The Staggering Cost of Leaving Obesity Untreated

Dear Doctor:
Is Obesity as Simple as Nature versus Nurture?

Get Back on Track with Nutrition after the Holidays

How to Leverage Electronics to Keep your Kids Active and Healthy

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Your Weight MattersSM Magazine - OAC
4511 North Himes Avenue, Suite 250
Tampa, FL 33614
(800) 717-3117 • Fax: (813) 873-7838
www.ObesityAction.org • info@obesityaction.org

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A Message from the OAC Chairwoman of the Board

Hello and Happy New Year!

This note is my final note as the Chairwoman of the National Board of Directors for the Obesity Action Coalition, and I’ll be entering my final term as a member of the board.

I had a bit of writer’s block on this note. I felt like I had so much to say still, but nothing felt like it could convey the emotion and gratitude that I have felt in serving our nearly 60,000-strong membership as Chairwoman.

I want to share a few of things that I’m most proud of in the last couple of years, as well as hopes and well wishes as we welcome Michelle Vicari as the newest leader.

1. Our 2021 goals have given us a compass and for that I’m thankful because we’re working with intention and direction that has invigorated our staff, volunteers and members. We’ve set challenging goals in building revenue, fighting bias, increasing education, visibility and access to care, and fostering community building.

2. We’ve gotten tougher on bias and there is a national feeling of “you can’t speak to me that way.” There is a noticeably stronger resistance to shaming than there was two years ago. It’s undeniably less tolerated since I joined the board six years ago. I hope this trend continues.

3. We’ve increased access to our convention through the continued growth of Your Weight Matters National Convention. This process brings me to tears every year. While the OAC Board and staff do not score or make decisions on funding – we do get to read the applications. While we’ve increased access to more than 60 individuals over the last three years of the fund –we’re not even touching demand. I hope that funding for this Convention continues with an upward tick in investments.

4. Our partnerships with nonprofits, associations, corporations and others are stronger than ever.

5. We’re rolling out a new way of thinking about what it means to be a member of the Obesity Action Coalition. The new membership structure, our OAC Community, is going to be easier to engage with, and I know it will offer support in a new way, with fewer barriers.

6. I’m letting a big secret out here, but we’re in the exploration phases of regional chapters of the OAC. More information is coming!

7. After engaging globally with leaders in patient advocacy, I am so humbled by the work the OAC contributes to fostering education, advocacy and support for individuals affected by obesity.

8. There is still so much work to do, but there is no better team of folks to do it.

I’m not going anywhere! You are in good hands with Michelle Vicari (you already knew that, I’m guessing). The team of staff and volunteers are invaluable to the work that we do at the Obesity Action Coalition. My involvement as Chairwoman and as a board member have opened up more opportunities, places and spaces than I ever imagined.

More than anything, I’m thankful for the time that I’ve been able to lead. I know that we will be bigger and better in the future and that we will be so because of you. Our members and readers make the advancement in access, reduction of bias and all the ways weight and health matter, meaningful.

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Dear OAC Community,

It is my honor and privilege to assume the role of Chairwoman of the Obesity Action Coalition (OAC) Board of Directors from Amber Huett-Garcia, MPA. I would like to thank her for her leadership and all the efforts and work she has done for the OAC and for those affected by obesity. She has been a driving force and a great inspiration to the Board and myself personally, and I am sure she will continue to be so in the future. I have her number on speed dial.

Recently, the Board of Directors gathered for our annual Strategic Planning Meeting. This group of passionate and dedicated volunteers will set the organization’s agenda so that OAC committees can plan and continue to work on projects that further our mission, vision and goals. It’s uplifting and energizing to be around so many people that care about making the world a better place for those affected by obesity.

What I have learned from connecting with our community as the Chair of the Your Weight Matters National Convention the past few years is that there is a great desire to help further the goals of the OAC. Our diverse community members’ human experiences bring life to numbers like more than 93 million adult Americans who are affected by obesity. If we are to see real change in reducing stigma and weight bias, in improving access to care and treatment, in a greater societal understanding of obesity, we need our entire community working together to further those goals.

