown to affect blood glucose. Valued more than gold in ancient times, cinnamon was so highly prized among nations that it was regarded as a gift fit for kings.

IN 2006, SRI
LANKA PRODUCED
90 PERCENT OF
THE WORLD'S
CINNAMON,
FOLLOWED BY
CHINA, INDIA, AND
VIFTNAM

THE SOURCE...

It is obtained from the inner bark of several trees from the genus Cinnamomum. In 2006, Sri Lanka produced 90 percent of the world's cinnamon, followed by China, India, and Vietnam. Cinnamon is available in its dried tubular shape known as a quill or as ground powder. There are two varieties of cinnamon, Chinese and Ceylon, which have similar flavor.

- Ceylon cinnamon is also referred to as "true cinnamon" and is slightly sweeter, while the Chinese variety is known as "cassia." Ceylon cinnamon is rare in the US.
- Cassia cinnamon, the less expensive variety, is the variety most Americans use in cooking and baking.

True cinnamon and cassia are also different in their coumarin content. Coumarins are naturally occurring plant components that can have strong anticoagulant properties. Because our blood needs to maintain its ability to coagulate in times of injury, excessive intake of coumarins over a prolonged period of time can pose health risks. Water extract of cinnamon avoids this health risk as water-extracted cinnamon will not have coumarins in it.

Cinnamon should be kept in a tightly sealed glass container in a cool, dark, and dry place. Ground cinnamon will keep for about six months, and cinnamon sticks will stay fresh for about one year stored as described in this article. Shelf life can be extended by storing them in the refrigerator.

IS THERE A RELATION BETWEEN CINNAMON AND TYPE 2 DIABETES?

Cassia is the variety most researchers use when they study cinnamon and diabetes. Recent studies have examined cinnamon and its effects on Type 2 diabetes to determine if cinnamon helps reduce risk factors for the disease, and if cinnamon improves insulin sensitivity and glucose tolerance, reduces blood glucose, lowers hemoglobin A1C, and aids glucose control and lipid parameters. The results across human and animal studies are not clear.

Many of the in-vitro (outside the body) and animal in-vivo (inside the body) studies provide evidence that suggests that cinnamon has anti-inflammatory, antimicrobial, and antioxidant properties, and may act to improve the effectiveness of insulin activity. A large number of studies conducted in humans show improvements in fasting blood glucose and a decrease in insulin concentration. On the other hand, some other studies including meta-analyses, such as one in *Diabetes Care*, have concluded that the use of cinnamon did not significantly alter A1C or fasting blood glucoses. Results are uneven across studies most likely because clinical trials have used different forms and amounts of cinnamon, as well as types of subjects, and may not have accounted for medications taken by the subjects.

WHAT THEN IS THE TAKEAWAY WITH CINNAMON'S USE IN TYPE 2 DIABETES?

Maria Collazo-Clavell, MD, from the Mayo Clinic writes that "recent research suggests that cinnamon may be helpful as a supplement to regular diabetes treatment in people with type 2 diabetes." She also notes that more clinical studies are needed to confirm findings and determine why

cinnamon leads to benefits. Dr. Laura Shane-McWharter from the Joslin Diabetes Center summarized the benefits of and considerations for using cinnamon: it increases insulin sensitivity and may lower blood glucose and lipids (but not HbA1C).

The answer to using cinnamon as an adjunct to the treatment of Type 2 diabetes is not completely known. So consider this: science has been mostly concerned with universals – conclusions that apply principles or discoveries to everyone. Journalist and author Malcolm Gladwell points out that science has recently been moving from the search for universals to seeking understanding of variability. As we apply this thinking to the question of whether cinnamon could help control Type 2 diabetes, we may find a place for cinnamon. The spice has been shown to increase insulin sensitivity and has been shown to lower fasting blood glucose for some, and it is a safe substance. It's far from being a replacement for conventional medical therapy, but the ongoing research bears watching.

About the Authors:

William Hignett, MPH, is a disease management expert with a public health and a business background.

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

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A CHALLENGE TO THE



AN OPEN LETTER

by Joe Nadglowski, President and CEO, OAC

ften, in my role managing the Obesity Action Coalition (OAC), I am asked the question, "Why isn't the patient voice stronger when it comes to issues directly impacting those affected by obesity?" It's a question that I've pondered myself quite a bit. The answer, like obesity itself, is complicated. Issues from societal attitudes to weight bias play significant roles, however, I believe that the main reason is that our voice, the voice of those who have been impacted by obesity, isn't unified. We, in my opinion, spend too much time arguing among ourselves instead of unifying for our cause.

For those of you who know me, you know that when it comes to changing public views, I'm an idealist. I believe very strongly in Margaret Mead's famous words:

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."



For me, the key word in this wonderful quote is the word "thoughtful," and I worry that in our exuberance as a community, we sometimes forget to be "thoughtful, committed citizens."

A too frequent example of us forgetting to be "thoughtful" happens nearly every hour of every day across social media — what I like to call the "my treatment is better than your treatment" phenomenon. When it comes to struggling with obesity, we should all support one another no matter which evidence-based method an individual chooses (or chose) to address their obesity. Unfortunately, what I see happening all too often is the division of our community by treatment method. Whether it is by individuals participating in a specific diet program putting down other such programs, or folks saying "Well, when that doesn't work or when you gain the weight back, you should try (insert your therapy/ medication here)."

The perpetrators of these types of messages divide our community. While in my heart – and maybe this is the idealist in me – I believe many are doing this

unintentionally in just being excited about their own therapy, I believe this is the most important barrier to our speaking with a stronger voice. Simply said, it is time to stop bashing other obesity therapies just because they are not right for you or didn't work for you. Everyone's fight to address their obesity is different. As such, it is important that we have a full toolbox of tools to address their obesity even if you would never consider using specific tools that are available.

This definitely doesn't mean that I don't think people should speak out against "snake oil," miracle cures or other malarkey. It also doesn't mean that I don't believe in true and honest discussions about the pros and cons of certain therapies (OAC's Understanding Your

Weight Loss Options Brochure is a great example of an evidence-based pros and cons discussion). It simply means that I think we need to be more "thoughtful" when it comes to how we talk about and compare treatments for obesity, especially those that may not have been our choice or didn't work for us. Just because the therapy didn't work for you (and no matter the obesity therapy, there are people it didn't work for), doesn't mean that it won't work for someone else. No treatment option is perfect for everyone in either the short or long-term, and the constant back and forth between folks arguing "my therapy is better than yours" serves no purpose but division.

With division, we lose the power we have with our numbers to make a meaningful difference. With division, we also create confusion among those trying to identify the right therapy for them. For those of you who have sought treatment for your obesity, you know the decision of balancing both the benefits and risks is not an easy one. It's my opinion when we aren't "thoughtful" in our public posts and discussions on therapy, it turns people away from seeking help in general. It's a hard enough decision without all the additional noise and mixed messages one can see.

SIMPLY SAID, IT IS TIME TO STOP **BASHING OTHER** OBESITY THERAPIES **JUST BECAUSE** THEY ARE NOT RIGHT FOR YOU OR DIDN'T WORK FOR YOU. EVERYONE'S FIGHT TO ADDRESS THEIR OBESITY IS DIFFERENT.

