

YOUR **WEIGHT**Matters

Winter 2017
MAGAZINE

FOR YOUR HEALTH

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& THE BRAIN
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Obesity Action Coalition

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YOUR WEIGHTMatters

FOR YOUR HEALTH MAGAZINE

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

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A Message from the OAC Chairwoman of the Board

To our community,

We're not a political organization. In fact, we're explicitly prohibited from electioneering as an organization with non-profit status. Many of our members, me included, engage in political conversations in our digital and personal lives. We should continue to do this as engaged citizens regardless of where we fall on the political spectrum.

With that in mind, the OAC cannot become distracted from our 2021 goals. Obesity doesn't belong to a political party or have a single gender, race, ethnicity, religion, sexual orientation, or any other single characteristic. It's all of us and does not care who we are or what we believe. It will require bipartisan efforts to create change for individuals affected by obesity. As we start a new year, we will undoubtedly double down on personal determination for a myriad of goals. Please include in your resolutions, if you're able, to continue working to make the lives of people affected by obesity better. We need you.

I want to take a moment to say thank you to a few of our OAC National Board of Directors who are retiring their service:

Georgeann Mallory, RD; Robert Kushner, MD; and Lloyd Stegemann, MD, FASMBS. The contributions of these individuals are too numerous to list, but it is without hesitation that I say that we wouldn't be where we are without their service. Thank you, each of you. If any of our readers have a personal note of thanks that you'd like to send them, please email them to me at AHG@obesityaction.org and I promise to send it their way.



Amber Huett-Garcia, MPA

Finally, please join me in welcoming four new board members: Scott Kahan, MD; Nikki Massie, MA; Patty Nece, JD; and Rob Portinga. I am looking forward to getting to know each of you personally and professionally and our members are lucky to have you. From membership growth and engagement passions, desire to see change in local communities, to deep medical knowledge – I expect great things.

Cheers to a productive and healthy 2017!

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OAC Welcomes New Members to the OAC National Board of Directors

The Obesity Action Coalition (OAC) is proud to announce the addition of four new members to the National Board of Directors. For 2017, we welcome Scott Kahan, MD; Nikki Massie, MA; Patty Nece, JD; and Rob Portinga to the Board. The Board is responsible for directing the organization and its activities, setting long-term goals for the association and ensuring that all programs and initiatives are in the interest of individuals affected by obesity.

Dr. Kahan is the director of the National Center for Weight and Wellness and a faculty member at The George Washington University's School of Public Health & Health Services. As the 2015 OAC Healthcare Provider Advocate of the Year, Dr. Kahan is a leading voice in the fight for access to care and a tireless advocate for patients, the OAC and the cause of obesity.

Nikki Massie, MA, is a professional writer and communications strategist based in Baltimore. Ms. Massie underwent Roux-en-Y gastric bypass surgery in 2008, and is well-known for her blog, *Bariatric Foodie*. The 2016 OAC Member of the Year, Nikki has been an avid supporter and advocate for OAC since she first joined the organization.

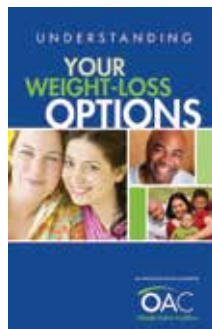
Patty Nece, JD, is the Counsel for Regulations and Legislation in the U.S. Department of Labor's Office of the Solicitor's Division of Black Lung and Longshore Legal Services. The recipient of the 2015 Barbara Thompson Award for Advocacy, Ms. Nece is a tireless advocate for the OAC and has testified many times before the U.S. Food and Drug Administration, advocating for the approval of new obesity treatments.

Rob Portinga is a gastric bypass patient who has transformed nearly every aspect of his life in the six years since his surgery. Mr. Portinga currently works for a company that offers support services to a variety of obesity treatment-related companies, and continues to blog about healthy living, obesity bias, and weight-loss from a "dude's" perspective. Mr. Portinga was the recipient of the Barbara Thompson Award for Advocacy in 2014 and OAC Member of the Year Award in 2015.

As a non-profit organization, the OAC is governed under the authority of a National Board of Directors, and all members of the Board are volunteers. The 2017 OAC National Board of Directors are as follows: Amber Huett-Garcia, MPA, Chairwoman of the Board; Ted Kyle, RPh, MBA, Treasurer; Michelle Vicari, Secretary; Tammy Beaumont, BSN, RN, CBN; Sarah Bramlette; Pam Davis, RN, BSN, CBN; Jaime Fivecoat, MBA; Scott Kahan, MD; Holly F. Lofton, MD; Tracy Martinez, RN, BSN, CBN; Nikki Massie, MA; Walter Medlin, MD, FACS; Patty Nece, JD; Rob Portinga, and Melinda J. Watman, BSN, MSN, CNM, MBA.

The 2017 Board of Directors' slate was presented to the membership in November 2016. We invited our members to review the slate and submit their own candidate, if desired. The OAC received full support of the slate.

Understanding Your Weight-loss Options Brochure Updated and Available Online



We are excited to share with you that we've updated one of our most popular educational resources – the *Understanding Your Weight-loss Options* Brochure – which aims to provide the most up-to-date information for any safe and effective weight management plan. We have updated the brochure online as well so that you can access this resource with even greater convenience.

The online updates to the brochure include new information about popular commercial weight-loss programs, new bariatric devices and updates to important facts regarding weight-loss resources. The OAC is committed to providing followers and supporters with the tools and resources they need to make educated decisions about their health and to have a productive conversation with their healthcare provider.

To view the updated online version, please visit the OAC Web site at www.ObesityAction.org/educational-resources.

Weight Shaming Falls as Medical View of Obesity is Growing

New research from the OAC indicates that weight shaming is less common as the public comes to understand that obesity is a serious medical condition. Between 2013 and 2016, public perception of obesity as a "personal problem of bad choices" dropped from 44 percent to 34 percent. The research included data from more than 100,000 interviews with Americans since 2013. Bias against people with obesity is a daunting problem that discourages people from seeking medical care and can make obesity harder to overcome. In recent years, concerns about "fat shaming" have captured public attention in mass media and pop culture.

OAC President and CEO Joe Nadglowski commented, "Putting an end to fat shaming and bias against people with obesity is one of our most important goals. Shame and blame only makes obesity worse. So these numbers tell us that we're making progress, but we still have a long way to go."

Ted Kyle, RPh, MBA, Treasurer, pointed to the growing agreement that people with obesity need medical help for their condition. Mr. Kyle said, "For years the public and even healthcare professionals have looked at obesity as a personal failure and not one that should require help from medical professionals. We now see that the 2013 decision by the American Medical Association to classify obesity as a chronic disease was an important milestone. And this year, for the first time, more Americans agree than disagree that obesity is a disease that requires medical help."

Education Matters Advocacy Matters Support Matters

OAC MEMBERS MATTER

“You’ll be **DEAD** before forty...”

by Pandora Williams



Pandora shows her determination at the OAC's National Convention to advocate against weight bias.

“You need to lose weight or you will be dead before you turn forty.”

I can't even begin to tell you how many times I heard those words come out of the mouths of different people in my life...doctors, family members, friends, etc. They all vocalized their concerns for my life.

I weighed more than 400 pounds – 420 at my highest recorded weight, to be exact – and everyone was worried that I wasn't going to live to see forty! I heard it all through high school. I heard it all through my twenties. I heard it through the early part of my thirties. Somehow, the threat didn't seem to really bother me.

There were nights that I laid in bed, short of breath, with my heart racing for no apparent reason. I hadn't just walked around the block, and I hadn't been doing anything dramatically active. In fact, I never really did.

“Active” wasn't my method of operation. It never had been. I was the little kid that hated physical education class in school. I was the kid that got winded on the first lap around the football field when they told us that we had to run a mile. I was the kid that always got picked last for teams. Physical activity was something that was emotionally traumatizing to me because anytime it got pushed on me, I was embarrassed and I got teased even more by the other kids.

“In fact, at 40, I can proudly say that I'm living the happy and healthy life my father feared I would never have!”

Almost everybody you talk to that has made a huge life change has had their “chicken little” moment – that moment when out of nowhere, someone or something brings you to your senses and makes you realize that some part of your life has to change. For me, that moment was when my elderly father came to me and voiced his concerns that, at 83 years old, he might just outlive me. “You're digging a grave with a fork and a spoon. I'm worried that you aren't going to have a happy and healthy life. I'm worried you'll be dead before you turn forty.”

Last August, I attended the Obesity Action Coalition's (OAC) annual *Your Weight Matters* National Convention, where I celebrated my 40th birthday. Guess what? I'm NOT DEAD!

It's shocking, I know. I bet that tons of my old friends, distant family members and previous doctors probably think I am buried somewhere with a headstone that serves as a testament to an early death due to obesity. That is far from the case. In fact, at 40, I can proudly say that I'm living the happy and healthy life my father feared I would never have!

When I look back now, it's hard to imagine a time in my life when I wasn't active. Prior to my decision to have gastric bypass surgery, exercise was a dirty word in my vocabulary. If you had suggested running to me, I would have told you that if you ever saw me running, you should run too, because something invoking the fear of death was chasing me and you were also in the danger zone.

These days, my entire mindset is different. A normal month in my life consists of a long run every two or three weeks (usually a half marathon), and somewhere between two and three small runs throughout the week – ranging in distance from three to six miles. Believe it or not, that is just what I do for fun! That doesn't include teaching roughly six to nine hours of exercise classes that include weight-based training, cardio circuits and core workouts!

I am often now accused of doing too much when it comes to exercise and activity rather than doing too little. If I am being honest with myself, sometimes I am guilty of doing too much. However, since changing my life and taking my life back from obesity, I have been driven by this intense passion to help others do the same.

My journey all started after my gastric bypass surgery when I talked to my doctor about what kind of exercise I needed to be doing. I wanted to make sure that I was doing everything possible and that I was as successful as I could be in my weight-loss journey. Years before, I'd had the unfortunate experience of losing nearly 200 pounds and gaining it all back. I knew that, even after surgery, regaining the weight was going to be a big possibility for me if I didn't make long-term preventative lifestyle changes. I also knew that I had to eat right and exercise regularly.

My doctor's answer really didn't give me the guidance that I needed, so I started looking for other professionals that could help me. I went to several gyms, hired several different trainers and found myself frustrated by the fact that most of them lived in a world where obesity had never impacted their lives. They had a plethora of information to give me on how to lose weight and how to exercise, but none of it really applied to me. They didn't understand my bariatric diet restrictions, and most importantly, they didn't understand how the weight that I carried affected my ability to do the things they asked.

OAC Members Matter continued on following page

OAC Membership Application

Why Join the OAC? The OAC is a more than 54,000 member-strong 501(c)(3) National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support. Our core focuses are to raise awareness and improve access to the prevention and treatment of obesity, provide evidence-based education on obesity and its treatments, fight to eliminate weight bias and discrimination, elevate the conversation of weight and its impact on health and offer a community of support for the individual affected.

1. OAC Membership Categories *(select one)*

- ☐ Individual Membership: \$10/year
- ☐ Institutional Membership: \$500/year
- ☐ Chairman's Council Membership: \$1000+/year

Are you joining for the first time, or are you renewing your OAC Membership?

- ☐ I am joining for the first time *(never been an OAC member)*.
- ☐ I am renewing my membership *(have joined the OAC in the past)*.

2. Donation Add-on

Add-on Donation: Make a General Donation

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

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

3. Membership/Donation Add-on Totals:

Membership Fee: +\$ _____

Donation Add-on *(optional)*: +\$ _____

TOTAL PAYMENT: \$ _____

Payment Information

- ☐ Check (payable to the OAC) for \$ _____.
- ☐ Credit card for my TOTAL, including add-ons, of \$ _____.
- ☐ Discover® Credit Card Number: _____
- ☐ MasterCard® Expiration Date: _____
- ☐ Visa® Billing Zip Code: _____
- ☐ Amex® CV Code: _____

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

JOIN ONLINE! To join the OAC online, please visit www.ObesityAction.org and click on the "Get Involved" tab.

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4511 North Himes Ave. Ste. 250
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I felt an instant disconnect to the people that tried to aid me in my battle against obesity because they had been thin, fit and healthy their entire lives. I felt that they lacked empathy and experience to deal with the fight I had ahead of me.

That experience sparked a desire in me to want to help others figure out how to handle fitness during their weight-loss journey. That spark led me to Dallas to attend the Inaugural *Your Weight Matters* National Convention hosted by the OAC. I thought I might be able to network there and come up with a plan. I was fortunate to meet people that would become my dearest friends at that first convention. As a result, I found a community full of all of the people that I wanted to help find the fun in fitness.

When I attended the convention and became a member of the OAC, it opened my eyes to something else that made me passionate right away...weight bias. Suddenly, like my fellow OAC members, I didn't want to just help fight it. I joined them in pursuit of a loftier goal: the complete eradication of weight bias, shaming and stigma.

Life has a funny way of putting us in the right place at the right time, because attending that convention led me to meeting several key people that pointed me in the right direction. Those people helped me get started and allowed me to pursue information regarding a scholarship that was available at the Cooper Institute in Dallas. I applied for the scholarship and ended up getting it! That opportunity allowed me to achieve course completion in Behavior Modifications and Weight Management Strategies.



Pandora poses for a picture at Run Disney.

Life has a funny way of putting us in the right place at the right time, because attending that convention led me to meeting several key people that pointed me in the right direction.”

Throughout the course of the next five years, I continued to work toward my own personal goal of inspiring others in fitness by pursuing my own career as a Weight-loss and Wellness Coach, Group Personal Training Instructor, and Fitness Leader. I strived to bring fitness to others by hosting contests on my blog that enabled others who have fought obesity to accomplish the goal of running their first half marathon. My contest winners had the opportunity to train for their events, fly to the event locations, participate in “RunDisney” events and attend Disney theme parks.

My pledge to help grow the membership of the OAC manifested itself in securing the first gym to become a participant of the OAC Sponsored Membership Program – hosting several OAC vendor booths and spreading the word about the OAC by consistently distributing the OAC's *Your Weight Matters Magazine* at my gym and to all the local bariatric surgeon offices.

My desire to fight weight bias, shaming and stigma led me to my position on the Weight Bias Committee for the OAC because I want to achieve all I that I can do to further our efforts in these areas. These are responsibilities that I take very seriously.