I am excited to share that there will be more and more opportunities for our OAC community to TAKE ACTION to help change the world for individuals living with obesity. There is a Kenyan proverb that says “Sticks in a bundle are unbreakable.” I look forward to working with all of you because TOGETHER WE ARE UNBREAKABLE.

Finally, I would like to invite you all to mark your calendars to attend the 7th Annual Your Weight Matters National Convention in the beautiful city of Denver, July 19-22, 2018. See you there!

With Gratitude,

Michelle Vicari
Individuals Across the U.S. Support the 3rd Annual National Obesity Care Week to Help Change the Way We Care about Obesity

November 4th, 2017 marked the end of another successful National Obesity Care Week (NOCW), a national campaign aimed to change the way we care about obesity by creating a society that understands, respects and accepts the complexities of obesity and values science-based care.

Upwards of 1,500 individuals from throughout the United States pledged to change the way they care about the disease of obesity through the campaign’s Take 5 Pledge.

During the week, individuals had the opportunity to help raise awareness of obesity, the need for access to science-based care, important legislation, weight bias and much more. NOCW was held during ObesityWeek™ 2017 in Washington, DC, and welcomed more than 50 advocates on Capitol Hill to gain support for the Treat and Reduce Obesity Act (TROA) and the NOCW resolution. The 70 legislative visits helped to add 12 co-sponsors to TROA, which now has the support of 139 legislators combined in the U.S. House of Representatives and the Senate. The Senate also joined Washington, DC, Mayor Muriel Bowser in voting in favor of the NOCW resolution recognizing October 29th – November 4th, 2017 as “National Obesity Care Week.”

The 2017 NOCW would not have been possible without the support of our official NOCW Partners. NOCW would like to recognize all of the valuable Partners of the 2017 NOCW: Diamond – Novo Nordisk; Bronze – Ethicon; Leavitt Risk Partners; Patron – Medtronic and Weight Watchers.

How Well do North Americans Understand their Health Insurance? Survey Finds Americans, Canadians Confused About What’s Available and Covered

For a long time now, Canadians have taken pride in their system of universal healthcare. In the U.S., more people than ever before now have health insurance, but a new study presented at ObesityWeek 2017 shows that one thing hasn’t improved in either country: Access to medical care that will actually help a person living with obesity remains poor.

The study surveyed 9,517 adults in both the U.S. and Canada about their health plan coverage for medical services. In both countries, most people said they have coverage for doctor visits, hospitalizations and blood pressure medications. However, for obesity care, the results in both were exactly the opposite. Most people said their health plan would not cover medical weight management, a registered dietitian, obesity medications or bariatric surgery.

“These results are deeply disturbing. The first line of defense for many chronic diseases is weight management. Science-based obesity care can prevent diabetes and help control blood pressure. It can even reduce the risk of obesity-related cancers. For health plans to exclude obesity care while paying dearly to manage chronic diseases is utterly foolish,” said lead author Ted Kyle, RPh, MBA, OAC National Board Member.

Obesity Action Coalition President/CEO Joe Nadglowski said this study underscores the need for the Treat and Reduce Obesity Act (TROA). “Right now, the only widely available option for people in Medicare is bariatric surgery. TROA would open up other effective options for people who might not yet need or want surgery to get their obesity under control. FDA-approved medicines can make a big difference for the health of a person living with obesity. Likewise, expert help from a registered dietitian can be critical for overcoming obesity. When a health plan like Medicare excludes these science-based options, it puts them out of reach for many people.”

Addressing Weight Stigma and Opening Doors for a Patient-centered Approach to Childhood Obesity

OAC President Joe Nadglowski, along with the American Academy of Pediatrics and The Obesity Society, released a joint policy statement regarding weight stigma in youth. This statement is groundbreaking because the stigma experienced by children with obesity and their parents is among the most important factors limiting progress in efforts to reduce the health burden of obesity.