Being more "thoughtful" isn't that difficult. In explaining why you chose a specific therapy over simply adding, "For me, therapy 'xyz' was or wasn't the right choice," makes a huge difference. If you are talking about a therapy that didn't work for you, you can simply say "While therapy 'xyz' didn't work for me, it may for others." I'd also remind everyone that just because you have been successful with your current obesity treatment doesn't mean you won't need future treatments. I know this from personal experience that obesity is a life-long disease, and many of us will require multiple treatment types throughout our lifetime.

My challenge to each of you is to be more supportive of those who struggle with obesity no matter how they have chosen, or not chosen, to address their obesity. I know we can create a more powerful voice if we spend less time arguing about what

therapy type is best and more time supporting each other in our quest for improved health no matter our treatment type. OAC has dedicated the better part of the last 10 years to improving the availability of and access to the treatments of obesity. We are so close to creating a world where when someone is ready to address their obesity, they have both the availability of and access to treatment. When our community becomes more "thoughtful" and unites together for the greater good, I wholeheartedly believe we will achieve that goal.

Together we can and do make a difference! Joe Nadglowski

for not b



hat can I do to jumpstart my weight-loss? I'm worried my surgeon is not going to be happy because I didn't lose as much weight as he expected.

The woman speaking these words had sleeve gastrectomy six months ago and has lost 47 pounds or 51 percent of her excess weight. She also:

- Ran her first 5k
- No longer shops for plus-size clothing
- Enjoys exercising five times per week
- And is "feeling great for the first time in years"

But, to her, all of these successes are dwarfed by the number on the scale. Sound crazy, or maybe you have been this woman (or man)?

These are the conversations I have with patients far too often due to fixation on weight-loss goals. It's time to start measuring success beyond the scale.



MISTAKES IN MEASURING SUCCESS

In a 2012 issue of the *Harvard Business Review*, Michael Mauboussin writes about a common mistake that many businesses make: using the wrong metrics to measure success. We make the same mistake in the healthcare world when we use weight as the only measure of success. After all, in the words of Dr. Arya Sharma, "Health is not measured in pounds."

WHAT'S WRONG WITH WEIGHT?

As Mauboussin explains, the best metric for success will consistently be changed by the actions that you are taking. In other words, if weight is the best measure of success, it will change in a predictable way from your healthy actions.

The problem is that weight is not always predictable, and it doesn't tell the whole story. You can lose weight in unhealthy ways or you can start healthy habits and not always see a change in weight. Plus, body factors, like muscle mass, bone structure, and water, affect weight.

BOTTOM LINE: The actions that make you healthier do not always lead to weight changes. This doesn't mean weight is a bad metric. It just can't be the only way by which you measure success.

Measuring Success continued on next page

KNOW YOUR REAL GOAL

To measure success, you need to know your real goal. I don't think that "losing weight" is the real goal for many people. We often say that our goal is to "lose x number of pounds" because we closely tie weight to health, success and being accepted. Also, weight is easy to track.

But I think your real goal is probably about health, or energy levels, or confidence, or feeling comfortable. Your real goal is to have a better quality of life, in a physical, mental, and/ or emotional way. That type of goal is not measured by weight alone. If you think of weight-loss as the goal and use weight to define success, you are missing the big picture.

How to Measure Success

We need to look beyond the scale to measure success. So where should we look? It will vary from person-to-person based on their goals, but I'd like to offer a few patient-inspired ideas.

BODY MEASUREMENTS

Sometimes you can lose body fat but not see a big change on the scale. Since muscle weighs more than fat, you might be maintaining or building lean muscle. If you are a numbers person, body measurements are a helpful number to track instead of just weight. Taking measurements of your waist, hips, arms, and legs when you start your health journey will give you a way to measure progress throughout time. Taking pictures will also help you to see the changes in your body.

CLOTHING SIZES

Even without taking body measurements, you can use clothing as a guide. Are you:

- Losing pant or dress sizes?
- Comfortably wearing clothes that had been pushed to the back of the closet?
- No longer browsing the plus-size section?

Then something in your body is changing! In the words of a patient, "I love not having to shop at the Big and Tall store anymore. My clothes are cheaper, I get more variety, and I feel normal."

One note of caution: be careful that you don't play the 'numbers game' with clothing sizes. Just like the number on the scale, the number on your clothing tag doesn't define you.

Weight-Related Health Conditions and Medications

High blood pressure, high cholesterol, diabetes, and sleep apnea are just a few of the health conditions that are related to excess weight. Since starting your health journey:

- Have your blood pressure or cholesterol levels improved?
- Is your blood sugar easier to control?
- Are you taking smaller doses or fewer medications to help with these conditions?
- Maybe you ditched the CPAP?

As one of my patients told me, "Getting off insulin shots was the most important thing to me. I don't miss those at all!" Fewer medications and fewer health conditions are amazing successes.



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Feeling Comfortable in Public Settings

Having extra weight can cause uncomfortable situations in public settings. Maybe you've experienced this on public transportation, airplanes, or at the amusement park. I've heard my patients' horror stories of being 'stuck' in too-small seats or being told in front of crowds that they are too large to ride the roller coaster with their children.

Did you walk into a room recently without looking for an armless chair? Did you enjoy every ride at the amusement park this past summer? Or maybe you can relate to my patient who can "fit into one bus seat and not feel like I am crushing the person next to me." Feeling comfortable is so important for physical, mental, and emotional health.

GREATER MOBILITY

Was your weight literally holding you back before? Maybe your joints and low back were achy from carrying excess weight or maybe you needed to use a walker or wheelchair.

It is amazing to see a patient who first entered my office in a wheelchair come walking in on their own months later. It always delights me to hear, "I can cross my legs for the first time in years," and "I can reach my own shoes." Sometimes I hear new ones like, "I can climb aboard my boat from the water." How are you celebrating your new mobility?

GREATER ENERGY AND ENDURANCE

Are you bursting with energy since you started your health journey? My patients share amazing stories about their improved energy and endurance. Here are a few snippets:

- "I used to need sitting breaks in the shower. Now I take extra-long showers and I enjoy every minute of it standing."
- "I remember the first time I came to see you, I had to take two breaks in the hallway and I was still huffing and puffing when I got here. Today, no breaks, and my husband can barely keep up with me."
- "I used to dread our annual trips to Disney World with the kids because it was so exhausting. This year, I walked the whole park and still had energy at the end of each day."

If these don't count as successes, I don't know what does!



ENJOYING BEING ACTIVE

Extra weight can make it hard to enjoy physical activity. Not only are you carrying extra weight, you might have had an unpleasant exercise situation, which makes it mentally hard to enjoy physical activity. It's wonderful to hear from patients who are enjoying being active for the first time in years or maybe even ever. Walking, dancing, water exercises, yard work – Are you enjoying being active?

As one of my patients said, "I can measure my progress more in distance and pace when running and biking than I can from looking at the scale." Another one told me, "I never thought I could enjoy exercise but now I love how I feel when I dance!"

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TAKE STEPS WITH BELVIQ®

What is BELVIQ®?