My pledge to help grow the membership of the OAC manifested itself in securing the first gym to become a participant of the OAC Sponsored Membership Program.”

My passion for inspiring others into fitness has never wavered within this organization. For the last three years, I've been a part of leading the organized morning runs at the Conventions. Last year, I served on the Exercise Subcommittee for the 2016 Convention – helping to choose the activities of the exercise and fitness agenda for participants. I also served as the Fitness Instructor for two of the scheduled exercise sessions. For the 2017 Convention in New Orleans, I am honored to serve as the Chair for the Exercise Subcommittee. My ambition is to do all that I can to ensure that attendees have the time of their lives while actively participating in fun fitness-oriented events.

My life has changed in so many amazing ways since I made the decision to take my life back from obesity and make sure that I didn't meet that dreaded fate of being dead before I saw 40. My choice to undergo bariatric surgery gave me back my life, but becoming a member of the OAC taught me that I had much more to do with that life. It taught me that I had a story that needed to be told and a voice that had to be heard. The OAC has given me a way to not only live the life that I reclaimed, but a platform to help others in their fight against obesity and their pursuit to take their health and lives back for good!



Pandora celebrates as she crosses the finish line!

“My choice to undergo weight-loss surgery gave me back my life, but becoming a member of the OAC taught me that I had much more to do with that life.”

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OBESITY AND MENTAL HEALTH

Is there a Link?



by Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT

BEFORE WE BEGIN EXPLORING THIS TOPIC, ASK YOURSELF THESE QUESTIONS:

- *Does obesity cause issues with mental health?*
- *Can issues with mental health cause obesity?*
- *Which comes first?*
- *If I have one, will I develop the other?*
- *Can you have one and not the other?*

Right now, these questions have countless answers because there are multiple, cumulative and ever-changing factors involved with each human being. However, with each upcoming research study, more information is being discovered about the interconnection between obesity and mental health. Keep in mind that many different variables go into mental health and obesity, so no one answer is the perfect answer.

Today, what we know is that when obesity and issues with mental health are found to co-exist, they can create a negative spiral effect for any individual. Each condition will continually aggravate the other, which in turn only creates a vicious cycle. This makes it difficult to determine which condition was present first, which also makes the overall situation worse.

WHICH CAME FIRST?

Which should we first set out to tackle – obesity or issues with mental health? From my experience, I find it nearly impossible to try and address one without the other.

Research about the correlations between obesity and mental health seem to have a direct focus on which condition came first – similar to the old chicken or the egg dispute. Although it would be helpful in many cases to know the order in which they occurred, I'm more focused on today because we know what is right here, right now. So, what do we do about it?



Obesity and Mental Health continued on page 12

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INDICATION

Lomaira™ (phentermine hydrochloride USP) 8 mg tablets, CIV is a prescription medicine used for a short period of time (a few weeks) for weight reduction and should be used together with regular exercise and a reduced-calorie diet. Lomaira is for adults with a BMI* of 30 or more (obese) or 27 or more (overweight) with at least one weight-related medical condition such as controlled high blood pressure, diabetes, or high cholesterol. The limited usefulness of this drug class (anorectics), including Lomaira, should be measured against possible risk factors inherent in their use.

IMPORTANT SAFETY INFORMATION

Don't take Lomaira if you have a history of cardiovascular disease (e.g., coronary artery disease, stroke, arrhythmias, congestive heart failure or uncontrolled high blood pressure); are taking or have taken a monoamine oxidase inhibitor drug (MAOI) within the past 14 days; have overactive thyroid, glaucoma (increased pressure in the eyes), agitation or a history of drug abuse; are pregnant, nursing, or allergic to the sympathomimetic amines such as phentermine or any of the ingredients in Lomaira.

Lomaira™ (phentermine hydrochloride USP) 8mg tablets, CIV

Taking phentermine with other drugs for weight loss is not recommended. Primary pulmonary hypertension (PPH), a rare fatal lung disease, has been reported in patients who had taken a combination of phentermine and fenfluramine or dexfenfluramine for weight loss. The possible association between phentermine use alone and PPH cannot be ruled out. Patients should report immediately if they experience any decrease in the amount of exercise that they can normally tolerate, shortness of breath, chest or heart pain, fainting or swelling in the lower legs.

Serious heart valve problems or disease have been reported in patients taking a combination of phentermine and fenfluramine or dexfenfluramine for weight loss. The possible role of phentermine has not been established, therefore the possibility of an association between heart valve disease and the use of phentermine alone cannot be ruled out.

If your body becomes adjusted to the maximum dose of phentermine so that its effects are experienced less strongly, the maximum dose should not be exceeded in an attempt to increase the effect.

Caution is advised when engaging in potentially hazardous activity such as driving or operating machinery while taking phentermine. Phentermine has the potential to be abused. Keep Lomaira in a safe place to prevent theft, accidental overdose, misuse or abuse. Using alcohol with phentermine may result in an adverse drug reaction.

Phentermine can cause an increase in blood pressure. Tell your doctor if you have high blood pressure, even if it's mild. If you are taking medicines for type 2 diabetes, your doctor may have to adjust these medicines while taking phentermine.

Some side effects of phentermine that have been reported include pulmonary hypertension, valvular heart disease, palpitations, increased heart rate or blood pressure, insomnia, restlessness, dry mouth, diarrhea, constipation and changes in sexual drive. These are not all of the potential side effects of phentermine. For more information, ask your doctor or pharmacist.

To report negative side effects of prescription drugs, contact FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

For Full Prescribing Information, visit www.lomaira.com.

*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m².

Even though we may still disagree about which condition came first, we know that just because there is a chicken, that doesn't necessarily mean there will be eggs. We know that just because there is an issue with mental health, that doesn't mean there will be obesity. Similarly, just because we see eggs, we know that doesn't mean that there will be a chicken. In other words, if there is obesity, it doesn't mean we'll also see issues with mental health. So, just as the old saying goes, don't count your chickens before they hatch because much is still to be learned.

I think those words are worth repeating so that you can fully understand this point. It can be scary to see research numbers that report correlations, odds and percentages of risk. These days, we will start self-diagnosing and planning our doom based solely on a Google search because we are afraid of what we don't understand. However, with researched-based information, we can better predict, plan and persevere in our lives.

OBESITY AND MENTAL HEALTH: A SNAPSHOT

Now, what is also very logical is that if you see chickens, the percentage of seeing eggs increases – right? And – no differently – if you see eggs, your odds of seeing a chicken will increase (well, if you're not in a grocery store, that is, but I'm sure you get my point). The same is found to be true with obesity and mental health issues. Research has found that having one condition can increase the chances of developing the other, and having both will intensify the negative effects on each spectrum.

In 2012, Call to Action, a national hot topic conference focused on obesity and mental health, took place that addressed these disturbing concerns:

- Individuals with both obesity and mental illness experience bias and stigmatization.
- People with enduring mental health problems are two to three times more likely to develop obesity and related disorders such as diabetes and heart disease.
- Obesity can negatively affect mental health, and the frequent association has a large impact on the length and quality of life.

The reports by the Centers for Disease Control and Prevention (CDC) further point out these concerns. Disability has two main areas of categorization: mental or physical. The numbers show that obesity rates for people with disabilities are 58 percent higher than adults without disabilities.

What we can see is the overlapping statistics of the disability rates in our country, and how these numbers nearly go state-by-state when obesity is high (see chart on opposite page). As a result, the disability rate is also higher (or vice versa). Higher

percentages of obesity resulted in higher percentages of disability. On the other hand, lower rates of obesity resulted in lower rates for disability. Please refer to the chart below for examples.

Information by the CDC for people with obesity and mental illness continues to show a significant relationship among the two conditions. In these studies, the blurred and uncertain area is the fact that patients would have likely been diagnosed, treated and on medication for some time prior to the data collection. To receive or to be classified as disabled is a long and rigorous process which alone could cause a person to feel depressed. Did people show to have obesity prior to the diagnosis and medication treatment, or did the majority of the weight gain come with the change of life limitations and medication regimen?

In 2015, a joint study by the National Center on Birth Defects and the CDC released a fact sheet showing that adults living with disabilities are more likely to have obesity – reporting that 38.4 percent of adults with a disability have this disease.

DISCLAIMER

By all means, this does not suggest that you should stop taking any medication because it could cause weight gain. It is not a fact that everyone on these medications will develop obesity. Working on a life plan and doing what I call, “An upgrade to your world” can play a huge factor in living a joy-induced, achievement-filled, meaningful life. Ask yourself, “What is my plan?” Keep in mind that your plan is like your fingerprint. We all have one, but each one is unique to us.

EXAMINING THE RELATIONSHIP

For now, I suggest that you don’t spend too much energy trying to figure out what condition came first. I encourage you to focus your efforts on mastering your “now.” Instead, ask yourself, “How do I feel?” Your feelings are derived from how you think, which in turn determines the choices you make or do not make. Throughout time, these choices will directly impact your overall health and state of wellbeing. When we lose vision or focus, we get lost as a result. And, when we get lost emotionally, we get depressed.

Depression is the most studied diagnosis when it comes to the correlation between issues with mental health and obesity. It is not categorized under the same umbrella as severe mental illness that usually focuses more on Bipolar Disorder and Schizophrenia. Longitudinal studies centered around depression revealed the associations in both directions: people with obesity had a 55 percent increased risk of developing depression over time, while people who were depressed had a 58 percent increased risk of developing obesity. That is enough to raise an eyebrow at! These findings give us even more of a reason to prevent, address and tackle either concern as soon as possible.

I have personally observed that as a patient’s weight decreases, their depression does appear to decrease as well. However, this does not happen in all cases. New levels of depression are identified when it is discovered that the weight was not the source of their sadness, but simply a symptom of it.

Obesity and Mental Health continued on page 14



State	Obesity %	Disability %
Arkansas	35.9	31.3
West Virginia	35.7	31.3
Mississippi	35.5	30.7
Louisiana	34.9	29.3
Colorado	21.3	16.9
District of Columbia	21.7	21.6
Hawaii	22.7	15.8
Massachusetts	23.3	22.5

When dealing with severe mental illnesses such as Bipolar Disorder and Schizophrenia as mentioned earlier, studies have shown a higher increased risk of obesity. One study found that:

- In 50 percent of women and 41 percent of men, obesity was more prevalent with a serious mental illness.
- These numbers are much greater than in those individuals without a severe mental illness – reporting just 27 percent of women and 20 percent of men with obesity.

Many medications to treat serious mental illness also have a side effect of weight gain, which again leaves us with another grey area to consider. Did one situation create the other? Did the medication treatment cause obesity, or was the patient affected by obesity prior to the diagnosis?

66 Longitudinal studies centered around depression revealed the associations in both directions: people with obesity had a 55 percent increased risk of developing depression over time, while people who were depressed had a 58 percent increased risk of developing obesity. That is enough to raise an eyebrow at!

IDENTIFYING THE REPERCUSSIONS

As a therapist in the world of weight-loss and bariatrics, what I have observed is that the fear of being denied for surgery prohibits many individuals from being openly honest on the questionnaires which assess issues with mental health. Once I explain my role in their surgical process, many individuals admit that they were afraid to be honest for fear that they would not be approved for bariatric surgery.

My role as a therapist is not to find a reason to prevent an individual from having surgery. If they are not ready for surgery, it is my job to prepare them. For many, this is not always the case because some individuals are simply not in a safe place to undergo this kind of procedure. In the majority of these situations, this is because many individuals have unrealistic expectations or unmanaged and severe problems with mental health.

I mention this fact because there are thousands of undiagnosed individuals who go untreated in fear of the repercussions that come with being labeled and stigmatized. A high percentage of sexually abused patients in their adulthood confide with me for the first time ever – speaking out loud of the abuse they suffered as a child. So much work is still to be done about the stigma of mental health and obesity, and in the end, it all comes down to our environment that makes matters worse because we try to hide what can't be hidden.

WHERE DO WE GO FROM HERE?

It is my belief that one of the best changes in the current procedure for bariatric surgery is the integration of mental health considerations. Many of my referrals request to come back on a regular basis so they can work through and “clean out” their storage units of emotional issues. Once they discover the mental exhaustion they created by carrying all of this emotional baggage, they want change. It is like a lightbulb that goes off with the caption, “This emotional FAT has been as detrimental and debilitating to my health just as my excess physical FAT. No more! I am breaking the bond!”

I also believe that a team approach is instrumental if we are to help patients achieve a healthy body and brain. Means of prevention and eradication for obesity and issues with mental health require each professional to look at the whole person all of the time – not just one piece some of the time! Mental health is a key component of this team approach because what you think is what you do.

There are mental health issues that are genetic, chemical and/or environmental, but that does not exclude you from finding a place that is happy and healthy! However, in many cases, it does require you to put more energy toward it. It's important to understand your capacity today. Are you maximizing that capacity? Are you doing the best you can with what you know?

In mental health patients with and without obesity, I see two things that stay the same. Increased depression comes when too much energy is channeled into what they did or didn't do in the past. Anxiety is similar in that it increases when too much energy is placed on what may or may not happen in the future. In either case, with that much energy wasted, we miss the most important time of our lives to make a difference – the NOW! Being mindful about your current thoughts and behavior is the single most effective thing that can directly improve (and possibly prevent) both obesity and many issues with mental health in the future. Ask yourself every night, “What did I do today that will make me healthier tomorrow?”

About the Author:

Merrill Littleberry, LCSW, LACD, CCM, CI-CPT, aka “Vitamin M” as many know her, is a motivator and healthcare professional specializing in the area of mental, emotional and physical well-being through balance. As a motivational speaker, psychotherapist, personal trainer, friend, mother and many other assorted roles she lives, one thing always remains the same in her world. She believes that mental and physical healthcare are equally important, stating that “One cannot function optimally without the other.”

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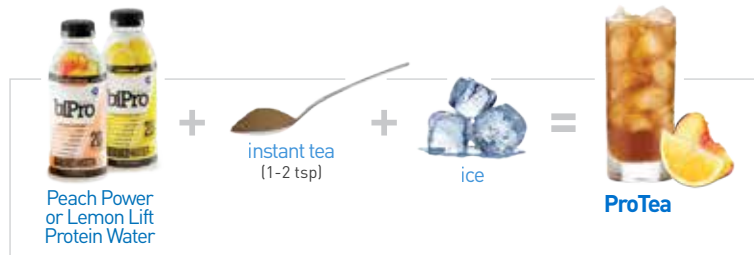
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REWARD SYSTEM AND THE BRAIN:

TO EAT OR NOT TO EAT?

by Sunil Daniel, MD, FTOS

*"There is no sincerer love than
the love of food." - George Bernard Shaw*

We need food for energy to keep us alive. Our body and brain are highly efficient in managing the complex process of getting energy from the food we eat (intake) and in using it for sustaining life (output). This process, known as energy balance, is controlled by our brain and keeps our body weight within a certain range.