Official statement: Obesity and excess weight are among the most common reasons for youth to become targets for bullying, and anti-bullying policies usually don’t address weight-based bullying. Some campaigns intended to raise awareness of childhood obesity have used stigmatizing images and messages. Several parents and youth have objected to school-based weight screening because it can discriminate against the youth living with obesity. This is why the new policy statement is crucial, and provides a detailed description of the harm to youth caused by weight stigma.

The good news in all of this is that health professionals and pediatricians can offer leadership. The first step is to offer respectful, patient-centered care, free from bias and stigma.
The OAC’s drive for advocacy, patient education and support meshed perfectly with the patient’s needs that I saw in my practice.

I have been taking care of patients affected by obesity for almost 30 years.

In 1992, fresh out of general surgery residency, I moved my family to Knoxville, Tennessee and set up my general and vascular surgery practice which included bariatrics. Realizing the harmful effects of obesity on the health of my patients, I decided to devote my career to helping those affected by obesity.

By performing one operation, I could often cure as many as five diseases – dramatically improving the patient’s health and life expectancy. In 2003, I created The New Life Center for Bariatric Surgery, which was designated the 7th Center of Excellence in the nation by the American Society for Metabolic and Bariatric Surgery (ASMBS).
The New Life Center for Bariatric Surgery’s success was the result of creating a multidisciplinary team of nurse practitioners, nurses, dietitians, exercise physiologists and psychologists – creating a pathway for long-term follow up care with a heavy emphasis on education. I was searching for resources that would mesh well with my philosophy and provide added education and support for my patients.

How I Became Involved with the Obesity Action Coalition (OAC)

My association with the OAC began in 2005 and it has been my privilege to work with this outstanding organization, its amazing staff and members. The OAC’s drive for advocacy, patient education and support meshed perfectly with the patient’s needs that I saw in my practice.

With regards to advocacy, in 2005 I began giving every patient a membership to the OAC – a practice that I continue to this day. I have enrolled almost 3,500 patients to date, and have been the recipient of the Dr. Robin Blackstone Outstanding Membership Recruitment by a Physician award on several occasions!

My Involvement with the OAC

However, more than awards, I have personally benefited from the relationships that have developed with the OAC staff and members. I am also proud to have participated in National Obesity Care Week’s Bariatric Surgery Day, thanks to which I will soon be performing a much needed operation for a patient without insurance coverage - free of charge. This is being done to highlight the difficulties some patients have with access to care for their disease.

OAC Members Matter continued on following page
From an educational standpoint, I have authored several articles for the OAC’s most popular educational resource - *Your Weight Matters Magazine* - including:

- How Does Bariatric Surgery Resolve Diabetes?
- Current State of the Treatment of Obesity
- And sensitive topics like Men: Is Obesity Affecting Your Sex Life?

Other educational efforts by the OAC that I have participated in include their educational blogs and the *Your Weight Matters* National Convention for its members. I have had the pleasure to speak at the *Your Weight Matters* National Convention on a couple of occasions covering topics such as Weight Regain after Surgery and Medical Concerns of the Long-Term Bariatric Patient.

The OAC supports its members through many channels including their publications, *Your Weight Matters* National Convention, webinars and social media. I am able to reach patients with my knowledge of bariatric surgery, long-term health maintenance and nutrition. Proper nutrition and vitamin supplementation is the key to long-term success for my patients. In an effort to make vitamin supplementation easier and more affordable for my patients, I developed a bariatric multivitamin mineral supplement that evolved into Bari Life Bariatric Supplements in 2003. Bari Life has been a financial supporter of the OAC since the *Your Weight Matters* National Conventions started in 2012.

**Conclusion**

While continuing to treat, advocate, educate and support my patients as the medical director for both the New Life Center for Bariatric Surgery and the Tennova Center for Weight Loss Surgery and as the Founder and President of Bari Life Bariatric supplements, I consider my relationship with the OAC organization, its staff and members key to providing comprehensive care for my patients affected by the disease of obesity.