BELVIQ is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (BMI ≥27 kg/m²) adults with a weight-related medical problem, or obese (BMI ≥30 kg/m²) adults, lose weight and keep it off.

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

Important Safety Information

- **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.
- Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions: Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or lifethreatening 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.

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

†Restrictions apply.

IMPORTANT PATIENT INFORMATION

Read the Patient Information that comes with BELVIQ® (BEL-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 serotoninnorepinephrine 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 (disassociation)
- 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 pair

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

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Measuring Success continued from page 26

ACKNOWLEDGE YOUR WEIGHT WITHOUT **JUDGMENT OR PRAISE**

Hopefully this article has you thinking about the many ways to measure success with your health goals. I'm sure you are already adding to the list that I've started.

I'll leave you with this one last story: At the end of each yoga class, my yoga teacher would say, "Acknowledge your practice without judgment or praise." I didn't get it. I knew that I shouldn't judge my yoga practice, but why couldn't I praise it?

After many weeks, I figured it out. When we judge and praise, we are saying that something is "bad" or "good" and that defeats the whole point of yoga. I think we can use this mindset for the scale too.

So next time you step on the scale, I challenge you to acknowledge your weight without judgment or praise. Take it for what it is: a number, one small piece of a big health puzzle, and certainly not the only measure of success.

About the Author:

Laura Andromalos, MS, RD, LDN, has been helping bariatric patients to achieve their health goals for more than five years. She currently works as the Bariatric Nutrition Coordinator at Brigham and Women's Hospital in Boston. She received a BS in Nutritional Sciences from Cornell University, completed her dietetic internship at Mayo Clinic Florida, and received a MS in Health Communication from Boston University.

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Answer provided by Walter Medlin, MD, FACS

The feeling of thirst is common after bariatric surgery. Most often, it is not dangerous, but can be related to more complex problems. Your individual health issues always need to be shared with your professional team, so please do not use this article to replace that care.

Let's Start with the Simple

If you are thirsty all the time, you may not be drinking as much as you think! Are you counting ounces? We have learned that caffeinated beverages DO "count," despite what you may still hear. Patients who separate their meals from liquids find that it is hard to get it all in. Work distractions can mean hours of lost opportunity. I have had several patients who worked in labs or places they were not able to be near beverages, though a doctor's note can sometimes help.

Plan Ahead

Planning ahead is the best strategy. Make sure you have an ample supply of your chosen fluid available with you. A large vacuum bottle can keep things nicely hot or cold all day - and save a lot of time. When you have to seek out fluid every couple of hours, it is very easy to fall behind. I try not to eat soup too often, because it usually has calories, and doesn't give me good feeling of fullness (satiety), but it is a good way to catch up at dinner on a day when I have fallen behind on fluids.

If you are sure that you are getting more than 60 ounces of fluid a day, consider trying up to 80 or 100. If you are urinating only a few times a day, you may have more "evaporative" (insensible) losses with sweat or loose stools than you realize. If you have any type of kidney

disease, or congestive heart failure, make sure to keep your doctors informed of major changes.

Please keep in mind
that a Registered
Dietitian (RD)

is a licensed professional who is highly trained.

"Nutritionist" is an unregulated term

that anyone can

use, with sometimes outrageous results!

Keep Experimenting

Many patients struggle to find something that they like, and for good reason! Drinks can be a "trigger" to overeat, or to combine with naughty foods, and that can be hard to figure out. Our culture sells high calorie liquids as "healthy" in juices and smoothies, or hides a lot of fat in coffee creams and flavorings. You are really going to have to keep an eye on labels and do your research about keeping liquids completely free of calories. Even protein in drinks is best avoided unless you are on a specific

short term plan with your program's dietitian. Please keep in mind that a Registered Dietitian (RD) is a licensed professional who is highly trained. "Nutritionist" is an unregulated term that anyone can use, with sometimes outrageous results!



Taste bud changes after surgery have been in the news lately from researchers. Especially in the first year after bariatric surgery, food and liquid can taste metallic or just "wrong." Diet Coke still tastes to me like it has a bunch of copper pennies soaking in it. I have found other liquids that I like, but it was definitely an adjustment!

I confess that my beverages of choice do not meet all of the "rules" that many programs recommend. You may need to make compromises, too. Carbonation is very uncomfortable for many in the first months after surgery, but there is no evidence that it causes "stretching" of tissue. Cola flavored drinks do not work for me, but the citrus flavored ones (Sprite Zero, Fresca, Diet Sierra Mist) taste fine. Caffeine is another of my "adjustments" in coffee. I lose focus with too little, and get jittery with too much, but it is a warm fluid, and easy to sip on all day long. I make it with half decaf and drink a thermos full every day.

Medications can be to Blame

Medications may be the cause of thirst. Some can directly make you dry by reducing the amount of saliva you make, or by increasing urine output (anti-seizure meds, bladder spasm or irritable bowel meds, antidepressants). Some meds also act on the "sensor circuits" in your brain to make you feel thirsty, even if you are drinking enough. Asthma meds, allergy meds (don't forget over-the-counter meds and vitamins) and blood pressure medications may need to be reviewed.

Dear Doctor continued on next page



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List as of 1/1/15



Dear Doctor continued from page 33

Obesity-related Issues can also be a Culprit of Thirst

Anemia

Anemia is very common in bariatric surgery patients, and dry mouth can be a side effect.

Gastroesophageal reflux disease (GERD)

Adjustable gastric band patients can get reflux with an early band slip or erosion or from over-fill in volume. If you are having new problems with dry mouth or thirst, go see your surgeon with a good list of the frequency and type of problem you are having. Good patient reporting often gives better information to identify a problem than expensive tests, or can guide us to use the most appropriate test.

Sleep Apnea

CPAP mask fitting poorly, or pressure settings needing adjustment.

Diabetes

Remission of diabetes does not last forever for some, and extreme thirst is an early symptom. Return of higher blood sugar levels may be caught late, as many patients stop checking after surgery. Consider checking at least weekly, even if you have been able to come off all diabetes medications.

Alcohol and/or Smoking

I will only mention alcohol to recommend being VERY careful with it! More than one drink of any sort per day can be a path to trouble! Did you start SMOKING again? That is a recipe for way bigger problems than dry mouth, but it can do that, too!

Conclusion

Finally, remember that the digestive system does adapt throughout time after bariatric surgery. Your beverage choices and tolerance can also change. Dumping may be less of an issue, and you may be able to take larger swallows than early after surgery. Your preference for cold or warm beverages may change with your weight and with seasons. It is still best to avoid large "gulps."

Mild dehydration is not dangerous in the short term, but severe dehydration may cause real problems, especially if electrolytes (such as potassium and sodium) also become disrupted. In extreme cases, heart beat irregularity or blackouts, or even death could happen — usually in those with very frail health. Most of us have to worry more about kidney stones, lower energy, and constipation. Long term dry mouth can also be a factor in dental problems. Again, PLEASE don't hesitate to ask questions of ALL your healthcare providers — even if they don't have easy answers! You may be the first to ask, but you will likely help them by sharing your story, your challenges, and your successes. Thank you for an interesting question.