However, energy balance is also influenced by other factors such as environment, genetics, habit, diseases, gut bacteria, medications, and eating for reward or pleasure. When we eat more than what we need, the extra energy is stored in the form of adipose tissue (body-fat)¹. Throughout time, the consumption of excess calories (overeating) can lead to weight gain and obesity.

During 2011 – 2014, 36.5 percent of U.S. adults and 17 percent of U.S. children had obesity². Obesity is now widely seen as a disease and its complications include heart disease, diabetes, cancer, sleep apnea, arthritis and depression, among others. The World Health Organization (WHO) has found it to be the fifth leading cause of death globally.

TO EAT OR NOT TO EAT - HOW DOES OUR BRAIN DECIDE?



Our body weight, energy balance and our drive to eat form a complex, back and forth communicative relationship between our brain, gastrointestinal tract (GI tract), and other organs including fat cells (adipocytes). These signals are primarily located in areas of the brain known as the hypothalamus and the brainstem.



FULLNESS

(Anorexigenic Pathway) POMC, CART, GLP-1, PP, Amylin, Insulin, CCK, PYY, Leptin

WEIGHT GAIN

HUNGER

(Orexigenic Pathway)
NPY, AgRP, Ghrelin

We are conditioned to consume our preferred foods by cues or triggers such as sight, smell, taste and even memories.



There are two pathways (as seen in the above graphic):

- One that drives hunger
- and the other that drives fullness

Each pathway has hormones and neuropeptides (proteins used by brain cells to communicate) associated with it.

So, how do we decide when and how much to eat? Over the long run, our body determines how much energy stores (body fat) we have, and over the short run our brain and stomach communicate to determine food availability, hunger and fullness from meal to meal. When these systems are not working correctly, this can lead to eating more than we need and thus results in weight gain.

Also, when an individual voluntarily loses weight, the brain is constantly receiving signals indicating reduced energy stores (body fat). As a result, it does the only thing it knows – increases our hunger drive to make us eat and gain the weight back. This makes losing weight and keeping it off long-term very challenging.

Furthermore, this process is not taking place in isolation. The hypothalamus communicates with the brain's reward pathway that provides us with the "hedonic" (meaning pleasure-seeking) or rewarding aspects of food. The hypothalamus and reward centers also interact with the brainstem, which tells us about sensory properties of food such as the sight, smell and taste of it. How do these brain connections lead us to overeat and gain weight?

Reward System and the Brain continued on page 21

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What is BELVIQ®?

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

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

Important Safety Information

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

For more information about BELVIQ®, talk to your healthcare professional 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.



FDA approved for *weight loss*

Adding BELVIQ® to your healthy routine may help you take weight loss further and may help lower blood pressure.* In clinical studies, BELVIQ® helped some people **lose weight and keep it off** more effectively compared with diet and exercise alone.† **Ask your healthcare professional if BELVIQ® is right for you.**

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*Though it is not a blood pressure treatment, BELVIQ may lower blood pressure.

†BELVIQ was evaluated in 3 clinical studies involving overweight adults (with at least 1 weight-related medical condition) and obese adults. All 3 studies compared people taking BELVIQ plus diet and exercise to people using diet and exercise alone (placebo). The results of the first 2 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 one-half of all participants completed the first 2 studies; nearly two-thirds of the participants completed the third study.

‡Restrictions apply.

IMPORTANT PATIENT INFORMATION

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

What is BELVIQ?

BELVIQ is a prescription medicine that may help some obese adults or overweight adults who also have weight related medical problems lose weight and keep the weight off.

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

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

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

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

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

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

Who should not take BELVIQ?

Do not take BELVIQ if you:

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

What should I tell my healthcare provider before taking BELVIQ?

Before you take BELVIQ, tell your doctor if you:

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

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

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

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

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

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

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

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

How should I take BELVIQ?

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

What should I avoid while taking BELVIQ?

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

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions.** BELVIQ and certain medicines for depression, migraine, the common cold, or other medical problems may affect each other causing serious or life-threatening side effects. Call your doctor right away if you start to have any of the following symptoms while taking BELVIQ:
 - mental changes such as agitation, hallucinations, confusion, or other changes in mental status
 - coordination problems, uncontrolled muscle spasms, or muscle twitching (overactive reflexes)
 - restlessness
 - racing or fast heartbeat, high or low blood pressure
 - sweating or fever
 - nausea, vomiting, or diarrhea
 - muscle rigidity (stiff muscles)
- **Valvular heart disease.** Some people taking medicines like BELVIQ have had problems with the valves in their heart. Call your doctor right away if you have any of the following symptoms while taking BELVIQ:
 - trouble breathing
 - swelling of the arms, legs, ankles, or feet
 - dizziness, fatigue, or weakness that will not go away
 - fast or irregular heartbeat
- **Changes in your attention or memory.**
- **Mental problems.** Taking BELVIQ in high doses may cause psychiatric problems such as:
 - hallucinations
 - feeling high or in a very good mood (euphoria)
 - feelings of standing next to yourself or out of your body (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 pain

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

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

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

How do I store BELVIQ?

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

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

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

General information about the safe and effective use of BELVIQ.

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

This Patient Information summarizes the most important information about BELVIQ. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals. For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

What are the ingredients in BELVIQ?

Active Ingredient: lorcaserin hydrochloride

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

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

Rx Only

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EATING IN ABSENCE OF HUNGER — CUES AND REWARDS

We all have our favorite foods. For some, it is a bag of salty and crunchy Cheetos and for others, it is sweet foods like ice cream or chocolate.

We are conditioned to consume our preferred foods by cues or triggers such as sight, smell, taste and even memories. When was the last time we enjoyed a steak dinner so much that we ordered it for dessert? We don't do that. The hypothalamus made us crave the steak because it is a good source of protein, but after that steak meal, it is that chocolate cake or ice cream sundae that is more appealing (even though we may be full).

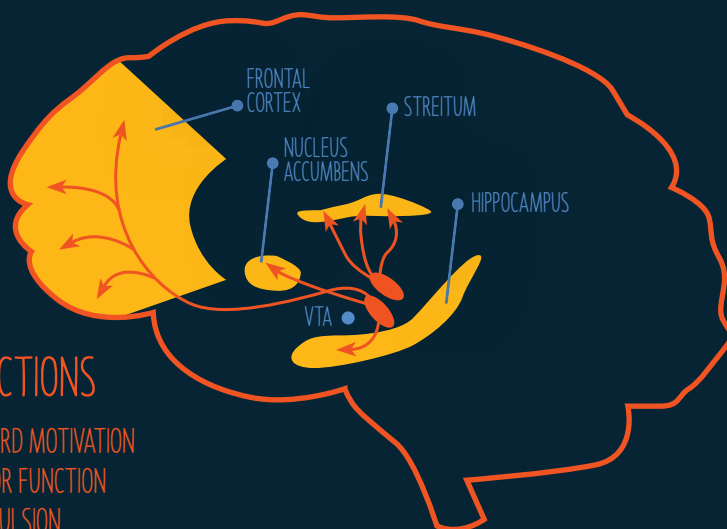
Although humans have the ability to make conscious decisions and choices, many of our actions escape that control¹. It is normal to want something that tastes, smells and looks very different from...let's say a steak, especially sweets, because our brain wants to make sure that we don't keep eating the same food over and over. If all we ate was steak, we would not get any carbohydrates (sugars) that we also need to survive. When we crave desserts after every meal (or even more than one serving at a time), our healthy energy balance tips to "overweight" because we end up eating more calories than we need.

These cravings are the reason why we find ourselves going back to that piece of dark chocolate when we're not hungry – even when we fully understand the consequences of overeating. Desserts and tasty snacks can be very hard to control because we are born to love sugar and fats (babies love their mother's milk because it is sweet and fatty). Our brain also knows that fats have more calories, so we won't likely starve with yummy foods around.

Eating tasty foods enhances our mood³. Foods containing sugar and fat makes us feel good because of the Brain Reward System and a neurochemical called dopamine. The signals in this system travel through various areas of the brain (see figure below). Additionally, other areas in the brain provide us with memories and emotional attachment to tasty foods.

Dopamine also plays an important role in all of these processes. For example, patients with Parkinson's disease – who have low levels of dopamine in their brain – tend to eat less food. When these patients are treated with drugs that increase dopamine levels, compulsive overeating is seen³. Another system that regulates eating of tasty foods is called the μ -opioid (pronounced mu-opioid) system. In studies, stimulating μ -opioid receptors leads to overeating while blocking μ -opioid receptors leads to decreased food intake.

REWARD SYSTEM AND EATING DOPAMINE PATHWAYS



FUNCTIONS

- REWARD MOTIVATION
- MOTOR FUNCTION
- COMPULSION
- PERSERVATION

Image Credit: National Academy of Sciences (Ashley-Gearhardt)

Studies show that when exposed to palatable foods like chocolate cake and pizza, individuals with high levels of "reward sensitivity" have more activity in brain regions responsible for food reward.³

OBESITY & REWARD SYSTEM - A DOUBLE EDGED SWORD

It makes sense that increased responsiveness of brain reward systems to palatable food would result in overeating and obesity. Studies show that when exposed to palatable foods like chocolate cake and pizza, individuals with high levels of “reward sensitivity” have more activity in brain regions responsible for food reward³.

Individuals with obesity demonstrate similar activation when exposed to tasty food-related cues (like McDonald’s arches) as compared to leaner individuals. It appears that those who are hypersensitive to food-related rewards may be predisposed to overeating and obesity. It is also proposed that throughout time, reward sensitivity decreases and again leads one to overeat to make up for the missing reward. The pleasurable feeling that we experience from eating tasty food decreases over time – resulting in eating a larger volume of tasty food to experience the same pleasurable feeling. Wonder why we often get cravings but not satisfaction afterwards?

TREATMENT AND FUTURE DIRECTION

Lifestyle intervention, which includes diet, physical activity and behavior therapy, is the foundation of obesity treatment. Currently, patients with overweight or obesity can be treated with lifestyle interventions alone or with such interventions in combination with weight-loss medications or bariatric surgery⁴. Lifestyle interventions are successful at delivering medically significant (5–10 percent) weight-loss, but maintaining this weight-loss is challenging throughout the longer term⁴.

Following weight-loss, there are compensatory changes in the energy balance system that result in increased hunger that favors weight regain. Being constantly hungry in an environment that promotes the constant availability of high-fat and high-sugar foods makes it challenging for people to maintain the weight-loss long-term. The problem is much worse for those who also have problems regulating their sensitivity to food rewards and cues. They must learn to constantly be aware of this high sensitivity and maintain the newly learned behaviors long-term. Medications have been shown to assist individuals in sustaining weight-loss and maintaining lifestyle changes long-term.



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Since 2012, there have been five new weight-loss medications approved for the treatment of obesity by the U.S. Food and Drug Administration (FDA). These include:

- Phentermine/Topiramate Extended Release (ER) (Qsymia®)†
- Lorcaserin (Belviq®)†
- Naltrexone ER/Bupropion ER (Contrave®)†
- Liraglutide (3 milligram) (Saxenda®)†
- Phentermine HCl (8 mg) (Lomaira®)*

* Approved for short term use

† Approved for long term use

While the exact mechanism of action for some medications is not fully understood, these medications act on the hunger and fullness pathways while helping to combat adaptations that drive weight gain. For example, the combination Naltrexone ER/Bupropion ER (Contrave®) works in the brain by reducing appetite. Additionally, naltrexone blocks opioid receptors in the brain to decrease the reward aspects of tasty foods.

Much progress has been made recently in identifying brain systems involved in overeating of tasty high-sugar, high-fat foods and weight gain. We are also beginning to understand the genetic differences in food reward systems that predispose certain individuals to diseases like obesity. In recent studies, brain stimulation techniques are also reducing food cravings and eating of tasty foods⁵. Learning more about how the brain, body hormones and genes control different aspects of food intake will lead to better obesity treatments. It can also help change our own mindset (and that of others) that self-control and willpower have anything to do with obesity.

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About the Author:

Sunil Daniel, MD, FTOS, is a board certified obesity medicine physician with fellowship training in clinical nutrition and obesity management. He is a fellow of The Obesity Society and has authored several scientific papers on obesity and its medical management. He also serves on the OAC Education Committee.



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Supplementation after Bariatric Surgery - What Will I Need?

by Pam Helmlinger, RD, LDN, CDE; and Pamela Davis, RN, BSN, CBN, MBA

One of the most important commitments you can make to yourself when you undergo bariatric surgery is a lifelong commitment to taking recommended vitamin and mineral supplements. Unfortunately, you will be unable to rely on meeting your nutritional needs through diet alone once you have surgery - regardless of which procedure you choose.

Quality of Supplements

Ingredients in dietary supplements come from all over the world; many from China, India, and third-world countries where controls on processing may be inferior to those in the U.S. or Europe. Manufacturers may choose from a variety of sources, forms and grades of nutrients. Accepted standards for most nutrients follow the guidelines set out by the United States Pharmacopoeia (USP) and National Formulary (NF) and exist for more than 2,000 ingredients. If distributors choose to specify that they are using certified ingredients, these designators may appear on labels or may be omitted due to space limitations. If information is not supplied on the label, it becomes the responsibility of the consumer to obtain it.

Form and Delivery Method

The form and delivery method of these nutrients also make a difference in bioavailability and even toxicity levels. Without education on which form of vitamin or mineral you need, there can be vital differences in their functions; niacin, vitamin E, calcium, iron, selenium, and thiamine are just a few examples that can be found in a multivitamin that may not exist in the preferred form. Therefore, reading the daily value cannot be taken at face value as you may not absorb close to what the label claims you receive from the product.

Regardless of the delivery method – chewable tablets, liquids, hard-coated tablets, or gelatin capsules- the quality of nutrients and other ingredients are significant.