**About the Author:**
Stephen G. Boyce, MD, FACS, obtained his Bachelor of Science and Masters of Science from Texas A&M University and medical school at the University of Texas Southern Medical School. Dr. Boyce has completed more than 4,000 bariatric surgical procedures, has special training in advanced laparoscopic surgery and has also completed a Masters Certification in Bariatric Surgery. He started his own practice, the New Life Center for Bariatric Surgery, in Knoxville, Tenn. in 2002, which became one of the Nation’s first Centers of Excellence (7th in the Nation) in 2005. His special interest in bariatric nutrition led him to develop Bari Life Bariatric Supplements. Additionally, he is an active educator for Ethicon-Endo Surgery and a three-time recipient of the OAC’s Dr. Blackstone Outstanding Membership Recruitment by a Physician award.
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Time to Take
ACTION

in Closing the Gaps in Obesity Care

by Ted Kyle, RPh, MBA; and Joseph Nadglowski, Jr.

Since early 2015, Ted Kyle, RPh, MBA; and Joseph Nadglowski, Jr., OAC President and CEO, have participated with a distinguished group of thought leaders on the “Awareness, Care and Treatment In Obesity maNagement (ACTION) Study” to investigate the barriers to obesity management from the perspective of people with obesity, healthcare professionals and employers.

Four years after the American Medical Association decided to regard obesity as a chronic disease, we have a serious action gap. Making it very clear was the publication of “Perceptions of the Barriers to Effective Obesity Care: Results from the National ACTION Study” and its related presentations at ObesityWeek, the largest scientific meeting on obesity.

The good news is that three major groups all regard obesity as a disease: people who have it, healthcare providers and employers. Yet, despite growing recognition of obesity as a disease, they leave it to patients alone to deal with it. Lead study author Lee Kaplan, MD, PhD, reflected on this gap, saying, “We need to fundamentally rethink obesity so that the public and healthcare community understand more about the biology, chronicity and overall health impact of this disease.”

Closing the Gaps continued on page 12
SAVE THE DATE!
OAC’s 2018 Your Weight Matters National Convention
July 19-22 • Denver, CO

Registration and Housing OPENING SOON!

For more information, visit: www.YWMConvention.com
Recognition of Obesity a Disease

Since the inception of the Obesity Action Coalition (OAC), we have always considered obesity a disease. The ACTION Study furthered our belief, but it also brought to light many other issues impacting individuals affected by obesity. The ACTION Study survey research assessed self-reported attitudes and responses to obesity with the following results:

- Among healthcare providers, 80 percent regard obesity as a chronic disease with an impact on health and life expectancy.
- For people living with obesity and for employers, the numbers are a bit smaller. Among people with obesity, 65 percent regard it as a disease. For employers, the number is 64 percent.

From our opinion, it was positively encouraging to see these groups recognizing obesity as disease, but digging into the follow-up questions, we saw some major disconnects/barriers that present opportunities for action. We’ll highlight a few in this article.

The disease of obesity is a lifelong disease that many of us begin to experience early on in childhood. In addition to the physical limitations that obesity often includes, individuals affected also frequently experience weight bias. The internalization of this bias, especially from a young age, can greatly impact how, and if, someone is going to address their weight with the help of a healthcare provider.

What did the research say?

The research looked specifically at why people with obesity don’t seek help. The disconnect was obvious. The main reason cited by patients was “managing weight is my own responsibility.” In fact, 82 percent of people with obesity felt “completely responsible” for dealing with it. It’s long been true that the public regards obesity simplistically as a matter of personal responsibility. These findings suggest that view is still dominant among people who are living with obesity. Adding to the failure to seek help was the view held by healthcare providers that people with obesity don’t seek help because they are too embarrassed to talk about it.