Good luck with your lifelong health journey!

About the Author:

Walter Medlin, MD, FACS, is a bariatric surgeon in Utah and sleeve gastrectomy patient now five years post-op. He is never far from his 16 oz. Vacuum cup - which is not touched for 45 minutes after any food, and is NEVER allowed to hold any calories! He is a member of the OAC National Board of Directors and tweets @bonuslife.



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YOGA FOR ALL BODIES:



THE TRUE PURPOSE OF PRACTICE FOR ALL

 $by\ Laurel\ Dierking,\ MEd,\ NFPT$

Disclaimer: To develop an exercise program that best suits your needs, please consult with your physician.

WHEN CONSIDERING YOGA, HAVE YOU EVER HAD THE THOUGHT, "WHEN I LOSE MORE WEIGHT I WILL TRY YOGA," OR EVEN, "I AM NOT FLEXIBLE ENOUGH TO DO YOGA?" DO THESE THOUGHTS PROHIBIT YOU FROM TRYING A YOGA CLASS? STOP YOURSELF RIGHT THERE!

BEYOND THE POSE

Before you completely dismiss your own potential and deny yourself a rewarding opportunity, know that the true purpose of yoga stems far beyond the physicality of exercise or the way you look in a pose. Only you are in control of what you think you can or cannot do. Social norms and stigmas that display yoga as a "skinny person's practice" often deter individuals from trying a class, because they do not "look the part." The beauty of yoga is not in the accomplishments of the most challenging poses, but rather the process of developing a nurturing relationship with thy self.

Yoga is a powerful activity that connects mind, body and a sense of self to achieve endless health benefits, including maintaining weight-loss. The philosophy of yoga fosters a healing practice that brings peace and acceptance to the self no matter where you are in your life.

There are no prerequisites for yoga. You are not required to look a certain way, fold yourself into a tricky asana (pose), or even be at a certain level of flexibility.

Yoga has many benefits regardless of your body shape, such as:

- Increasing your physical activity
- Relieving strain on joints by practicing proper body alignment
- De-stressing with breath-focus
- Reducing your risk of injury by stretching and lengthening muscles

All of these are symptoms commonly associated with any excess weight or lack of current flexibility. Some yoga may also be a light form of cardiovascular exercise which can help with weight maintenance. For

individuals looking to lose weight and eventually maintain a healthy weight, yoga can be the hidden gem of aerobic exercise you might have never considered before.

THE TERM YOGA
IS DERIVED FROM
THE SANSKRIT
NAME WHICH
MEANS TO
"JOIN OR YOKE
TOGETHER."



YOGA - DEFINED

The term yoga is derived from the Sanskrit name which means to "join or yoke together." As we develop our own yoga practice, become more aware of ourselves, and learn to feel compassion for our bodies, we are better able to share that same compassion to those around us, thereby uniting the human species in an uplifting way.

Yoga is a well-rounded, holistic approach to physical activity with endless physical, mental, psychological, and emotional benefits.

BENEFITS OF YOGA

- Yoga is a great asset for those who may be affected by excess weight or obesity. Using proper alignment, your own body weight, and body awareness, you will learn to engage your muscles to support your body rather than using your bones and joints, which is damaging throughout time. Doing so builds muscle tissue surrounding your joints, which eases tension and strain from excess weight.
- Stretching and lengthening muscles is imperative to maintaining healthy joints and reducing your risk of injury. This form of strengthening creates heat in the body, which can detoxify pores and internal organs. Increasing your core temperature purges your body of toxins and chemicals that feed inflammation and disease.
- Partnering physical activity with adequate rest and a clean healthy diet are crucial elements of successful weight-loss management, all of which are encouraged by a regular voga practice and backed by voga philosophy. Weight-loss success is fostered through yoga along with endless benefits to those who are affected by obesity.



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Yoga for all Bodies continued on next page

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WHEN DECIDING WHICH TYPE OF YOGA TO BEGIN WITH, CHOOSE A GENTLE BEGINNER LEVEL CLASS LIKE HATHA YOGA OR A RESTORATIVE CLASS TO EASE YOUR WAY INTO YOUR NEW PRACTICE.

Yoga for all Bodies continued from previous page

YOGA FOR WEIGHT-LOSS

Amongst the endless benefits of yoga, there are a few that are particularly helpful to individuals who are affected by excess weight or obesity, beyond the physical plane. Flexibility, cardiovascular fitness, strength and mental health are invaluable aspects of a regular yoga practice that may foster weight-loss. However, there are more advantages to be had. Benefits of yoga include:

- Emotional stability
- Stress relief
- Defined muscle tone
- Weight-loss
- Relieves depression
- Enhanced self-confidence and self-worth
- More restful sleep
- Heightened immune system
- Refined brain function
- Improved memory retention
- Preserves DNA
- Reduces inflammation
- Supports joints, bones and spinal structure
- Improved cardiovascular health
- Blood pressure control
- Sustainable energy
- Better balance

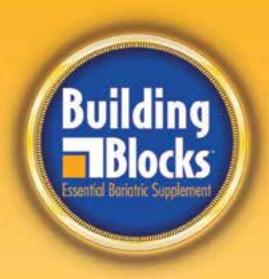
No matter what your goals, success and progress in exercise is greatly affected by three factors: frequency, intensity, and duration. If your goals are weight-loss, frequent low intensity and long duration of exercise is key to weight-loss. A consistent, ongoing yoga practice can reshape your body through low impact aerobic exercise. When deciding which type of yoga to begin with, choose a gentle beginner level class like Hatha yoga or a restorative class to ease your way into your new practice.

WHERE TO START

The very first place to start is within you. WE ARE OUR OWN ANSWER. You must mentally open yourself up to new experiences. Begin to prepare your body by stretching daily. This is beneficial to reducing soreness, relieving strain on your joints, lengthening muscles, and relaxing your body. Use this time spent stretching to connect with your breath.

In yoga, you will learn breath-focus as THE most important aspect. Observe your breath and practice "stillness" within your mind. Our minds have been conditioned to think constantly without rest. Meditation and breath awareness takes practice. Release your thoughts as frequently as they arise, and allow yourself to refocus your attention on your breath. Be patient with yourself. This too is part of the beautiful journey to peace.