- **Hard-coated tablets** pose the greatest challenge to bariatric surgery patients as they typically break apart with stomach acid and churning. Some capsules are acceptable as they break apart with moisture and heat.
- **Chewable products** that are broken apart by chewing and liquids can also be ideal choices if the ingredients are appropriate and they are not sweetened with excessive amounts of sugar.

If the calorie and sugar content is not listed, the consumer must decipher the ingredients list or inquire about the contents from the manufacturer, especially if they have any allergies. Thus, choosing a reputable manufacturer that you trust is an important decision after any bariatric surgery, and there are numerous bariatric supplement companies in the industry. Not only should you ensure their vitamins and

minerals meet your needs according to American Society for Metabolic and Bariatric Surgery's (ASMBS) guidelines for your procedure, but doing your research on the forms and delivery methods and asking questions about their lab analysis to verify materials for accuracy should be part of your decision process. Choosing a product from the company's selection that you can tolerate and adhere to for a lifetime is the other half of the equation.

As a dietitian, helping patients understand issues of advertising false claims, the regulations that exist, and the science behind supplementation, can be daunting, to say the least. The best assurance in recommending a product is to seek out those manufacturers that have been GMP-certified by an independent auditor or by the FTC. The less nutritional deficiencies that need to be treated following bariatric surgery, the better and the healthier the patient will be in the long term. After all, the main reason patients sought surgery in the first place was their health, so disregarding the importance of supplementing the diet with appropriate micronutrients in a form they absorb well, can be counterproductive.

Knowing what you are taking and establishing an open line of communication with your program dietitian, surgeon, or primary care physician, in addition to seeking information from supplement companies, is one of your best bets in maintaining your health after bariatric surgery.

Which Micronutrients Will I Need to Supplement?

Unfortunately, one cannot rely on simply taking a multivitamin to achieve the desired results in preventing micronutrient deficiencies after bariatric surgery. While the majority of vitamin and mineral requirements can be met with the right multivitamins, you will need to focus additionally on calcium, vitamin B12, vitamin D, and potentially iron in addition to that in the multi formula (primarily for menstruating women).

It can be challenging to adhere to the recommended vitamin and mineral regimen required for those who have undergone surgery. In addition to a complete, high-potency vitamin (meeting 200% daily value for most of the nutrients on the label), sleeve gastrectomy and roux-en-y gastric bypass patients need to take additional calcium split into 2-3 doses per day, vitamin D (depending on the amount in multivitamin), and vitamin B-12. Patients who have undergone more malabsorptive surgery such as duodenal switch require even higher potency supplements, including the fat-soluble vitamins (A, D, E, and K). Many specific bariatric formulations of multivitamins exist, which should provide the amounts and forms of micronutrients recommended or best absorbed after bariatric surgery.

Supplementation continued on page 26

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Calcium citrate is the preferred form of calcium since it does not require hydrochloric acid in order to be absorbed; calcium carbonate may be taken by those who have restrictive only procedures- gastric band, balloon, and sleeve gastrectomy- and is best taken with a meal while there is churning to assist in absorption. Dosages of calcium should be split into no more than 500-600 mg at once and split evenly throughout the day. Keep the split dosages in mind when selecting a calcium supplement if you spend the majority of your day away from home. Convenience can be key in adherence, and a pill organizer is another key that may be the trick to consistency. Something that is individually wrapped is likely simpler to take on-the-go than a liquid or container full.

Vitamin B12 is recommended at a dose of 300-500 mcg daily in a sublingual form, meaning it dissolves preferably under the tongue or between cheek and gum. Alternatively, patients may choose a nasal spray (which requires a prescription) or an intramuscular monthly injection, also a prescription. Therefore, the form in a multivitamin will not necessarily prevent a vitamin B12 deficiency for the long-term. It is very cost-effective and therefore is a good preventative measure to take for both sleeve gastrectomy as well as those with malabsorptive procedures.

Vitamin D is found to be lacking in 90 percent of bariatric patients preoperatively. A correction dose of ergocalciferol or vitamin D3 (cholecalciferol) should be taken for at least eight weeks when an abnormality presents itself prior to surgery. The standard amount of vitamin D3 in a multivitamin does not supply adequate protection to prevent bone resorption after surgery. If one is not supplementing a bariatric multivitamin formula containing at least 1000 IU vitamin D3, a maintenance dose should be taken and vitamin D-25-OH levels monitored routinely to ensure levels are not exceeding the normal limits.

More than likely, one who has bariatric surgery will face abnormalities in the area of micronutrients at some point following surgery. Therefore, it is crucial that treatment be aggressive to correct deficiencies along with lifelong screening to prevent bone loss, irreversible damage, and preventable complications.

Common Questions Post-Surgery:

1. **Are some vitamins better than no vitamins?** Yes, of course.
2. **Are bariatric formulated vitamins worth the money?** Yes, vitamin deficiencies after bariatric surgery can usually be prevented by taking high quality supplements as specifically directed by your surgeon, dietitian or nurse.

Cost versus Quality – Do you really get what you pay for?

As outlined before, as a post bariatric surgery patient, you want to choose high quality supplements that will meet your needs. I'm quite often asked how much the supplements will cost and if bariatric formulated vitamins are necessary. Many years ago, we did not know as many details on the specific absorption of micronutrients after bariatric surgery and there were very few options for supplements; therefore, it was not uncommon for patients to be advised to take twice the recommended adult dose of Flintstones vitamins.

The field of bariatric surgery has advanced greatly over the past decade, and so have the quality and quantity of vitamin options for bariatric surgery patients. As detailed previously, the specific combination of supplements (multi-vitamin, iron, calcium, B12, etc.) will vary per individual; however, all post bariatric surgery regimens begin with a high quality multi-vitamin. The chart on the next page does not encompass all options available; it does compare several high quality, cost-efficient bariatric-formulated multi-vitamin options with a standard adult multi-vitamin (Centrum) and a children's chewable (Flintstone's Complete).

Final Thought!

Vitamin deficiencies after bariatric surgery can be quite troublesome to correct, so don't choose poorly based solely on cost.

About the Authors:

Pam Helmlinger, RD, LDN, CDE, is a registered and licensed dietitian specializing in bariatrics. She received her Bachelor's degree in Dietetics from Harding University in 2001 and her experience includes ten years at Tristar Centennial's Center for Weight Management. She holds a certificate of training in adult weight management from the Academy of Nutrition and Dietetics and became a Certified Diabetes Educator in 2012. She has a passion for helping patients throughout their weight-loss journey from medical weight-loss to preparing for surgery and maintaining weight loss for the long-term.

Pamela Davis, RN, BSN, CBN, MBA, is the Bariatric Program Director for Centennial Center for the Treatment of Obesity in Nashville, Tenn. Ms. Davis is a Registered Nurse, Certified Bariatric Nurse and the Integrated Health President-elect for the American Society for Metabolic and Bariatric Surgery. Ms. Davis also serves on the National Board of Directors for the Obesity Action Coalition. In 2001, Ms. Davis had laparoscopic Roux-en-Y gastric bypass surgery at Centennial and has since developed a passion for working with others living with obesity.

A collection of various pills and capsules, including white tablets, yellow and orange capsules, pink and orange tablets, and green and purple capsules, arranged in two rows. The pills are of different shapes, sizes, and colors, some with markings like lines or dots. The background is a plain, light-colored surface.

Bariatric Fusion Multi Tablet***			Celebrate Multi Complete 60 ****		
	Amount/Percent Daily Value			Amount/Percent Daily Value	
Vitamin A	7,500 IU	148%	Vitamin A (as retinyl palmitate and 50% as beta-carotene)	10,000 IU	200%
Vitamin C	180 mg	300%	Vitamin C (as ascorbic acid)	180 mg	300%
Vitamin D	3,000 IU	750%	Vitamin D (as cholecalciferol)	3,000 IU	750%
Vitamin E	30 IU	100%	Vitamin E (as d-alpha-tocopheryl acetate)	60 IU	200%
			Vitamin K (as phytonadione)	120 mcg	150%
Thiamine	12 mg	800%	Thiamin (as thiamin mononitrate)	12 mg	800%
Riboflavin	1,700 mcg	100%	Riboflavin	12 mg	706%
Niacin	20 mg	100%	Niacin (as niacinamide)	40 mg	200%
Vitamin B6	2,000 mcg	100%	Vitamin B6 (as pyridoxine HCl)	4 mg	200%
Folic Acid	800 mcg	200%	Folate (as folic acid)	800 mcg	200%
Vitamin B12	560 mcg	93.32%	Vitamin B12 (as methylcobalamin and cyanocobalamin)	1,000 mcg	166.7%
Biotin	600 mcg	200%	Biotin	600 mcg	200%
Pantothenic Acid	10 mg	100%	Pantothenic acid (as D-calcium pantothenate)	20 mg	200%
Calcium	1,200 mg	120%			
Iron	45 mg	250%	Iron (as ferrous fumarate)	60 mg	333%
Iodine	150 mcg	100%	Iodine (as potassium iodide)	150 mcg	100%
Magnesium	400 mg	100%	Magnesium (as magnesium citrate and magnesium oxide)	100 mg	25%
Zinc**	30 mg	100%	Zinc (as zinc amino acid chelate)	30 mg	200%
Selenium**	70 mcg	100%	Selenium (as selenium amino acid chelate)	140 mcg	200%
Copper**	2 mg	100%	Copper (as copper citrate)	3 mg	150%
Manganese**	2 mg	100%	Manganese (as manganese amino acid chelate)	2 mg	100%
Chromium**	120 mcg	100%	Chromium (as chromium amino acid chelate)	200 mcg	167%
Molybdenum**	75 mcg	100%	Molybdenum (as molybdenum amino acid chelate)	75 mcg	100%
Dosage for Sleeve and Bypass Patients	Per 4 chewable tabs		Dosage for Sleeve and Bypass Patients	Per 2 chewable tabs	

A vertical arrangement of various pills and capsules, including white tablets, yellow and orange capsules, a pink tablet, a green capsule, a white capsule, a green capsule, a pink capsule, and a white tablet with a score line.

[illegible]



NEED HELP TAKING OFF EXCESS WEIGHT AND KEEPING IT OFF?

Along with a reduced-calorie meal plan and increased physical activity, **FDA-approved Saxenda® can help you lose weight and keep it off.**

- **Some people lost 2.5 times more weight with Saxenda®** vs placebo (17.3 lb vs 7 lb) in a medical study. Study participants had an average starting weight of 234 lb and an average body mass index (BMI) of 38^a
- **Weight loss was maintained with Saxenda®** in another 1-year medical study,^{b,c} in which 8 out of 10 people were able to lose 5% or more of their weight within 4 to 12 weeks with a low-calorie meal plan alone. In addition, at the end of this study, on average, people who were on Saxenda® were able to achieve an additional 6.2% weight loss

^aThese results were from a 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. On average, there were 27% of people on Saxenda® and 34% on placebo who did not complete the studies. In the study, 62% of patients on Saxenda® lost ≥5% body weight (34%, placebo) and 34% lost ≥10% body weight (15%, placebo). Significant weight loss was evaluated only at 56 weeks, as per study design.

^bA 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. This study was designed to measure weight loss (beginning to end of trial), ability to keep weight off (didn't gain >0.5%), and those who achieved ≥5% weight loss.

^cResults may not reflect those expected in the general population.

**Ask your health care professional about Saxenda®
and learn more at Saxenda.com**

What is Saxenda®?

Saxenda® is an injectable prescription medicine that may help some adults with excess weight (BMI ≥27) who also have weight-related medical problems or obesity (BMI ≥30), lose weight and keep the weight off. Saxenda® should be used with a reduced-calorie meal plan and increased physical activity.

- Saxenda® is not for the treatment of type 2 diabetes
- Saxenda® and Victoza® have the same active ingredient, liraglutide, and should not be used together
- Saxenda® should not be used with other GLP-1 receptor agonist medicines
- Saxenda® and insulin should not be used together
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight-loss products
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke
- It is not known if Saxenda® can be used safely in people who have had pancreatitis
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children

Important Safety Information

What is the most important information I should know about Saxenda®?

Serious side effects may happen in people who take Saxenda®, including:

1. Possible thyroid tumors, including cancer. During the drug testing process, the medicine in Saxenda® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.

- Before you start taking Saxenda®, tell your health care professional if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Do not take Saxenda® if you or any of your family members have medullary

thyroid cancer, or if you have MEN 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda®

- While taking Saxenda®, tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer

2. Inflammation of the pancreas (pancreatitis), which may be severe and lead to death.

Before taking Saxenda®, tell your health care professional if you have had:

- pancreatitis, stones in your gallbladder (gallstones), a history of alcoholism, high blood triglyceride levels

While taking Saxenda®:

Stop taking Saxenda® and call your health care professional right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family members have a history of medullary thyroid cancer
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body
- you are allergic to liraglutide or any of the ingredients in Saxenda®

Symptoms of a serious allergic reaction may include:

- swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, severe rash or itching

Talk with your health care professional if you are not sure if you have any of these conditions.

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

Please see brief summary of Prescribing Information on adjacent page.

If you would like more information, please speak to your health care professional. 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.



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Saxenda®
liraglutide (rDNA origin) injection

Saxenda®

liraglutide (rDNA origin) injection

Brief Summary of Information about Saxenda® (liraglutide [rDNA origin] injection)

Rx Only

This information is not comprehensive. How to get more information:

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling
- Call 1-877-484-2869

What is the most important information I should know about Saxenda®?

Serious side effects may happen in people who take Saxenda®, including:

- 1. Possible thyroid tumors, including cancer.** During the drug testing process, the medicine in Saxenda® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.

- Before you start taking Saxenda®, tell your healthcare provider if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2. Do not take Saxenda® if you or any of your family members have medullary thyroid cancer, or if you have Multiple Endocrine Neoplasia syndrome type 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda®.
- While taking Saxenda®, tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.

- 2. Inflammation of the pancreas (pancreatitis),** which may be severe and lead to death.

Before taking Saxenda®, tell your healthcare provider if you have had:

- pancreatitis
- stones in your gallbladder (gallstones)
- a history of alcoholism
- high blood triglyceride levels

These medical conditions can make you more likely to get pancreatitis in general. It is not known if having these conditions will lead to a higher chance of getting pancreatitis while taking Saxenda®.

While taking Saxenda®:

Stop taking Saxenda® and call your healthcare provider right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

What is Saxenda®?