Obesity is one of the few diseases that we often feel is completely “our fault.” The truth is that there are many factors that impact someone’s weight. Working with a qualified healthcare provider to help you with your weight is one of the most important steps you can take to improve your weight and health. The simple truth is that we must address this disease with all hands on deck because obesity is not a simple issue that anyone should try to fix on their own.
Unfortunately, many of us self-diagnose our obesity by either weighing ourselves on a scale or calculating our body mass index (BMI); however, we rarely have a formal diagnosis from a healthcare provider. This is one of the major barriers when it comes to addressing obesity, as we often diagnose ourselves and then immediately try to do something about our weight with products and gimmicks that promise fast weight-loss, which can often be very unhealthy and actually harm us.

**What did the research say?**

Although all ACTION Study patient participants had obesity based on self-reported height and weight, only slightly more than half reported having a formal diagnosis of the disease of obesity by their healthcare professional (HCP).

Unfortunately, the expectation that people self-diagnose themselves with obesity is a major part of the problem. People are not expected to diagnose themselves with other chronic diseases, and this is an example of how obesity may be called a disease by healthcare professionals but isn’t always treated as one. In addition, putting the requirement of diagnosis of obesity in the hands of a healthcare professional may help us better deal with the limitations of BMI.

"In addition to the physical limitations that obesity often includes, individuals affected also frequently experience weight bias."

**Closing the Gaps continued on page 14**
The patient-HCP dialogue about obesity was another area that showed interesting data and definite room for improvement. If you have ever tried to talk to your HCP about your weight, you know that the talk can often be frustrating and end with your HCP saying “eat less and move more.”

First, less than three quarters of people with obesity reported that they had spoken with an HCP about their weight in the last five years.

Another interesting disconnect was around who initiated the conversations about weight, with patients saying nearly half the time they did and healthcare providers saying they did two thirds of the time. While some of the data on who starts the conversation about obesity may not be critical, what is critical is that we make such conversations less sporadic.

On a positive note, healthcare providers claimed to be comfortable talking about weight – although a limitation of the study is that we didn’t look at the quality of such conversations. However, less than a quarter of people with obesity say a follow-up visit was scheduled after their HCP talked to them.

As you can see here, there is much room for improvement. Would it be okay to let a patient go undiagnosed or not have a conversation about cancer, diabetes or any other chronic disease for five years? The answer is no, and it shouldn’t be in obesity. Additionally, why are HCPs talking to patients about their weight but then never scheduling a follow-up appointment? This is another example of how obesity is not being treated as a chronic disease, as it wouldn’t be acceptable to diagnose someone with diabetes and then not schedule a follow-up.

While the U.S. maintains itself as one of the wealthiest countries in the world, we still have much work to do in the area of health insurance. Throughout the years, we’ve seen some positive movements to help people with obesity; however, people affected often face a constant struggle. In recent years, many employers have begun to move more toward “wellness programs,” but unfortunately, these programs are often lacking in offering real solutions for people affected by obesity. Our ACTION research only further enforced our beliefs on this issue.

Two data points stood out when looking at people with obesity compared to their employers. Only 13 percent of the people with obesity in the ACTION Study reported their employer offers insurance coverage for the medical treatment of obesity, and despite lots of talk about obesity, only 17 percent reported that employer wellness programs were helpful in supporting weight management options. This was despite 64 percent of employers recognizing obesity as a disease and 72 percent claiming their wellness programs were useful for their employees with obesity.

While employers seem to have the desire to improve the health of their employees, their offerings are not effectively supporting the weight-loss efforts of those with obesity. This research also further enforced the reality that employers and insurance providers need to get serious about providing real coverage of science-based options for people with obesity.
Closing the Gaps: It's time for Action

The ACTION Study highlighted that while obesity is generally perceived to be a disease, it’s not always being treated as such. It’s time for the OAC, our fellow obesity community advocacy groups and all our combined memberships to take action. We need to deliver the following messages to the public, healthcare providers and employers:

- Obesity is complicated and so much more than a failure of personal responsibility.
- Self-blame and shame are part of the problem, not part of the solution.
- It is okay to ask for help for your obesity from your HCP.
- If you have obesity, it is an HCP’s responsibility to diagnose it and you should expect them to do so.
- HCP’s should be having non-judgmental conversations about obesity with specific advice and follow-up (or referral to specialty care).
- Employers should provide access to science-based obesity care and re-look at the design and implementation of wellness programs.