Yoga for all Bodies continued on page 40





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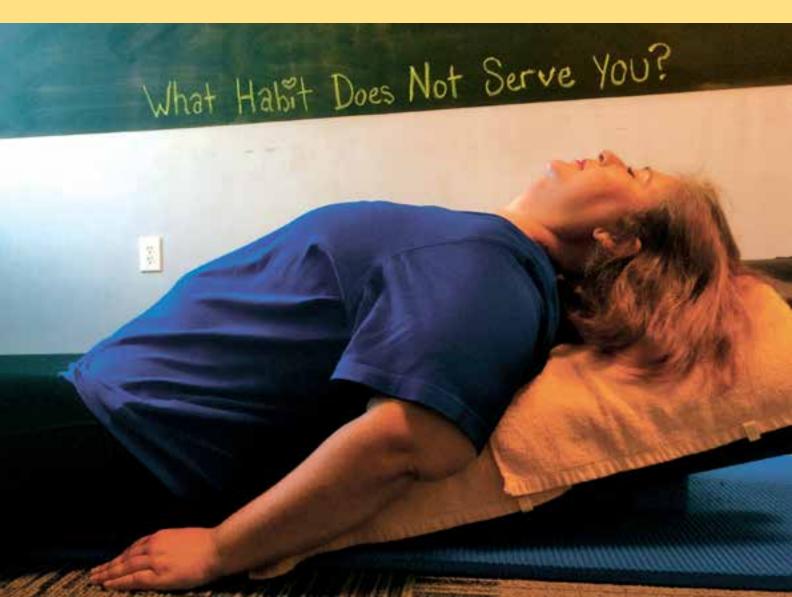
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PLACE ORDER

TIPS FOR STARTING YOGA

- 1. For your first class, seek a yoga studio (as opposed to big-name gyms that teach yoga classes) with instructors who have completed at minimum an accredited 200-hour yoga teacher training curriculum. Most yoga studios offer your first class for free, so take advantage! Not all yoga is alike and class types and settings vary. Therefore, if you do not care for the first class, do not assume all yoga is the same, and try another class (this is the practice of keeping an open mind).
- 2. Many yoga studios now offer yoga classes specifically for people who are affected by excess weight or obesity. This may be a more comfortable place to start since the class and asanas are structured specifically to accommodate the most common ailments that are experienced by individuals who are affected by obesity. Hatha yoga and restorative forms of yoga, such as Yin yoga, are functional soothing forms of yoga that have been studied and proven to aid in weight-loss.
- Taking the first step of walking in the door may be the most frightening part of a yoga class, but remember, this is a completely individualized practice. Everyone in the class will potentially be performing at different levels. It is common and expected for first-timers to be looking around to see what everyone else is doing when the instructor calls out a pose. Do not feel embarrassed for not knowing "Utkatasana" (chair pose) when heard for the first time. Prior to class, a mindful instructor will demonstrate a universal resting asana that you can bring yourself into at any time during your practice, either to rest or reconnect with your breath. "Balasana," or child's pose, is a restorative resting posture that you can relax into anytime you feel tired or need a break from the asanas. Like anything else, the more you practice, the more familiar with the poses and names you will become. Yoga is not competition and it is not your duty to keep up with the fittest person in the class. Let go of your ego, keep your focus on yourself, and see where you are in your own practice without the burdensome comparison to others.



4. More importantly, have compassion for your body throughout your practice and let your body guide you into how far you can go into a pose. Learning yourself in this way will serve you greater than forcing yourself into a challenging pose. Breathe easy; make it simple; look around and learn through observation. Before you know it, you will be able to keep your eyes focused and move into the poses on your own. Honor your body wherever you are in your practice. Open yourself to growth and recognize that every bit of matter that surrounds you is offering the opportunity to succeed.

CONCLUSTON

The benefits of practice are endless. As a light form of aerobic exercise, yoga can help to alleviate common symptoms of being affected by obesity, such as:

- depression
- emotional instability
- achy joints
- lack of flexibility
- weak muscles
- poor posture
- damaged immune systems
- lack of energy
- low self-esteem
- instability

Yoga is not defined by how deep you come into a pose, but rather the relationship that is developed with the breath and your body.

Yoga offers a learning environment free of judgment and expectations, with you as your most influential teacher. Although there are some individuals that make even the trickiest asana seem simple, all levels of expertise are significant and even the most well-known yogis worked up to where they are. As in life and nature, everything and everyone is important in their existing role. Step onto a mat and honor yourself and your space in the present moment.

Open your heart to a beautiful practice and learn to love yourself. Give yourself the opportunity to surprise you. Social conditioning and norms, the ego, and self-doubt are discouraging mind frames that yoga can help to diminish. Break free of what stops you and see for yourself that you can only benefit. The practice of yoga teaches us to let go of what we think we know, expand our hearts and open our minds to endless possibilities and all the success you could ever imagine for yourself. Acceptance of yourself for where you are in this moment allows you to move forward with your weight-loss goals. Compassion for the self generates compassion for all. Your life and the world would be a better place for it. Flexibility, strength, ethnicity, shape, age, weight, height, and limitations make no matter in yoga. Yoga is for all bodies.

About the Author:

Working within the health field for three years, Laurel Dierking MEd, NFPT, is passionate about cultivating body, mind and spirit awareness through holistic health practices. As a Health and Fitness Professional and yoga instructor at JKFITNESS, Laurel strives to guide individuals on a path to self-awareness, long-term functional fitness, and weight-loss management.

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INNERTIME HAS CHANGED. THINK BACK SEVERAL DECADES TO SAY THE 1950'S. DADS CAME HOME FROM WORK, MOMS HAD SPENT THE AFTERNOON PREPARING A HOME COOKED DINNER FROM SCRATCH, AND THE KIDS ALL GATHER AROUND THE DINNER TABLE.

For many, this version of the family dinner has become a thing of the past. Between kids' sports schedules, after school activities, and families with two working parents, you will find the dinner table empty in many homes evening after evening. Instead, parents race from work to the nearest fast food joint and are on to soccer practice. It's time to make a change.

THE IMPORTANCE OF EATING TOGETHER

You may ask yourself... "What's the harm? It's just dinner!" There are several reasons why eating as a family is important! First, let's talk nutrition. The American Academy of Pediatrics states kids who eat three or more

family meals together are more likely to be in a normal weight range and have better eating habits. Without a family dinner at home, parents find themselves grabbing fast food on their way home from work or picking up a greasy pizza on the way home from a school event. Eating on the run is a big contributor to the nation's obesity problem. Fast food is loaded with fat and calories, and so are the convenient foods that have become a staple in many homes.

THE AMERICAN ACADEMY
OF PEDIATRICS STATES
KIDS WHO EAT THREE
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TOGETHER ARE MORE
LIKELY TO BE IN A NORMAL
WEIGHT RANGE AND HAVE
BETTER EATING HABITS.

Believe it or not, family dinners go beyond nutrition. The *Journal of Adolescent Health* states more frequent family dinners are related to:

- FEWER EMOTIONAL AND BEHAVIORAL PROBLEMS
- GREATER EMOTIONAL WELL-BEING
- MORE TRUSTING AND HELPFUL BEHAVIORS TOWARD OTHERS
- HIGHER LIFE SATISFACTION

Multiple other studies show kids who eat family dinners perform better academically and have better relationships

with parents. There's a lot to be said about family time together.

Wow! All that, just from dinner. Think about it, dinner is a time to sit down and have some quality family time. It is your time to reconnect with your kids, discuss the day's events, and enjoy time with each other. Many people think, "No way! Our family can't fit this into our schedule." Think again. There are many ways you can sneak a little family dinner into your daily lives.

NUTRITION CHECK:

Family dinners don't have to be complicated or stressful. There are many simple ways to ensure your family has a nutritionally balanced meal at the evening hour. Check out the tips below.