- Saxenda® is an injectable 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.
- Saxenda® should be used with a reduced calorie diet and increased physical activity.
- Saxenda® is not for the treatment of type 2 diabetes mellitus.
- Saxenda® and Victoza® have the same active ingredient, liraglutide. Saxenda® and Victoza® should not be used together.
- Saxenda® should not be used with other GLP-1 receptor agonist medicines.
- Saxenda® and insulin should not be used together.
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke.
- It is not known if Saxenda® can be used safely in people who have had pancreatitis.
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children.

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family members have a history of medullary thyroid cancer.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.

- you are allergic to liraglutide or any of the ingredients in Saxenda®. See the end of this Medication Guide for a complete list of ingredients in Saxenda®.

Symptoms of a serious allergic reaction may include:

- swelling of your face, lips, tongue, or throat
- fainting or feeling dizzy
- very rapid heartbeat
- problems breathing or swallowing
- severe rash or itching

Talk with your healthcare provider if you are not sure if you have any of these conditions.

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

What should I tell my healthcare provider before using Saxenda®?

Before taking Saxenda®, tell your healthcare provider if you:

- have any of the conditions listed in the section "What is the most important information I should know about Saxenda®?"
- are taking certain medications called GLP-1 receptor agonists.
- are allergic to liraglutide or any of the other ingredients in Saxenda®. See the end of this Medication Guide for a list of ingredients in Saxenda®.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had kidney or liver problems.
- have or have had depression or suicidal thoughts.
- have any other medical conditions.
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®.
- are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first.

Tell your healthcare provider about all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your healthcare provider if you take other diabetes medicines, especially sulfonylurea medicines or insulin.

Know the medicines you take. Keep a list of them with you to show your healthcare provider and pharmacist each time you get a new medicine.

How should I use Saxenda®?

- Inject your dose of Saxenda® under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider.
- Do not inject into a vein or muscle.**
- If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting.
- Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.

What are the possible side effects of Saxenda®?

Saxenda® may cause serious side effects, including:

- **possible thyroid tumors, including cancer.** See "What is the most important information I should know about Saxenda®?"
- **inflammation of the pancreas (pancreatitis).** See "What is the most important information I should know about Saxenda®?"
- **gallbladder problems.** Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
 - pain in your upper stomach (abdomen)
 - fever
 - yellowing of your skin or eyes (jaundice)
 - clay-colored stools

- **low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus.** Saxenda® 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 sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood sugar may include:

- shakiness
- sweating
- headache
- drowsiness
- weakness
- dizziness
- confusion
- irritability
- hunger
- fast heartbeat
- feeling jittery

Talk to your healthcare provider about how to recognize and treat low blood sugar. Make sure that your family and other people who are around you a lot know how to recognize and treat low blood sugar. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®.

- **increased heart rate.** Saxenda® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda®.

- **kidney problems (kidney failure).** Saxenda® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.

- **serious allergic reactions.** Serious allergic reactions can happen with Saxenda®. Stop using Saxenda®, and get medical help right away if you have any symptoms of a serious allergic reaction. See "Who should not use Saxenda®?"
- **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.

Common side effects of Saxenda® include:

- nausea
- constipation
- vomiting
- decreased appetite
- tiredness
- stomach pain
- changes in enzyme (lipase) levels in your blood
- diarrhea
- low blood sugar (hypoglycemia)
- headache
- upset stomach
- dizziness

Nausea is most common when first starting Saxenda®, but decreases over time in most people as their body gets used to the medicine.

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

These are not all the side effects with Saxenda®. For more information, ask your healthcare provider or pharmacist.

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

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More detailed information is available upon request.

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SUPPORT:

What Happens When You Don't Have it?

by Kelly Theim Hurst, PhD

Anyone who has ever tried to lose weight and keep it off – especially throughout the holiday season or the other ups and downs that life offers – knows that it can be quite a challenge.

What can make this process even more difficult to manage, however, is not having enough (or the right types of) support for your efforts. Most people are lucky enough to have a few important people in their lives – perhaps a spouse or partner, family member, friends, co-workers, neighbors, etc. But even when you have people around you, there is no guarantee that you can or will get the support you need.

Of the people in your life, give some thought as to which ones know about your weight management goals. Then, ask yourself these questions:

- *WHO would you expect to support you through this process?*



- *HOW could they support you? (This question is equally important!)*

- *HAVE you ever expected someone's unwavering support only to realize that they disappointingly came up short in this department?*

Everyone's social network is different, but one common expectation you may have of people who are close to you is that of having their full support if and when you need it. In fact, the people around you oftentimes do want to do and say things that will be helpful to you, but they may not know how. This may have happened to you, too, when a loved one is in need and you think, "I don't know quite what to say" or "What can I do that would help?"

This scenario is common for a few reasons. One, there is often not a "perfect" or "right" thing to do or say. The important thing is that you want to help, but you may need some guidance on how you can best do so. Furthermore, people may not really know what they need others to do or say to support them in their weight-loss journey. Identifying what you need can be a difficult but very important step on the road to getting the right support.

IDENTIFY YOUR NEEDS

To figure this out, set aside some time to think about those people who are close to you and what specifically they could do or say to help. This could be as simple as listening to you talk when you're feeling frustrated or discouraged, or helping to distract you with a movie or a walk to decrease stress. Perhaps there are words you'd like to hear such as "I'm really proud of you for keeping up with your plan this week!" You may also know that there are things you would like someone to stop doing or say to you. For example, you may not want someone bringing tempting foods into the house or asking, "Are you sure you should be eating that?" at dinnertime.

Keep in mind that you may need different types of support from different people in your life. For example, it might feel right to talk about your emotions with your partner, sibling or close friend.

From your boss, however, you may need practical support such as having healthier snacks in the break room or more flexibility to go to a doctor's appointment during the work day. Remember, you have the right to ask for what you need!

COMMUNICATE YOUR EXPECTATIONS

So, say you've figured out the support you need. Even people who know you really well can't be expected to read your mind! It is up to you to communicate to others how they can best help you. To help this process go as smoothly as possible, try to find a good time to talk – such as when neither you nor the other person is particularly tired, stressed, upset or hungry. Having a calm and open conversation about how you're feeling is the best environment to recruit extra support.

Compromise is key as well! You may have ideas about the type and degree of support you would want in a perfect world, but you should be willing to talk about what the other person feels is doable. For example, say you really want your best friend to also be your gym buddy for some extra fun and accountability. He or she may not be able to (or want) to make that commitment – but if you keep an open mind, maybe there's another idea you could offer such as having them call you to ask how you're doing or to remind you of your goals each week while you're starting a new habit. Setting realistic expectations of how much others can be there to support you will prevent extra disappointment or frustration later down the road.

Support continued on page 32

“Having a calm and open conversation about how you're feeling is the best environment to recruit extra support.”



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MANAGING UNHELPFUL SUPPORT

Sometimes, despite admirable efforts to identify what you need and spell it out clearly for others, there may still be people in your life who are less than helpful... or even downright sabotaging whether they mean to be or not. You probably know “sabotage” when you see it or feel it. For example, a co-worker may know very well that you are trying to avoid sweets (you’ve even kindly reminded him/her), but continues to deliver special treats straight to your desk. Perhaps you’ve told your spouse or partner several times that you want to avoid a certain food, but it appears on the kitchen counter each week anyway. Maybe family members push more food onto you at the dinner table even when you make it clear that you’re full.

Although they’re only human, and they may forget your requests even when they seem obvious, people can sometimes have mixed feelings about your weight goals and habits. They might even be struggling to manage their own weight whether they talk about it or not. For example, a friend may be secretly (or not so secretly) unhappy with you if you want to cut back on your Happy Hour tradition so that you can have time to cook dinner at home or go for a walk, so she may even try to guilt you into changing your mind. Your health efforts might also lead some people to feel badly about their own habits – even if that wasn’t your intention – or simply feel uncomfortable or inconvenienced by a change from the familiar. Change is hard and it often happens slowly with bumps in the road. Be patient and stay firm in your original request (assuming it’s a realistic and reasonable request), such as saying “I still really want to see you, but it’s hard for me to go out to eat so often. Maybe there’s something else we could do together that day?”

FIND ENCOURAGEMENT IN OTHERS

Lastly, some people do not have enough support people in their network. Sometimes friends or family move away, or life’s path seems to diverge and leave you feeling like your social circle is limited. If this feels like your situation, then weight management can feel like a particularly lonely path. Remember to use email, Skype, or even the good old telephone to reach out to anyone who helps you feel loved and supported. Even if someone doesn’t know exactly how to help you in your weight-loss efforts, take advantage of the powerful mood boost that can come from reminding yourself that you have people who care about you.

Although it’s always great to have someone in your corner, you can keep up with your weight management goals even if you just don’t have supportive people in your life right now. Try regularly talking to yourself in a positive way to remind yourself that, no matter what others do to help you or hold you back, you CAN do this! You likely have many tools and resources to help you manage your weight and health – and when you need an extra boost, call in reinforcements!

Losing weight can be an opportunity to form new connections with supportive people, whether it’s a more organized weight management group or even a non-weight-related group that lines up with your healthy lifestyle goals. Look for people who have similar interests like a yoga class, hiking group or healthy cooking class. Surround yourself with like-minded people, and you never know when you might strike up a new connection!

About the Author:

Dr. Hurst is a clinical psychologist who specializes in helping people achieve a variety of weight and health-related goals. With an emphasis on personalized care and evidence-based approaches, she loves working with individuals on creating and sustaining meaningful behavior changes.



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Dear Doctor +

I Carry All My Weight in My Abdomen. Is this Serious?



*Answer Provided by
Holly F. Lofton, MD*

Research pertaining to obesity has become increasingly popular since the 1980s, and has since led to the classification of obesity as a disease that is defined as “the excessive accumulation of excess body fat. More so, in the last two decades, medical researchers are starting to understand how different types of fat send signals to the rest of our body. Current findings agree that fat acts as an endocrine organ – meaning that it is not a collection of dormant cells, but secretes hormones that influence the other organs in the body.

Fat deposits occur in two types:

- First, there is the fat that lies directly under the skin – known as subcutaneous fat – which is readily noticeable as we try to squeeze into last year’s jeans.
- Then, there is the other type – known as visceral fat – which lies deep in our body cavities, close to our organs such as the liver and the heart. It is this deep visceral fat that can place us at a greater risk for medical problems related to obesity.

Why is Visceral Fat Dangerous?

Visceral fat lies close to our organs, and thus it can easily cause organ damage. For example, fat near the liver can accumulate in the liver cells and subsequently interfere with the liver’s normal function – to eliminate toxins in the body. Throughout decades, this can eventually lead to liver cancer. Visceral fat can also be converted into cholesterol by the liver and travel through the arteries, causing blockages that inhibit normal blood flow. This can lead to strokes and even heart attacks.

How Can I Determine if I Have Too Much Visceral Fat?

Fat deposits in various areas of the body depend on genetics, hormones and other factors. Fat deposits in the lower body, such as the hips, tend to be subcutaneous fat. Fat around the midsection, however, tends to be visceral fat. Because you mentioned that you carry more weight around your abdomen, I want to clearly define the cut-offs for what is considered to be a waist measurement consistent with obesity – and thus a greater health risk.

Measuring Your Waist

You can perform a simple measurement to determine if you are more likely to have excess visceral fat. Take a tape measure and place the loose end at your naval. Carefully wrap the tape around you (you may want to get help from a partner to be more exact) at the level of your naval until you reach the loose end. Then, record the number of inches measured. This is your waist circumference (WC).

A waist circumference greater than 35 inches for females, and greater than 40 inches for males, meets the criteria for obesity. This number is significant because it also correlates with a higher percentage of visceral fat as compared to someone below these measures.

In a medical setting, doctors use a special x-ray technique called "Dual-energy X-ray Absorptiometry (DEXA, DXA) which can capture an image of your bones, muscle and fat. DEXA can provide a more accurate assessment of the amount of visceral fat in your body. This test is also commonly used to measure bone density.

What Can I Do to Reduce My Visceral Fat?

The good news is that visceral fat can be reversed by lifestyle changes. Although change will take some work, your heart and liver will thank you in the end!

Dear Doctor continued on page 36



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List as of 12/2/16

Here are some simple lifestyle changes you can make to reduce the prevalence of visceral fat:

1. Reduce Your Calorie Consumption

Reducing the amount of calories you consume in general can help, but this is especially true of calories from fat sources. Specifically, your diet should contain 30 percent or fewer of its total calories from fats. Choose naturally-occurring fat sources in your diet, such as nuts and avocados, instead of processed fats like butter or hard cheese.



2. Read Labels Carefully

Be sure to watch the saturated fat content of the foods you eat. Ideally, the goal is to eat fewer than 7 percent of your total calories from this type of fat because it's more likely to clog your blood vessels. These are common in foods such as meats and whole-fat dairy.



3. Have Very Few Trans Fats

These are the most dangerous! Trans fats tend to be present in packaged foods, desserts, etc.



4. Enjoy Your Food – Don't worry, you can still enjoy whole grains, fruits, vegetables and lean proteins in the war against visceral fat.

5. Walk Frequently – Studies show that visceral fat was significantly reduced when the diet changes above were combined with moderate physical activity such as brisk walking. I recommend walking until you feel you are "huffing and puffing" but can still talk. This type of exercise at least six days a week for 30 minutes a day can help you win the war against disease!



6. Incorporate Strength Training

Building muscle helps fight fat, so don't neglect resistance training. You can use your own body weight, weight machines or free weights to increase your muscle mass.



Finally, I recommend that you work with your healthcare provider for additional recommendations and to monitor your health as you fight against visceral fat. Maintaining consistency with the above lifestyle changes takes dedication and time, so you may want to enlist a support system to help you maximize your outcome and optimize your health!

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 who have not been able to achieve weight-loss with conventional methods. She is also a member of the OAC National Board of Directors.

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Parenting **POWER** Setting the Stage

by Sarah Muntel, RD

Between work, your kids' schedules and the laundry that never seems to get finished – you have a packed schedule! It can be very easy to plop down on the couch and order pizza. Life is hard, people are stressed and time is short, so it can be difficult to fit in good nutrition and fitness into your day – but it's important that you do!

We all know that obesity is a disease and that people affected with obesity can suffer from many health conditions such as diabetes, heart disease and sleep apnea – just to name a few. According to the Centers for Disease Control and Prevention (CDC), the disease of obesity affects one third of the U.S. adult population. However, this is not a problem for adults only. Did you know that 17 percent of children in the U.S. are also affected by this disease? This number isn't a surprise with the popularity of video games, high calorie drinks and an abundance of sugar in kids' diets.