With more than 90 million adults impacted by obesity in the U.S., the time for action is now. The statistics on obesity’s impact in a variety of areas, such as health, finance, military and more, are simply staggering. We can no longer allow HCPs, employers, insurers and policy makers to ignore this epidemic. The ACTION Study is clear evidence that we have serious issues impacting people with obesity, but we do not have serious answers...yet.

About the Authors:

Ted Kyle, RPh, MBA, is a health policy and communications expert who serves as Treasurer of the OAC National Board of Directors. You can find his daily blog at [https://conscienhealth.org/news/](https://conscienhealth.org/news/)

Joe Nadglowski, OAC President and CEO, has more than 25 years of experience working in patient advocacy, public policy and education. As a patient advocate who has publicly shared his own personal experience with obesity as well as those of OAC’s members on many boards, taskforces, workgroups and public testimony, Mr. Nadglowski was the recipient of the 2012 Society for the Study of the Alimentary Tract (SSAT) Public Service Award. As part of his advocacy work, he has dedicated a significant part of his work toward the recognition of weight bias, its impact on those with obesity and our nation’s efforts to combat it.

This was a very large study with more than 3,000 people with obesity, 600 healthcare providers and 150 employers providing data. More details on the ACTION Study, including a full list of those involved with its design, data collection and publication can be found at [www.actionstudy.com](http://www.actionstudy.com).
Move or stand at least six minutes every hour during waking hours. You'll see big improvements in your health as you incorporate this small change into your day – no matter what you do.

Simple ways to incorporate the 6/60 Rule are:

- Standing while on phone calls
- Talking face-to-face rather than emailing or messaging co-workers
- Taking the stairs rather than the elevator
- Using a restroom farther away from your regular restroom location
- Tensing and relaxing muscles – Tighten muscles in different areas of your body and hold for 10-15 seconds. Relax and repeat three times. Move to another area and do the same, and so on for other areas. Several minutes of this movement is sufficient to feel results.
- Stretching – Doing so improves blood flow, increases range of motion in joints and helps prevent injuries caused from repetitive strain or poor posture. Stretch slowly and hold each position for 20-30 seconds.
- Walking rather than driving when it's safe and realistic to do so
- Keeping TV remotes in a location that will force you to get up to change settings
- Doing household chores during TV commercials OR, if binge-watching TV programs, press pause after every episode and move around
- Utilizing movement reminders on any of your personal tech devices
THE NEXT STEP OF MOVING MORE

After mastering the art of moving more, you might be ready to take the next step with an exercise program. It’s important that you do this for your health and not for short-term goals. Focus on how exercise makes you feel. Setting health goals like lowering blood pressure, improving cholesterol levels or reducing stiffness in the joints are all excellent goals to consider.

Moderately strenuous exercise for about 30 minutes each day can provide significant health benefits and reduce your risk for many chronic diseases. Exercise doesn’t have to be difficult to be effective. Walking, treading water, practicing Tai Chi or yoga poses and bodyweight strength training can all lead to significant health improvements. When beginning an exercise program, it is important to find activities that are both enjoyable and safe for your level of fitness. If you don’t enjoy these changes, you won’t stick with them.

SQUAT PROGRESSION

1. The first step to performing a good squat is to transition from a seated position to a standing position. “Stand-ups” are performed by sitting on a firm chair or bench and standing up, maintaining your balance while keeping your arms out in front of you. If you struggle with this from a standard chair height, use a higher chair or place the back of a chair in front of you and use it to help you stand. With practice, you will soon be able to do this movement without any assistance.