PLAN AHEAD

For many people, schedules are crazy and there is less time to prepare meals. That does not mean family dinners have to go down the drain. It also doesn't mean dinners should consist of fast food burgers and pizza. Every day needs to start with a plan. Take some time to meal plan and brainstorm about meals that can easily fit into your evening. Think about your week and your evening commitments and attempt to schedule your meals around them. Many meal planners schedule a week of meals in advance so you don't run into a jam. Plan ahead and hit the grocery store, too. Having the ingredients on-hand can be half the battle. When looking at your schedule, you can fit in some quick easy dinners for crazy nights and some that require a little more preparation for your leisurely dinners at home.



REALIZE IT DOESN'T HAVE TO TAKE HOURS

Do you just have a few minutes? That's ok! Your dinners do not need to be gourmet! Make it simple

on the nights that are crazy. Turkey sandwiches on whole grain bread with a cup of fresh fruit can be a great dinner and prepared in less time than it takes to go through the drive thru. Aim to have a lean protein at each meal, whole grains and a serving or two of vegetables and fruit.



PREPARE AND FREEZE AHEAD

Some days you may have just enough time to throw something in the oven before you run out the door. Prepare in advance for those days. The next time you are making lasagna, make two. Throw one in the freezer and you'll be set for a quick night's dinner.



HAVE A LIST OF HEALTHY FAST FOOD

Let's be real, some days get crazy and fast food has to be an option. Pick your favorite restaurants and be aware of what you can choose at different places. A grilled chicken sandwich with a side salad can be a great dinner on the fly. Grilled hamburgers are always better options than fried chicken.

Kid's Corner continued on next page

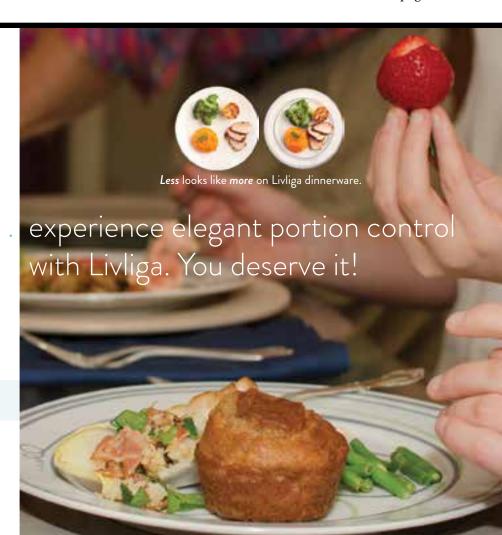
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QUICK MEAL IDEAS











LOOK AT LIFE BALANCE

Even though you may know what to prepare, you may be scratching your head wondering where you can fit in all this good nutrition. It can be done with a little planning.



TAKE A LOOK AT YOUR SCHEDULE:

Spending time with your family is so very important, we all know that. If you seem to always see your family in passing, and miss real time together, it may be time to look at your family's schedule. Is your family over scheduled? Is there something you can switch from your schedule to make family dinners more of a priority?



OUALITY VS. OUANTITY:

Take advantage of the family dinners you do have. No one can spend every dinner together, but take advantage of the ones you have. Make sure you turn the television off, put down your phone, and spend some time together.



IT'S NOT JUST DINNER:

Dinners can be a struggle for many, but think outside the box. There are other opportunities



for you to eat as a family. What about having a family breakfast on Saturday morning or try for a family lunch on Sunday afternoon.

TAKE DINNER AWAY FROM THE TABLE:

What if your kids have multiple sports practices in the evening. Take dinner to them. Consider a picnic on the baseball field or meet mom at work with a healthy dessert on her late night in the office.



SCHEDULE TIME LIKE YOU DO A MEETING:

You wouldn't skip an important work meeting, would you? Add a couple evening events with your family just as you would a work meeting. Schedule this with all your family members.



KEEP DINNER FUN

The concept of family dinners are foreign to many people. What do you do to keep your kids engaged? It's important to remember a few things.



HAVE A STRICT NO ELECTRONICS POLICY

This counts for parents too. Park all your cell phones, iPods, and laptops at the door and be ready to engage with your family.



SHARE INFO ABOUT YOUR DAY

Have some ice breakers ready. What was the funniest thing that happened at school today? Who was someone new you talked to today? What was your favorite subject at school today? Take turns asking each other questions.



HAVE FUN PLANNING AHEAD

Spend some time brainstorming about other fun activities. What would be a fun family vacation? What are other ways your family could spend time together?



MAKE IT A GAME NIGHT

Instead of just dinner, how about incorporating a card game or a board game. This can keep everything lively for sure!



GET EVERYONE INVOLVED

Don't let the burden of planning and preparing meals fall on one person. Use a rotation and have each family member take turns on what the menu will be and helping prepare it.



TRY NEW THINGS

Family dinner is a great place to try new things. Try new foods, explore new cuisine, and expand your horizon. How about Indian Food on Friday or trying spaghetti squash on Monday. Take a vote if you want to add it to the menu rotation.

BE PATIENT

This certainly can't happen overnight, and no one expects that. Small changes throughout time can make a big difference in your family's health and wellbeing. Begin by adding one meal at a time and see what your family thinks! You are likely to see a lot of positive, from just an evening or two!

About the Author:

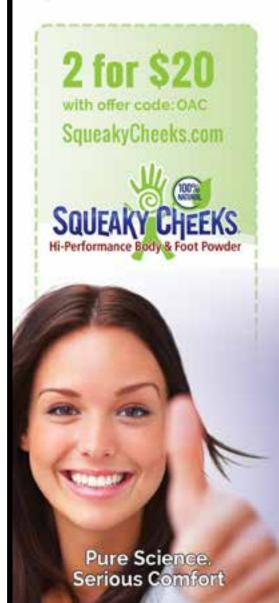
Sarah Muntel, RD, is the Bariatric Coordinator at Community Bariatric Surgeons in Indianapolis, IN. She has 15 years of experience working with bariatric patients and loves to work with people as they change their lives and improve their health. Her favorite part of her job is her weekly Support Group.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

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Something that many nutrition health professionals are beginning to discuss is the quality of our food intake, not just the quantity. Meaning we are starting to look beyond the amount of calories or grams that a certain food contains and evaluating the nutrition benefits of the food itself. After bariatric surgery, there are likely certain "numbers" you are trying to achieve related to your daily intake. These daily "number" goals may include:

- 64 oz. of water or more
- 60 or more grams of protein
- Approximately 20 grams of fiber
- Various recommendations for vitamins and minerals based on your surgery type

However, only basing your food intake on specific nutrient goals opens up the opportunity for loopholes. You could, for example, drink two protein drinks per day to meet your daily protein goals, and then fill up on junk food and not give it a second thought because you "already hit your daily protein goal." Is that benefiting you in any way? For long term health and weight maintenance, it is important to find a balance between fueling your body with the healthiest possible foods as well as meeting your daily nutrient goals.

This year I want you to start to look at the numbers on the food label, as well as the ingredient list to help guide you in your daily food choices. It's time to move beyond quantity and choose foods for their nutrition quality as well.

Nutrition continued on next page







For recipe inspiration visit: WLSDailyPlate.com



Nutrition continued from previous page

DECREASE HEAVILY PROCESSED FOODS

Although they can be convenient and sometimes a necessity, living on an intake of heavily processed foods is not the best way to ensure you are meeting your nutritional needs. First, let's define what a processed food is.