With childhood obesity as it stands, now is the time to focus on your kids. In this obesity epidemic, parents have the power and it's time to roll up our sleeves and work on the problem! This may be one of the most important things you do because moving toward improved health, and forming good behaviors early on, can lead to a lifetime of health. However, this task can seem overwhelming! In a world of cupcakes, computer games and fast food, it may seem that the deck is stacked against you – but it's not!

There are many small changes you can make to point your kids down the road of good health, and parents have the responsibility of beginning to instill a lifetime of healthy habits at an early age. This responsibility may sound serious, and that's because it is! Many factors can affect your child's health behaviors, so let's see what we can do.



1. Be a Role Model

First, take a hard look at your own health. How do you think you are doing with your nutrition and fitness plan? This may be a tough question to answer, but it is an important one. Did you know that you are your child's first role model? What you say and do early on can set the stage for a lifetime of healthy behaviors. What do your kids think when they see you going out for an early morning walk or packing a healthy lunch to bring to work? Without saying a word, you are sending the message that eating a healthy diet and fitness are important to you. That can be a very strong message for a child to hear.

If you are struggling with your own health journey, now is a good time to make changes. Your kids can be your biggest reason to prioritize health because the changes you make to your diet can trickle down and impact your family as well. Making healthy dinners, having fresh fruit available for snacks and going on evening walks will not only improve your health, but the health of your family as well. If there are some changes you need to make, start today! Your family and children will all be taking notes and following along.

Making fitness and health a priority can be a struggle, and parents can sometimes feel bad about taking time for their own selves to exercise. However, you shouldn't feel guilty about making your health a priority. Remember the old saying, "You can't pour from an empty cup?" This is so true! It's important to take care of yourself in order to promote health within your family. Leaving your kids at home to go on a quick run can be hard, but your kids will see that you are treating your health as a priority – and that is a very important lesson to learn!

2. Make Room for Them in Your Healthy Journey

Setting a good example is a great start, but then it's time to take it to the next level. Let's get the kids involved! Making your



kids a part of your health plan can encourage them to buy into the health journey. This part can take a little work, and sometimes, it can be faster and easier to do things without your child's help. However, this is your opportunity to teach them the skills that they will need in the long-term. As they begin joining you on your journey, you will begin to see them enjoying what they are doing.

Here are a few ways that you can include your children in your own health plan:

- Bring your toddler in a stroller while you walk a 5K
- Have your child set the table for dinner
- Plan meals together as a family
- Go on a family bike ride
- Have your child toss a salad for dinner
- Sign-up for a family 5K



Preparing and sitting down for family meals are also important. According to the United States Healthful Food Council (USHFC), the average American adult buys a meal or snack from a restaurant 5.8 times a week – and more than 30 percent of children eat fast food on any given day. These are scary statistics! Many studies show that families who eat

together will have kids who eat more healthy foods, who are less likely to be overweight and who are less likely to have disordered eating. Talk about a win! Several times during the week, try taking the time to enjoy your meals and your additional company. As you learn about each other's day, share stories and eat healthy food together, you'll be reaping many rewards!

3. Incorporate Healthy Learning Experiences

It's time to take this show on the road! Find ways to instill health knowledge in your kids by showing them first-hand where food comes from and why eating healthy is important. Knowledge is power, and some children think that food just shows up at a grocery store with no idea where it may come from. Food "field trips" can show your children where good nutrition comes from.



Here are a few tips that will help your children to have healthy learning experiences:

- Visit your local farmers market to see why locally grown vegetables and fruit may be a good option.
- Find different grocery stores that carry a variety of new foods. See vegetables and fruits that you may have never seen before. It's a great place to learn!

- Grow a vegetable garden to learn about the benefits of fresh produce.
- Check out books at the local library or find websites to learn about dairy farms, food processing plants or cattle farms.
- Teach nutrition to kids by evaluating the food label and determining what good choices are.

4. Teach Moderation

Repeat after me: "No one is perfect, and no one has a perfect diet." You can become stressed while trying to incorporate a perfect fitness and nutrition plan with your children. It's important to do the best you can and realize there is room for moderation and a treat every once in a while!



Removing temptations can be a great place to start. A cabinet full of sweets and chips can be very tempting, so try something else. Instead of having a container of ice cream from your freezer, take your kids out for an ice cream treat sporadically so they can enjoy it without being tempted all week long by the ice cream in your freezer.

Another strategy you can practice is to find substitutes for your family's favorite foods that may be a little healthier. Instead of frozen coffee drinks, for example, look for substitutes that work just as well such as substituting certain ingredients with Greek yogurt or Splenda. You can also try baked French fries instead of fast food fries for a healthier snack.



Putting it Together

At the end of the day, being a role model for your children is a big responsibility – but an important one! Take some time to assess where your family is and begin working on a plan for health. Take it one step at a time and build on it. Your kids will thank you one day, and you will find the journey quite rewarding!

About the Author:

Sarah Muntel, RD, is a Registered Dietitian and Bariatric Coordinator at Community Bariatric Surgeons in Indianapolis, IN. She has worked with bariatric surgery patients for 17 years and especially enjoys leading support groups. In her free time, she enjoys spending time with her husband and three children.



Lomaira – New Obesity Medication Now Available

by Donna H. Ryan, MD

In 2016, a “new” version of an “old” medication was approved by the U.S. Food and Drug Administration (FDA). This medication is called Lomaira, and it consists of an 8 milligram tablet of Phentermine.

Phentermine was first approved in 1959 for a short-term (generally interpreted as up to 12 weeks) treatment for weight management, and it is currently the most-prescribed medication for weight management in the United States. Lomaira’s new dosage form allows for more flexibility and tailoring of treatment approaches, and it is more affordable than most medications approved for weight management. However, physicians and patients need to be aware of all of the information surrounding Lomaira in order to prescribe it both safely and appropriately.

Let’s start by answering a few important questions:

Who is an Appropriate Patient for Lomaira?

- First, patients who need to lose weight for health improvement, as opposed to reaching some cosmetic ideal, are candidates for Lomaira. The FDA-approved indication is for a BMI of 30 kg/m² or greater, or when patients have obesity-related health issues like abnormal lipids or glucose or a BMI of 27 kg/m² or greater. It is not a good idea to take medications strictly for cosmetic reasons.

- Second, it’s important to note that Lomaira won’t work on its own. Because of this, patients should be on a diet regimen before considering Lomaira. This medication is for patients who struggle with maintaining adherence to dietary goals, and it works through the brain’s regulation of appetite to help patients better adhere to their dietary plan.
- Third, the special instance where patients may be good candidates for Lomaira at 8 milligrams is related to the fact that it can be prescribed up to three times a day. Lomaira can be taken at times during the day when patients struggle with hunger and find it hard to resist eating. Because of this, Lomaira dosage should be individualized.

What Does Individualized Dosage Mean?

All patients are different and have individual issues with hunger and with staying on a diet. Therefore, doctors can personalize a treatment dose. Some patients may not need Lomaira in the morning, but will want to take it before lunch and again before dinner. Those patients may only need a total dose of two 8 milligram tablets each day. Other patients may need three tablets. Because of this, doctors and patients can make an individual dosing schedule for the individual patient. This means that patients can take the exact dose they need – when they need it.

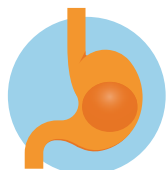
Lomaira continued on page 42



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Important ORBERA™ IntraGastric Balloon System Safety Information

The ORBERA™ IntraGastric Balloon System is a weight loss aid for adults 22 years and older and suffering from obesity, with a body mass index (BMI) ≥ 30 and ≤ 40 kg/m², who have tried other weight loss programs, such as following supervised diet, exercise, and behavior modification programs, but who were unable to lose weight and keep it off. To receive ORBERA™ you must be willing to also follow a 12-month program, beginning with the placement of ORBERA™ and continuing for 6 months after, that includes a healthy diet and exercise plan. If the diet and exercise program is not followed, you will not experience significant weight loss results; in fact, you may not experience any weight loss. Losing weight and keeping it off is not easy, so you will be supervised throughout this program by a team of physicians, physiologists, and nutritionists. This team will help you make and maintain major changes in your eating and exercise habits. ORBERA™ is placed for no more than six months. Any time that the balloon is in the stomach for longer than six months puts you at risk for complications, such as bowel obstruction, which can be fatal. Some patients are ineligible to receive ORBERA™. Your doctor will ask you about your medical history and will also perform a physical examination to determine your eligibility for the device. Additionally, at the time of placement, the doctor may identify internal factors, such as stomach irritation or ulcers, which may prevent you from receiving ORBERA™. You must not receive ORBERA™ if you are pregnant, a woman planning to become pregnant within six months' time, or breast-feeding. Complications that may result from the use of ORBERA™ include the risks associated with any endoscopic procedure and those associated with the medications and methods used in this procedure, as well as your ability to tolerate a foreign object placed in your stomach. Possible complications include: partial or complete blockage of the bowel by the balloon, insufficient or no weight loss, adverse health consequences resulting from weight loss, stomach discomfort, continuing nausea and vomiting, abdominal or back pain, acid reflux, influence on digestion of food, blockage of food entering the stomach, bacterial growth in the fluid filling the balloon which can lead to infection, injury to the lining of the digestive tract, stomach or esophagus, and balloon deflation. Important: For full safety information please visit orbera.com/dfu, talk with your doctor, or call Apollo Customer Support at 1-855-MYORBERA.

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MKT-00837-00R01

Who Should NOT Take Lomaira?

Patients who have one or more of the following conditions should not take Lomaira:

- History of cardiovascular disease (stroke, heart attack, arrhythmia, heart failure, etc.)
- Uncontrolled hypertension
- Within 14 days of taking a monoamine oxidase inhibitor
- Hyperthyroidism
- Glaucoma
- Agitated states
- History of drug abuse
- Pregnancy
- Nursing
- History of allergy to sympathomimetic amines

Patients should discuss their medical history and have an exam with a healthcare professional before starting Lomaira.

In a study of Phentermine at doses similar to Lomaira, weight-loss at 28 weeks for the placebo group was -1.7% from baseline. For Phentermine at 7.5mg/d, it was -5.5%, and for Phentermine at 15 mg/d, it was -6.1%.



What Side Effects Can I Expect When I Take Lomaira?

Patients usually experience some stimulatory properties of Phentermine, especially in the first few days or weeks of starting the medication. These may include:

- Feelings of excitement
- Increased energy
- Slight agitation
- Difficulty sleeping in the first few days or weeks of treatment

These symptoms usually go away within a short period of time. However, if patients notice more extreme agitation, an irregular heartbeat or chest palpitations, they should stop the medication and consult their physician as soon as possible. Other side effects may also be seen with weight-loss, such as constipation. Patients should drink six to eight glasses of water a day to help alleviate constipation.

One of the advantages of the 8 milligram tablet of Lomaira is that stimulatory side effects can be minimized by appropriate dosing. If patients only need one tablet a day to help with their appetite at dinner, there is no need to increase the dose. This allows for lower exposure to the stimulatory effects of Phentermine. Since other formulations are in doses of either 15 milligrams or 30 milligrams of Phentermine, Lomaira at 8 milligrams can produce a better safety margin.

How Much Weight Can I Expect to Lose with Lomaira?

As is always the case with medications that are used for weight management, the total amount of weight-loss will depend on the intensity of weight-loss efforts that the patient puts in.

You can expect to lose more weight than you would on your diet effort without a medication, but the weight-loss will vary from person-to-person. Patients should undertake their best effort at diet, physical activity and behavior change, but Lomaira can help them stick to their efforts so long as they do not expect the medication to work on its own.

How Long Can Lomaira be Continued?

When the FDA approved Phentermine 50 years ago, medicines for weight management were only studied for a few months. As a result, there are currently no long-term studies with Phentermine or Lomaira. It is generally recommended that Lomaira only be continued for a few months, so it is not intended to be taken forever.

The appropriate patient for Lomaira will take the prescription for a few months and then begin to try other treatment approaches. Patients can use strategies like initiating a lot of moderate physical activity (45 minutes or more a day) to maintain weight-loss after using Lomaira to achieve their goals with diet. Lomaira and other forms of Phentermine are controlled substances and a special prescription is required.

How Much Does Lomaira Cost?

Lomaira is the least expensive of the newer medications for weight management and will be marketed to cost about \$0.50 cents a pill. For patients who need three pills a day, that equates to only \$1.50 a day. For patients who need less, the cost could be \$1.00 or even \$0.50 cents a day.

Summing it Up: Safe and Appropriate Use of Lomaira

It is true that not every patient needs medication to be successful with weight-loss, but many patients do struggle. Physicians can help their patients achieve health benefits through weight-loss, and they should not hesitate to prescribe appropriate treatment for patients who need greater help achieving their goals.

Lomaira can help patients who meet appropriate guidelines (no history of heart diseases, not pregnant or nursing, controlled blood pressure, etc.) and who are undertaking a dietary program. Patients can take Lomaira for a few weeks or months to lose weight and then switch to weight-loss maintenance approaches. The chief advantages of Lomaira are that the medication improves the safety and efficacy profile of Phentermine by allowing physicians to tailor treatment to an individual patient's needs, thus giving them the minimum dose needed for efficacy and timing that dose to the patient's hunger profile.

About the Author:

Donna H. Ryan, MD, is Professor Emerita at Pennington Biomedical Research Center. Dr. Ryan's scholarly activities include authorship of more than 200 original publications and 45 chapters and reviews, primarily in the field of obesity. She is Associate Editor-in-Chief for "Obesity." She served as Co-chair of the Expert Panel that produced the AHA/ACC/TOS 2013 Guidelines for the Diagnosis and Management of Obesity and was a panel member of the 2015 Endocrine Society Systematic Evidence Review and Guidelines for Medications that Affect Body Weight. She is President-Elect of the World Obesity Federation.

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Avocados

Secretly Sabotaging Your Weight-loss Goals or the Missing Ingredient in Your Health Plan? YOU be the Judge!

by Cassie I. Story, RDN

Once feared because of their high fat content – and now praised for the exact same claim – avocados have been enjoying their place in the spotlight for the past four decades. I try to view food as much more than “good” or “bad,” and instead focus on if I enjoy it, how it makes my body feel and what effects it has on my particular health goals (at that moment). I encourage you to do the same! After all, YOU know yourself best. That being said, let’s dig into (or peel back) the avocado’s tough exterior and see what lies inside.