2. Body-weight squats are the next progression. Always have a chair or something in front of you to help if you find you can’t get up from your squat.
   a. Stand with your arms extended in front of you, shoulder height.
   b. Position feet about shoulder width.
   c. Lower your hips, pressing buttocks backwards first, with your weight on your heels and not your toes.
   d. Lower into a comfortable squat depth and then push through your heels back to a standing position. If you find yourself pushing through your toes or falling forward, you aren’t loading your heels early enough before descending into a squat.

Once you have mastered a body-weight squat, you may add extra weight by holding a medicine ball or dumbbell at your chest while you perform the movement.

If you are affected by obesity, modifications may be necessary when beginning any strength training program. Here are some simple guidelines:

- Stay upright and keep moving, even if it’s just standing while resting.
- Sit on a bench or perform standing exercises. Laying on a bench or the floor may be too awkward and uncomfortable.
- Start with functional exercises used in daily living, such as squats, lunges, upper body pushes and pulls and rotations.
- Concentrate on maintaining body weight equally on both legs.
- Minimize core or abdominal work. These exercises may be too uncomfortable if you have excess weight.

Now that we have reviewed the guidelines, are you ready to get started with some basic movements? Discover to the right and on the following pages some of the movements that you can incorporate into your daily routine.

Move To Improve continued on page 21
What is BELVIQ®/BELVIQ XR®?

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

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

Important Safety Information

• Pregnancy: Do not take if you are pregnant or planning to become pregnant, as weight loss offers no benefit during pregnancy and BELVIQ/BELVIQ XR may harm your unborn baby.

• Hypersensitivity Reactions: Do not take if you are allergic to lorcaserin or any of the ingredients in BELVIQ/BELVIQ XR.

• Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions: Before using, tell your Healthcare Provider 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/BELVIQ XR. Call your Healthcare Provider 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/BELVIQ XR have had heart valve problems. Call your Healthcare Provider 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/BELVIQ XR, tell your Healthcare Provider if you have or have had heart problems.

• Changes in attention or memory: BELVIQ/BELVIQ XR may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ/BELVIQ XR affects you.

• Mental problems: Taking too much BELVIQ/BELVIQ XR 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 Healthcare Provider 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/BELVIQ XR. 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, stop taking BELVIQ/BELVIQ XR and call your Healthcare Provider or go to the nearest emergency room right away.

• Slow heartbeat: BELVIQ/BELVIQ XR may cause your heart to beat slower.

• Decreases in blood cell count: BELVIQ/BELVIQ XR may cause your red and white blood cell counts to decrease.

• Increase in prolactin: BELVIQ/BELVIQ XR may increase the amount of a hormone called prolactin. Tell your Healthcare Provider 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 of BELVIQ®/BELVIQ XR® include: Headache, dizziness, fatigue, nausea, dry mouth, constipation, cough, low blood sugar (hypoglycemia) in patients with diabetes, and back pain.

• Nursing: BELVIQ/BELVIQ XR should not be taken while breastfeeding.

• Drug interactions: Before taking BELVIQ/BELVIQ XR, tell your Healthcare Provider 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/BELVIQ XR is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

For more information about BELVIQ/BELVIQ XR, talk to your Healthcare Provider 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 Provider if BELVIQ® is right for you.**

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

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**PROMO CODE: OC**

BELVIQ 10 mg twice daily was evaluated in three clinical studies involving overweight adults (with at least 1 weight-related medical condition) and adults living with obesity. All three studies compared people taking BELVIQ plus diet and exercise with people using diet and exercise alone (placebo). The results of the first two studies (involving 7,190 people without diabetes) showed that 47.1% of people taking BELVIQ lost 5% or more of their body weight compared with 22.6% of the placebo group. People taking BELVIQ also had significant improvements in their blood pressure and cholesterol levels. A third clinical study (involving 604 overweight adults 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 with type 2 diabetes taking BELVIQ also had significant improvements in their blood sugar levels. Nearly one-half of all participants completed the first two studies; nearly two-thirds of the participants completed the third study.