A processed food is something that has been altered from its natural state.

Processing a food doesn't automatically make it unhealthy. Food manufacturers use a variety of processing techniques from mechanically processing a food (freezing, canning, chopping, etc.) to chemically processing a food (adding a host of chemicals and ingredients to the food to increase flavor and extend shelf life). A wide range of foods are technically processed from healthy food such as, frozen fruit, 100-calorie packs of almonds, and cottage cheese to less nourishing types of foods like chips, candy and Twinkies.

What strategy can be used if we know that processing a food doesn't necessarily make it unhealthy? A simple approach I like to use is reading the ingredient list. If it contains several items that you wouldn't typically find in a home kitchen, it's been heavily processed and should not make up the bulk of your daily food intake.

In our society, it would be highly unlikely to avoid processed foods entirely. The question becomes: how much processing the food underwent and what affect it has had on the nutrition quality of the food? A food that has been heavily processed typically has fat, sugar, sodium, and chemicals added to it and fiber, phytonutrients, and antioxidants removed from it.

What's added?

Fat: Fat is typically added to give bulk to a food item or extend the shelf life. Look out for the words "partially hydrogenated" on the ingredient list to find out if the food item contains trans fats. Trans fats are known to increase the risk of heart attacks and strokes.

Sugar: When you begin evaluating the ingredient list on food labels, you may be surprised to find what foods have added sugar. Spaghetti sauce, bread, and even frozen chicken products often contain added sugar! Check the ingredient list for words like: sucrose, high-fructose corn syrup, dextrose, malt syrup, and maltose. All of these are types of sugar.

Sodium: Typically canned foods (soup, vegetables, beans, etc.) will have added sodium, which is needed to extend the shelf life.

Chemicals: A wide range of chemicals (ex: BHT, BHA, MSG, etc.) are added to food items in order to enhance the food's appearance, extend the shelf life, or add texture or preserve / enhance the flavor.

What's removed?

Fiber: A crucial nutrient that promotes a healthy gastrointestinal tract and is found in whole foods such as, beans, nuts, seeds, fruit, vegetables, and minimally processed whole grains.

Phytonutrients: Small nutrients that help protect the body's immune system, fight infection, and promote growth and healing on a cellular level.

Antioxidants: Nutrients that protect the body from the negative effects of free radicals (damaged cells that can cause health problems for the body).

Another point of interest when it comes to processed foods has to do with something called the thermic effect of food. Did you know that our bodies require energy (or calories) to digest food? Processed foods require fewer calories to be digested compared to whole foods. A small study published in *Food and Nutrition Research* concluded that when participants ate a whole food meal compared to a processed food meal it required more work (calories) for the body to digest the whole food meal - in fact - it required twice the amount of calories for the body to break down the whole food meal compared to the processed food meal. From the findings of this study we can begin to see that eating a large intake of whole foods compared to processed foods would mean that we burn more calories throughout the day because of the work it takes to digest it.



INCREASE WHOLE FOODS

A wide variety of nutrients are needed to maintain proper health, especially after having bariatric surgery. Whole foods contain the following:

- Fiber
- Antioxidants
- Vitamins
- Minerals
- Phytonutrients



Phytonutrients are a general name for nutrients that are found in plants. While the identification of phytonutrients has increased in recent years, there are countless more that remain undiscovered. Because of this, the only way to consume those unknown nutrients is to eat a variety of whole foods.

We also know from several studies that when nutrients are eaten in whole food form, they show health benefits. However, when studies have been conducted on single vitamins and minerals, they have not shown the same healthful effects. Keep in mind that following bariatric surgery, vitamin and mineral supplements are a daily necessity. Numerous studies indicate that patients will develop vitamin and mineral deficiencies if they do not take supplements, due to decreased absorption or lower total daily food intake, depending on the surgical type. They are, however, meant to supplement a healthy food intake, not take the place of eating healthy foods.

Nutrition continued on next page

Is This Your Solution For Gas & Stool Odor?



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www.devrom.com or by calling 1-800-453-8898 Let's explore some simple strategies to increase whole foods in a society where eating out of a package or box is the norm.

- Wash and chop fresh vegetables when you get home from the grocery store. Place them into reusable to-go containers, or snack baggies in the refrigerator. Eat with minimally processed hummus or natural nut butter.
- Boil eggs on the weekend, so they are ready to grab at a moment's notice during the week.
- Buy nuts or seeds in bulk and place appropriate portions into to-go containers or snack baggies.
- Prepare quinoa (according to package instructions) and keep in the refrigerator to make a simple breakfast. In a bowl, place 1/3 cup quinoa, 1 Tbsp. natural nut butter, and chopped fresh fruit or roasted apples. Quinoa is also a great addition to lunch or dinner.
- Add fresh or frozen fruit to minimally processed Greek yogurt.
- Sprinkle cinnamon on cottage cheese with chopped frozen peaches.
- Roll minimally processed deli turkey slices over a mozzarella cheese stick and top with fresh tomato slices and basil.

REMEMBER:



Read not only the nutrition facts label, but also the ingredient list. If the ingredient list contains more ingredients than what you would find in a home kitchen versus actual recognizable food, it's heavily processed and likely isn't the healthiest food choice.



Compare labels – if you have a choice between two similar food items and one has been heavily processed and the other minimally processed, choose the more minimally processed item.

CONCLUSION

Increasing whole foods may require some effort, but throughout time will reward you with an improvement in your health. Use some of the simple strategies listed in this article to spark ideas for increasing your daily intake of whole foods.

About the Author:

Cassie I. Story, RD, is a dietitian who has been working with bariatric patients for the past 10 years. She recently started a food blog, www.WLSDailyPlate.com, to help inspire healthy eating following weight-loss surgery. She enjoys cooking, hiking, and spending time with her two daughters in Arizona.

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Putting it into Practice

Do you like microwavable breakfast sandwiches that contain 15 items that you've never heard of on the ingredient list? Could you turn that into a primarily whole food meal just as easily by slicing a hard boil egg (which you took time to prepare over the weekend), toast a whole grain English muffin and add some melted cheese?

Strawberry Greek Yogurt

Minimally Processed vs. Heavily Processed

Heavily processed Greek yogurt label:

cultured grade A non-fat milk, water, strawberry, sugar, fructose, modified corn starch, natural flavor, carrageenan, carmine and black carrot juice concentrate, sodium citrate, potassium sorbate, malice acid, vitamin D3.



Minimally processed plain Greek yogurt label:

Grade A pasteurized milk and cream. Served with fresh sliced strawberries.



LOSE WEIGHT & ENJOY YOUR FOOD!

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Disclaimer: The imagery of medications used in this article does not represent actual medications.

hose pursuing weight-loss programs commercially, and having limited success, often seek the help of a medical professional to maximize results for all of their efforts. Using evidence-based practices, physicians can use medications to augment weight-loss in patients who have already started to reduce calories and exercise but are still considered "overweight" by medical standards. Recently, new medications have been approved by the Food and Drug Administration (FDA) for clinical use after years of rigorous trials in human subjects.