Fat, Carbohydrates, Protein – Oh My!

What do these words even mean? We place so much emphasis on which particular macronutrient is being revered as the savior during any given moment in time – so much so that we sometimes throw these terms around as casually as we discuss Sunday night football.

Macronutrients (fat, carbohydrates and protein) are necessary for human consumption in certain ratios, but to find what works best for you and your health goals, you should meet with a qualified healthcare practitioner (such as a Registered Dietitian Nutritionist with specialized

training in weight management) to establish individualized daily macronutrient distribution goals. When discussing the avocado, I’m going to highlight one particular macronutrient – dietary fat.

Avocados contain a large amount of the dietary fat called oleic acid, which is an omega-9, monounsaturated fat. A meta-analysis of randomized clinical trials that assessed the impact of avocados on cholesterol levels found that when substituted for saturated fat, avocado consumption significantly reduced total cholesterol, low density lipoprotein cholesterol (LDL-C) and triglycerides. However, the optimal amount of weekly avocado intake to have the greatest impact on cardiovascular health is yet to be determined.

As with all whole foods, avocados aren’t just a one trick pony! They also contain a wide variety of nutritionally dense vitamins, minerals and antioxidants – including lutein, which is necessary for healthy vision and skin integrity. Additionally, each avocado provides about 10 grams of fiber – and we can’t forget about the potassium, folate, vitamin A, vitamin E and magnesium they provide as well!

Calories

If you’re a fan of counting calories or practicing “calorie awareness,” you already know that avocados can add a lot of “extra calories” to food items such as enchiladas, for example. Or, if they are mashed with garlic, tomato, cilantro and jalapeno (aka their most famously used dish –



guacamole), and staring at you while placed next to a bowl of tortilla chips, calories from avocados can add up quickly.

While this may seem daunting, you can include avocados in your diet while being calorie-conscious. Half of a medium-sized avocado provides about 150 calories. A 350 calorie lunch can be yours with a ton of fresh vegetables, 3 oz. grilled chicken and a small drizzle of olive oil and lemon. For another simple meal, try cutting an avocado in half, removing the seed, adding some canned tuna (drained) and sprinkling with salt, pepper and a drizzle of lemon juice.

When Are Avocados Ready?

When it comes to avocados, you have to look beyond the color. Some varieties remain a light green color even when ripe, while others change from light green to dark green or black as they ripen. An avocado is ripe when it is soft at the top and has a slight give in the middle. If the middle feels as soft as the top, it's past its prime. No need to toss it! Slice it, freeze it (without skin/seed) and add 1-2 slices of it to smoothies or protein shakes.

How to Store Avocados

Leave the avocado on the counter at room temperature until it is ripe. Once ripe, place it in the refrigerator and eat it within two days. If you only need half of the avocado, slice it and leave the seed in the half that you are going to store. You have a few options for how you want to save your other half:

- Squeeze lemon juice over the top, then tightly cover with plastic wrap and place in the refrigerator for up to two days.
- Drizzle with olive oil, then remove the seed and place the cut side down on a plate. Refrigerate and use within 24 hours.



Conclusion

Nutrient (and calorically) dense avocados can be incorporated into many healthy eating plans. Their creamy texture provides a nice substitution for many other condiments that are high in fat but lack nutritional density. As with all foods, enjoy avocados in moderation!

About the Author:

Cassie I. Story, RDN, is a dietitian who has been working with surgical and non-surgical weight-loss patients for the past 12 years. She is the Clinical Science Liaison for Bariatric Advantage where she helps educate other healthcare professionals around the unique nutrition needs of weight-loss surgery patients. She has her own food blog, www.WLSDailyPlate.com, which provides recipe inspiration for all members of the family – including those who have had metabolic/bariatric surgery. She enjoys traveling, hiking and spending time outdoors with her two daughters in Arizona.

Avocado Egg Salad

Ingredients:

- 1 small ripe, fresh avocado – peeled, pitted, diced
- 5 hardboiled eggs, peeled and chopped
- 1 tbsp. Dijon mustard
- ½ tsp. salt
- ¼ cup minced green onions (optional)
- 2 tbsp. chopped chives (optional)

Directions:

- In a medium bowl, combine half of the avocado, mustard, and salt, and then mash until smooth.
- Add remaining avocado, eggs, and onion. Gently mix together
- Place plastic wrap tightly over top, and press down to remove air pockets. Store in refrigerator for up to 3 days.



White Bean Chili

Ingredients:

- 2 tbsp. olive oil
- ½ medium onion, diced
- 2 rib celery, finely diced
- 1 jalapeno pepper, seeded, finely diced
- 3 cloves garlic, minced
- 2 tsp. ground cumin
- ½ tsp. ground coriander
- ¼ tsp. salt
- 2 (15 oz.) cans cannellini beans, drained and rinsed
- 3 cups chicken broth
- ¼ tsp. dried oregano
- 2 cups shredded cooked chicken (rotisserie, or leftover)
- 1 ripe avocado, peeled, pitted, diced
- ½ cup chopped fresh cilantro (for garnish)

Directions:

- Over medium heat, heat oil in a large pot or Dutch oven.
- Add onion, celery, and jalapeno. Cook, stirring occasionally, until onion is translucent – about 5 minutes.
- Stir in garlic, cumin, coriander, and salt. Cook for an additional minute.
- Stir in one can of beans, and then mash with fork (or potato masher) until beans are almost completely mashed.
- Stir in broth, oregano, chicken, and remaining can of beans. Bring to a boil. Reduce heat to a simmer, and then cover for 25 minutes.
- Remove from heat and stir in avocado. Top with fresh cilantro.

CONTRACE IS THE #1 PRESCRIBED WEIGHT-LOSS BRAND

Struggling to lose weight?

CONTRACE is believed to work on two areas of your brain to reduce hunger and help control cravings.

The exact neurochemical effects of CONTRACE leading to weight loss are not fully understood.



Across three studies, patients who were overweight or struggling with obesity lost approximately **2-4x** more weight over one year by adding CONTRACE than with diet and exercise alone.

Nearly half of patients taking CONTRACE lost 5% or more body weight and kept it off (vs 23% of patients taking placebo). Individual results may vary.

Ask your doctor about CONTRACE®

CONTRACE (naltrexone HCl/bupropion HCl) is a prescription weight-loss medicine that may help adults with obesity (BMI greater than or equal to 30 kg/m²), or are overweight (BMI greater than or equal to 27 kg/m²) with at least one weight-related medical condition, lose weight and keep the weight off. CONTRACE should be used along with diet and exercise.

Important Safety Information

One of the ingredients in CONTRACE, bupropion, may increase the risk of suicidal thinking in children, adolescents, and young adults. CONTRACE patients should be monitored for suicidal thoughts and behaviors. In patients taking bupropion for smoking cessation, serious neuropsychiatric events have been reported. CONTRACE is not approved for children under 18.

Stop taking CONTRACE and call your healthcare provider right away if you experience thoughts about suicide or dying; depression, or anxiety; panic attacks; trouble sleeping; irritability; aggression; mania; or other unusual changes in behavior or mood.

Do not take CONTRACE if you: have uncontrolled hypertension; have or have had seizures or an eating disorder; use other medicines that contain bupropion; are dependent on opioid pain medicines, use

medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or take sedatives, benzodiazepines, or anti-seizure medicines and you abruptly stop using them; or are taking monoamine oxidase inhibitors (MAOIs). **Do not start CONTRACE until you have stopped taking your MAOI for at least 14 days.** Do not take CONTRACE if you are allergic to any of the ingredients in CONTRACE. Do not take CONTRACE if you are pregnant or planning to become pregnant or are breastfeeding.

Before you start taking CONTRACE, tell your healthcare provider about all of the above and any other current or past health conditions.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Do not take any other medicines while you are taking CONTRACE unless your healthcare provider says it is okay.

If you have a seizure while taking CONTRACE, stop taking CONTRACE and call your healthcare provider right away.

Additional serious side effects may include: opioid overdose or sudden opioid withdrawal; severe allergic reactions; increases in blood pressure or heart rate; liver damage or hepatitis; manic episodes; visual problems (glaucoma); and increased risk of low blood sugar

(hypoglycemia) in people with type 2 diabetes mellitus who take certain medicines to treat their diabetes.

The most common side effects of CONTRACE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

These are not all the possible side effects of CONTRACE. Please refer to the Summary of Information about CONTRACE on the following page or talk to your doctor.

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



Contrace®
(naltrexone HCl/bupropion HCl)

8 mg/90 mg • Extended-Release Tablets

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**Summary of Information about CONTRAVE®
(naltrexone HCl/bupropion HCl) Extended-Release Tablets**

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

CONTRAVE can cause serious side effects, including:

- **Suicidal thoughts or actions.** CONTRAVE contains bupropion, which has caused some people to have suicidal thoughts or actions, or unusual changes in behavior, especially within the first few months of treatment.

Stop taking CONTRAVE and call a healthcare provider right away if you, or your family member, have any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying, or attempts to commit suicide
- acting aggressive, being angry, or getting violent
- new or worse depression
- acting on dangerous impulses
- new or worse anxiety or irritability
- an extreme increase in activity and talking (mania)
- feeling very agitated or restless
- panic attacks
- other unusual changes in behavior or mood
- trouble sleeping (insomnia)

While taking CONTRAVE, you or your family members should pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.

What is CONTRAVE?

CONTRAVE is a prescription medicine for adults 18 or older that contains 2 medicines (naltrexone and bupropion) that may help some obese or overweight adults who also have weight-related medical problems lose weight and keep the weight off. CONTRAVE should be used with a reduced calorie diet and increased physical activity.

Limitations of Use

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

Who should not take CONTRAVE?

Do not take CONTRAVE if you: have uncontrolled hypertension; 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; are dependent on opioid pain medicines, use medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or use sedatives, benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden; are taking monoamine oxidase inhibitors (MAOIs); are allergic to naltrexone or bupropion or any of the ingredients in CONTRAVE; or are pregnant or planning to become pregnant. Do not start CONTRAVE until you have stopped taking your MAOI for at least 14 days.

What should I tell my healthcare provider before starting treatment with CONTRAVE?

Before you take CONTRAVE, tell your healthcare provider about all of your medical conditions, including if you: have or have had depression or other mental illnesses; have attempted suicide; have or have had seizures or a head injury; have had a tumor or infection of your brain or spine; have had a problem with low blood sugar or low levels of sodium in your blood; have or have had a heart attack, heart problems, or stroke; have or have had liver or kidney problems; are diabetic taking insulin or other medicines to control your blood sugar; have or have had an eating disorder; abuse prescription medicines or street drugs; are over the age of 65; or are breastfeeding or plan to breastfeed.

CONTRAVE can pass into your breast milk and may harm your baby. You and your healthcare provider should decide if you should take CONTRAVE or breastfeed. You should not do both.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them. CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works, causing side effects.

How should I take CONTRAVE?

Take CONTRAVE exactly as your healthcare provider tells you to.

Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.

What should I avoid while taking CONTRAVE?

Do not drink a lot of alcohol while taking CONTRAVE. If you drink a lot of alcohol, talk with your healthcare provider before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your risk of seizure.

What are the possible side effects of CONTRAVE?

CONTRAVE may cause serious side effects, including:

- **See “What is the most important information I should know about CONTRAVE?”**
- **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: take higher doses of CONTRAVE; have certain medical conditions; or take CONTRAVE with certain other medicines. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.
- **Risk of opioid overdose.** One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. You or someone close to you should get emergency medical help right away if you: have trouble breathing or become very drowsy with slowed, shallow breathing; or feel faint, very dizzy, confused, or have unusual symptoms.
- **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before undergoing a medical procedure or surgery.
- **Severe allergic reactions.** Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction:
 - rash, itching, hives, or fever
 - painful sores in your mouth or around your eyes
 - swelling of your lips or tongue
 - swollen lymph glands
 - chest pain or trouble breathing
- **Increases in blood pressure or heart rate.** Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking and while you take CONTRAVE.
- **Liver damage or hepatitis.** One of the ingredients in CONTRAVE (naltrexone) can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:
 - stomach area pain lasting more than a few days
 - dark urine
 - yellowing of the whites of your eyes
 - tiredness
- **Manic episodes.** One of the ingredients in CONTRAVE (bupropion) can cause some people who were manic or depressed in the past to become manic or depressed again.
- **Visual problems (angle-closure glaucoma).** Signs and symptoms of angle-closure glaucoma may include eye pain, changes in vision, and/or swelling or redness in or around the eye.
- **Increased risk of low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines such as insulin or sulfonylureas to treat their diabetes.** 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. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

What are common side effects?

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

Tell your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of CONTRAVE.

This information is not comprehensive. If you would like more information, talk to your doctor and/or go to www.contrave.com for full Product Information.

You may report side effects to the FDA at 1-800-FDA-1088.

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

This brief summary is based on Contrave Prescribing Information LBL-00022, September 2016.

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Proud supporter of the Obesity Action Coalition (OAC)

At Orexigen, we understand that losing weight is a journey best traveled together. That's why we're proud to support the OAC and its efforts to help each individual. Together, we hope to help the millions of people struggling with obesity through personalized support, effective weight loss strategies, and programs that fit each person's lifestyle.

Learn more about Orexigen at orexigen.com



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AVOCADO TIPS AND RECIPES!

EASY AVOCADO SUBSTITUTIONS:

For healthy food substitutions using avocado, consider the following:

- Serve fresh guacamole with fresh raw vegetables instead of ranch or onion dip
- Add sliced avocado to salads and soups instead of cheese
- Enhance your protein shake by blending in $\frac{1}{4}$ avocado
- Mash avocado to add to wraps instead of mayonnaise
- Add sliced avocado to egg, tuna or chicken salad



- Add sliced avocado and tomato to scrambled eggs

LIFE HACK:

If you've ever been caught needing to use an under-ripe avocado, have no fear! I have a new remedy for you. Simply place the avocado (wrapped in tin foil and placed on a baking sheet) in a 200 degree oven for 10 minutes. Then, remove the avocado and let it cool at room temperature or place it in the refrigerator. Yep! You're welcome.