In September 2014, the medication CONTRAVE (naltrexone HCI and bupropion HCI) was approved for use in patients with a body mass index (BMI) of 30 (obesity) or more without weight-related medical conditions or a BMI of 27 or greater with a weight-related medical condition.

WHAT IS CONTRAVE?

CONTRAVE is a combination of two commonly prescribed medications. It contains naltrexone HCI, which is more commonly used to treat substance abuse conditions, and bupropion HCI (brand name - Wellbutrin), which is a very popular antidepressant. These two medications work together in the brain to help down-regulate hunger signals. When this occurs, patients feel full with less food and have fewer food cravings when they are not hungry. *Please note that CONTRAVE is not a controlled substance.*

WHO SHOULD NOT TAKE CONTRAVE?

CONTRAVE is **NOT** intended for individuals who:

- Have uncontrolled high blood pressure
- Have or have had seizures
- Use other medicines that contain bupropion such as WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, and APLENZIN
- Have or have had an eating disorder called anorexia or bulimia
- Are dependent on opioid pain medicines or use medicines to help stop taking opioids such as methadone or buprenorphine, or are in opiate withdrawal
- Drink a lot of alcohol and abruptly stop drinking, as this may increase your chance of having a seizure; or use medicines called sedatives (these make you sleepy), benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden
- Have taken medicines called monoamine oxidase inhibitors (MAOIs), including linezolid, within the last 14 days
- Are allergic to naltrexone HCl or bupropion HCl or any of the ingredients in CONTRAVE
- Are pregnant or planning to become pregnant.
 Tell your healthcare provider right away if you become pregnant while taking CONTRAVE

For these reasons, it is extremely important that you disclose all of your medical history and current medications prior to being prescribed CONTRAVE. It is also important to note that CONTRAVE can cause a false-positive urine drug screen for amphetamines.

HOW DOES CONTRAVE WORK TO PRODUCE WEIGHT-LOSS?

The first component of CONTRAVE, naltrexone HCI, is an opioid antagonist. This means it blocks the center in the brain where opiate-like medications bind. The second component, bupropion HCI, helps keep the levels of dopamine and norepinephrine slightly higher in the central nervous system. CONTRAVE is believed to work on the hypothalamus (appetite regulatory center) and dopamine reward system in the brain to regulate appetite.

WHAT CAN I EXPECT WHEN MY DOCTOR PRESCRIBES CONTRAVE?

 The dosing of CONTRAVE changes weekly for the first month. It increases gradually from one tablet by mouth in the morning the first week, to the final dose of two tablets twice daily in the fourth week on the medication.

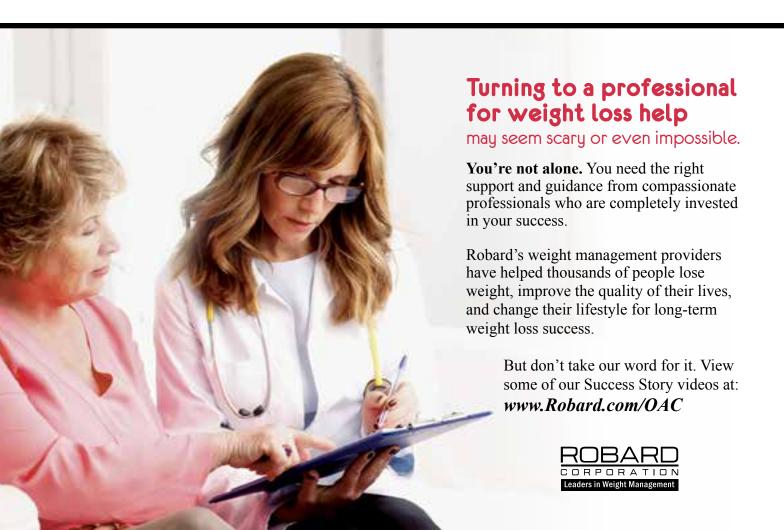
- It is recommended to take the medication with a meal, though one should avoid taking the medication with a high-fat meal as the absorption will not be ideal.
- Your doctor will likely ask you to monitor yourself for common side effects such as nausea, constipation and headache and to report if you experience any of these. As well, your doctor will monitor your weight, blood pressure, and heart rate when you follow-up in the office.

Since most patients on CONTRAVE lost weight in the first 12 weeks, your doctor will check on your weight-loss on the medication at 12 weeks and possibly prior to this time to determine if CONTRAVE is effective for you and should be continued.

HOW MUCH WEIGHT-LOSS IS EXPECTED IF I TAKE CONTRAVE?

While every individual is unique, it is reassuring to know that any medication you take has been tested in trials that have included a vast number of patients from various backgrounds.

Contrave continued on next page





Contrave continued from previous page

In the trials of CONTRAVE, 4,536 patients from four different institutions were tested. All were given counseling on reducing calories, exercising, and adapting behaviors and a medication to take. Some patients were given CONTRAVE and others received a placebo (pill with no medication). After 56 weeks, the patients who received placebo had lost 1 percent of their initial weight (i.e. this is the weight-loss produced from the counseling), while the patients who took CONTRAVE lost 5 percent of their weight.

To put this in perspective, in a 200 pound person, 1 percent weight-loss is two pounds and 5 percent is 10 pounds lost. While these numbers may seem low, it has been well-recognized in the medical weight-loss community that 5 to 10 percent weight-loss can significantly decrease risk of diabetes and other weight-related conditions.

ARE THERE SAFETY CONCERNS WITH CONTRAVE?

Because it contains bupropion HCI, CONTRAVE has a boxed warning to alert healthcare professionals and patients to the increased risk of suicidal thoughts and behaviors associated with antidepressant drugs. The warning also notes that serious neuropsychiatric events have been reported in patients taking bupropion for smoking cessation.

Bupropion HCI has been shown to cause seizures in the past, so the medication is not recommended in those with increased risk of seizures, who use alcohol or sedatives in excess. For these reasons, it is important to take the medication only as prescribed.

IS FUTURE RESEARCH PLANNED FOR CONTRAVE?

The FDA is requiring the manufacturer perform the following research even though the drug has been approved and is now available:

- Two studies in pediatric patients (one in patients 12 to 17 years of age, and one in patients 7 to 11 years of age)
- A study on growth and development as well as behavior, learning, and memory
- A study to evaluate the effect of CONTRAVE on the electrical activity of the heart
- Other studies are also in progress.

CONCLUSION

While the medical community welcomes these new advances in prescriptions to treat obesity and overweight, it cannot be emphasized enough that CONTRAVE and other drugs are to be used only at the discretion of a trained professional. If you feel you may benefit from a medication such as CONTRAVE, please discuss a treatment plan with your doctor. If you need help broaching the subject, you can download a FREE toolkit, produced by the Obesity Action Coalition, at www.YourWeightMatters.org.

About the Author:

Holly F. Lofton, MD, is an assistant professor of medicine and surgery at NYU School of Medicine. She treats adults affected by overweight and obesity and designed the popular New You weight-loss program for those have not been able to achieve weight-loss with conventional methods. Her primary research interests are improving nutrition and activity profiles for patients utilizing supplemental meals as well as treating those with weight regain after bariatric surgery.



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