Double Dark Chocolate Avocado Protein Shake

Ingredients:

- 1 serving chocolate protein powder of choice
- $\frac{1}{2}$ ripe avocado
- $\frac{1}{4}$ frozen banana
- $\frac{1}{2}$ cup liquid (almond, soy, coconut or dairy milk)
- $\frac{1}{2}$ cup spinach
- 1 tbsp. unsweetened cocoa powder
- $\frac{1}{4}$ tsp. ground cinnamon
- $\frac{1}{4}$ tsp. vanilla extract
- $\frac{1}{2}$ cup ice

Directions: Add all ingredients into high power blender, blend until smooth.



Turkey Avocado Burgers

Ingredients:

- $\frac{1}{2}$ pound ground turkey
- 1 small ripe avocado, cut into chunks
- 1 garlic clove, minced
- $\frac{1}{4}$ cup panko bread crumbs or almond meal
- 1 jalapeno pepper, deseeded, minced
- $\frac{1}{2}$ tsp. salt
- $\frac{1}{4}$ tsp. pepper

Directions:

Add all ingredients to a large bowl and gently mix together. Form 2 oz. patties and grill (a stovetop grill-pan works perfectly for these) over medium/medium-high heat for 2-3 minutes per side until cooked through.



Avocado Dressing

Ingredients:

- $\frac{1}{4}$ cup fresh lemon juice
- 2 tbsp. fresh (or $\frac{1}{2}$ tsp dried) chopped basil
- 2 tbsp. fresh (or $\frac{1}{2}$ tsp dried) chopped cilantro
- 2 tbsp. fresh (or $\frac{1}{2}$ tsp dried) chopped parsley
- 1-2 cloves garlic, chopped
- $\frac{1}{4}$ cup plain Greek yogurt
- $\frac{1}{2}$ avocado
- $\frac{1}{8}$ tsp. kosher salt
- $\frac{1}{8}$ tsp. black pepper
- 2-4 tbsp. water
- Optional: $\frac{1}{8}$ tsp. anchovy paste

Directions:

- Add all ingredients to a food processor or high-powered blender and process until smooth. If needed, add 1-2 tablespoons of water (at a time) to adjust for consistency.
- Cover and place in refrigerator for up to three days (I like to use mason jars for this). It's delicious when served over salmon or chicken, or over a green salad!





NAVIGATING New Year Resolution PITFALLS

by Robyn Osborn Pashby, PhD

DECEMBER 31ST MARKS THAT WONDERFUL TIME OF YEAR WHEN MILLIONS OF PEOPLE RING IN THE NEW YEAR WITH CONFETTI AND PARTY HATS. WHETHER YOU CHOOSE TO SPEND THE EVENING OUT DANCING PAST MIDNIGHT, OR YOU PREFER TO SNUGGLE INTO BED BY 9 PM, THE NEW YEAR ISN'T JUST ABOUT CELEBRATING – IT IS ALSO A TIME WHEN MANY PEOPLE MAKE NEW YEAR'S RESOLUTIONS AND TRY TO TAKE ADVANTAGE OF THE “FRESH START” FEELINGS THAT JANUARY 1ST BRINGS.

For many Americans who struggle with weight, losing some of that weight is perhaps the most common resolution set at the beginning of each year. However, as you may have experienced in the past, the energy and focus that you have when working on your resolution in January tends to fade as time moves forward. If you're like most people, by the time February rolls around, you may be feeling discouraged and either at the same weight as you started or with a few additional holiday pounds. If this has happened to you, like it has for so many Americans who start out strong but lose steam just a few weeks or months in, there are a variety of simple steps you can take to try to make this year's resolutions more sustainable.

1. FOCUS ON CHANGING ONE HABIT AT A TIME

Yes, just one! Trying to change too many behaviors or habits at once can zap you of your energy and lead you to feel overwhelmed. For example, instead of aiming to start an exercise program right away, you can cut back on snacking or try to get more sleep. Simply pick one of these changes and then make a plan of action to accomplish it! By focusing on the one habit you most want to change, and then addressing each habit one at a time, you are more likely to set yourself up for success.

2. BE SPECIFIC

When you pick the change you want to focus on, be specific! A resolution to “lose weight” might seem like a good idea, but in reality, losing weight is made up of a number of different behaviors and habits. The truth is that we can't really control the number on the scale – all we can do is work hard to manage our day-to-day behaviors which can then lead to weight change. So, instead of trying to work on the more complex goal of weight-loss, try breaking your goal down into manageable behavior changes that can help you work towards that end goal.

For example, if your goal is weight-loss, then maybe you want to try to bring your lunch to work every day instead of eating lunch out. Or, perhaps you want to try to have a healthy breakfast in the morning instead of skipping breakfast, which can leave you starving by the time lunch hour rolls around. Perhaps you even want to drink more water. Any of these smaller, more specific goals can help you clarify your action plan and then make changes you can stick to.



3. BE REALISTIC AND FLEXIBLE

Even if you have already set your sights on changing one single behavior or habit, and even if you are specific about what change you'd like to make, remember that it is key to set a goal that is truly feasible in your life.

For example, if your primary goal is to increase your physical activity, and you are specifically aiming to go to the gym, focus on something realistic and achievable. Ask yourself, "What I can do this week?" If you are currently not going to the gym at all, you may be tempted to set a goal of five to six times per week because it feels like the only way to really see "results." Of course, going from zero to six gym visits per week is quite a stretch, even if you have been a person who went to the gym five to six times a week in a different stage of life.

Instead, focus on something realistic – such as aiming to go twice per week to start off and working up to more frequent visits. Or, after some careful thought about what is realistic for you, perhaps you will conclude that getting to the gym is just too difficult with your current schedule and that you'd rather aim to go for a walk two to three times per week. This type of flexibility and middle-ground thinking can help with sustaining your energy. The more realistic your goal is, the less likely you are to end up frustrated (or even injured from starting too quickly).

4. WRITE IT DOWN

The next important thing to consider about sticking to your resolutions is that when you take the time to write down your plan for action, you not only reinforce your own commitment to the goal, but you also create a visual reminder that you can read and review daily to stay focused. Jot down your specific goal and be sure to include some steps (remember – specific, doable steps) you will take to get there. For example, if your goal is to drink more water, you might want to buy a water bottle to keep at your desk or set a reminder on your calendar to get up and fill your water bottle mid-afternoon. That way, you'll be encouraged to act on your goals day after day.

5. MANAGE YOUR STRESS

Once you have taken all of these initial steps to set yourself up for success, keep in mind that an important key to sustaining your energy and focus on these changes past January (and even February!) is to manage your stress. Stress is a normal part of life, but it is also a common pitfall that leads people back to old tried and true habits – especially the unhealthy ones.

So, when you are working on changing a habit or behavior in order to reach a goal, it makes good sense to work on managing your stress levels along the way. How to manage stress effectively is different for every person. For you, it might mean practicing deep breathing for a couple

minutes during the day, or making sure you call a friend when you get home from work to vent about your stressful day. For others, managing stress might mean saying "no" when asked to take on more responsibility at home or work. For another, relieving stress may mean getting involved in a religious or spiritual community. Whatever outlet works best for you, spending the additional time and energy to manage stress as best as you can, will be a worthwhile investment to make in meeting your New Year's resolutions.

6. REFLECT ON YOUR PROGRESS

Finally, as part of creating your resolutions for the year ahead, take an additional moment to reflect on how far you have come. When you sit down to think about your 2017 New Year's resolutions, think back on 2016. Maybe you achieved some of the goals you set for yourself – even if you didn't achieve them all. Or, maybe you were thrown a few curveballs this past year and you coped with them quite well. We all have a tendency to minimize or undervalue the changes we have made while overvaluing the things we have not yet accomplished. However, when you take the time to reflect on the positive and healthy changes you did make over the past year – no matter how small – you are more likely to appreciate your efforts and create a positive mindset for the year ahead.

In the end, the real key (as you may have already concluded from reading these tips) is to find a balance in how you meet the urgency of your goal (e.g., I want to lose weight right now!) and the long-term energy you will need to sustain your work to get there. For many of us, the very concept of setting a 'resolution' means that we have a particular start date (January 1) and oftentimes a particular end date in mind (even when we don't mean to set one). Thoughts like "I bet I can only stick with this for six weeks" or "I will be really careful about my food intake for the whole month of January" will likely set you up to lose focus after those deadlines have passed.

Instead, if you can see resolutions as an opportunity to set short-term behavioral steps that work in service of your longer-term lifestyle goals, then you will be on the right path. And, once you start thinking of resolutions that way, you open up the opportunity to get started working on your goals any time of year. You're allowing yourself the space to keep revising your goals and keep working towards them indefinitely. Happy New Year!

About the Author:

Robyn Osborn Pashby, PhD, is a Clinical health Psychologist who specializes in the cognitive, behavioral and emotional aspects of eating behavior, weight management and overall wellness. She currently serves as the Assistant Director of the National Center for Weight and Wellness in Washington, DC.

POPULAR

HEALTH AND WELLNESS TIPS TO REVISIT FOR THE NEW YEAR

by Jacy Mullins, MSED, NASM-FNS



Increasing your activity level decreases your risk for all diseases, including heart disease and type 2 diabetes, and contributes to your overall health.

We've all seen the hot diet of the year, the workout that promises dramatic results and various tips to improve your health. When there's a lot of information available, knowing what's best for you can be confusing.

Before you try the next big thing in health and wellness, think about these two points:

- Can you maintain this forever?
- How realistic is it to add this tip into your everyday routine?

Asking yourself these questions will help you decide whether a popular tip is a good one for you to follow. Some of those popular health and wellness tips include:

- Getting eight hours of sleep a night
- Drinking eight cups (64 oz.) of water per day
- Extreme caloric restriction
- Walking 10,000 steps every day.

Here's what you really need to know about these tips!

POPULAR HEALTH AND WELLNESS TIPS:

DRINK EIGHT CUPS (64 OZ.) OF WATER A DAY

Our bodies have numerous processes that send a signal saying we need something – whether it be food, water, sleep or activity. Have you ever wondered what would happen if we listened to them? Some studies have shown that drinking too much water has adverse effects on our bodies. The true definition of hydration is maintaining fluid balance in the body. Thirst is a mechanism that tells our bodies we need water. If we listen to our bodies, they will tell us exactly how much water we need – with only a few exceptions.



A simple way to monitor how much water your body needs is to look at the color of your urine. A translucent to light yellow color indicates that your body is properly hydrated. A florescent yellow can indicate dehydration and other health concerns. For further information on the color of urine as it relates to health issues, you should see your physician.



GETTING EIGHT HOURS OF SLEEP A NIGHT

Sleep is essential for our bodies to function properly. It restores our bodies by building them up after the toll of daily activity. Contrary to common belief, our bodies react differently than others to a specific amount of sleep. A single mom of three with multiple jobs may thrive on little sleep, whereas others might struggle to get through the day on such little rest. Everyone has a different range of restorative sleep.

Discovering the amount of sleep your body needs is essential to avoid a progressive catabolic state which wears the body down. Keep in mind that depending on your current health or disease state, you may need more

Tips to Revisit continued on page 54

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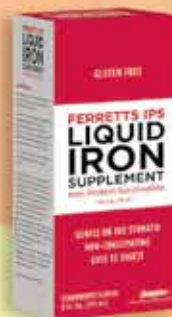
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sleep than others to enter a restorative state. Many factors also affect our sleep patterns, some of which are hormones. Cortisol is one of those hormones, and it is released when we are stressed. Levels of cortisol are naturally elevated throughout the day and eventually decrease during the night. If we are constantly stressed before bed, our cortisol levels will remain elevated which prevents us from getting a good night's sleep.

A good strategy to identify your optimal range for sleep each night is to allow your body to wake naturally. On a weekend when you can sleep in a bit, refrain from setting an alarm and allow your body to wake up on its own. Do this a few times, and then identify the average number of hours you slept. Now you have an approximate range of sleep that your body needs! Listening to your body, as well as adopting a healthy night time routine, can help you achieve a restorative state of sleep.



WALK 10,000 STEPS EACH DAY

Fitbit, Garmin, Apple and other companies have done a great job of getting people active by introducing the goal of walking 10,000 steps daily. Many people have been told to “just move.” By moving, you are contracting your muscles and creating an increase in blood flow. However, if you move without knowing what you’re moving toward, you might find it difficult to make progress.

Living a sedentary lifestyle teaches our muscles not to initiate movement. This leads to decreased muscle mass and an increase in overall fat mass, thus decreasing the number of calories your body naturally burns at rest.

The first step to achieving health benefits from physical activity is by increasing the amount of movement you do now. Increasing your activity level decreases your risk for all diseases, including heart disease and type 2 diabetes, and contributes to weight-loss. With this in mind, begin to set a specific wellness goal and develop a plan!

EXTREME CALORIC RESTRICTION

A popular tactic to lose weight is extreme caloric restriction. Though monitoring caloric consumption is key to weight-loss, restricting your body to less than 1,000 calories a day, unless instructed and supervised by a physician, does more harm than good. Cutting out excess calories is just as harmful to your body as consuming too many calories! If we consume more calories than our bodies burn through daily activity, our bodies will store the excess calories as fat cells – thus leading to weight gain. On the other hand, if we cut calories in excess, our bodies will enter into a degenerative state that loses function and health – resulting in a struggle to lose weight or keep the weight off.

Our bodies are very individualized and need a specific number of calories every day for our organs and tissues to function properly. To find out exactly how many calories your body needs to run properly, seek an exercise professional who can test your Resting Metabolic Rate (RMR).



WRAPPING IT UP:

Not every health and wellness tip is obtainable or relevant. To decipher between them, think about your main goals for your physical activity, nutrition plan or overall wellness. Could these tips be easily maintained? Pay attention to your body, its aches and pains, how it thrives, etc. Your body is an amazing machine that knows exactly what it needs to function, so you should listen to it!

About the Author:

Jacy Mullins, MEd, NASM-FNS, earned her Master's in Exercise Physiology from the University of Mary Hardin-Baylor in Texas. She is an Exercise Physiologist and Health Fitness Professional with a fitness nutrition certification. Jacy works with all populations, specializing in helping others strive to increase their overall wellbeing through lifestyle modifications. Most notably, Jacy has been published in well-known educational journals for her contribution to exercise testing and supplementation research studies. Her passion for overall wellness is driven by her own fitness journey and love of nutrition. For more information on the author, visit www.fitnessbeyondtraining.com.



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