‡Restrictions apply.
IMPORTANT PATIENT INFORMATION
BELVIQ® (BEL-VEEK) (lorcaserin hydrochloride) tablets, CIV
BELVIQ XR® (BEL-VEEK Eks-Are) (lorcaserin hydrochloride) Extended Release Tablets, CIV

What is BELVIQ?
BELVIQ is a prescription medicine that may help adults with obesity, or some adults who are overweight and 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.

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 antidepressant medications).

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.
- are allergic to lorcaserin or any of the ingredients in BELVIQ or BELVIQ XR. See the end of this leaflet for a complete list of ingredients in BELVIQ and BELVIQ XR.

What should I tell my Healthcare Provider before taking BELVIQ?
Before you take BELVIQ, tell your Healthcare Provider if you:

- have or have had heart problems including:
  - congestive heart failure
  - heart valve problems
  - slow heart beat 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 breast feeding or plan to breastfeed. It is not known if BELVIQ passes into your breastmilk. You and your Healthcare Provider should decide if you will take BELVIQ or breastfeed. You should not do both.

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

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

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

- triptans, used to treat migraine headache
- medicines used to treat mood, anxiety, psychotic or other thought disorders, including tricyclics, lithium, selective serotonin uptake 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 Healthcare Provider 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 Healthcare Provider 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 Healthcare Provider will tell you how much BELVIQ to take and when to take it.

BELVIQ comes in 2 different dose forms. Your Healthcare Provider will prescribe the form of BELVIQ that is right for you.

- BELVIQ: Take one tablet 2 times each day.
- BELVIQ XR: Take one tablet 1 time each day.

Do Not increase your dose of BELVIQ. BELVIQ can be taken with or without food.

Take the whole BELVIQ XR extended release tablet. Do not chew, crush, or divide the tablet.

Your Healthcare Provider should start you on a diet and exercise program when you start taking BELVIQ. Stay on this program while you are taking BELVIQ.

Your Healthcare Provider 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 Healthcare Provider 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 life-threatening side effects. Call your Healthcare Provider 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 heart beat, high or low blood pressure
  - sweating or fever
  - nausea, vomiting, or diarrhea
  - muscle rigidity (tight muscles)

- Valvular heart disease. Some people taking medicines like BELVIQ have had problems with the valves in their heart. Call your Healthcare Provider right away if you have any of the following symptoms while taking BELVIQ:
  - trouble breathing
  - swelling of the arms, legs, ankles, or feet
  - dizziness, fatigue, or weakness that will not go away
  - fast or irregular heartbeat

- Changes in your attention or memory.
- Mental problems. Taking BELVIQ in high doses may cause psychiatric problems such as:
  - hallucinations
  - feeling high or in a very good mood (euphoria)
  - feelings of standing next to yourself or out of your body (dissociation)

- Depression or thoughts of suicide. You should pay attention to any new or worse 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 to treat type 2 diabetes mellitus. Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines 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 Healthcare Provider or go to the nearest emergency room right away.

- Slow heart beat. BELVIQ may cause your heart to beat slower. Tell your Healthcare Provider 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 Healthcare Provider 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 Healthcare Provider 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
  - constipation
  - dizziness
  - fatigue
  - low blood sugar (hypoglycemia)
  - nausea
  - dry mouth
  - back pain

These are not all the possible side effects of BELVIQ. For more information, ask your doctor or pharmacist. Call your Healthcare Provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should 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. 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 and BELVIQ XR?
BELVIQ Tablets
Active Ingredient: lorcaserin hydrochloride hemihydrate
Inactive Ingredients: microcrystalline cellulose NF; hydroxypropyl cellulose NF; croscarmellose sodium NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; FD&C blue #2/indigo carmine aluminum lake; and magnesium stearate NF
BELVIQ XR extended-release tablets
Active Ingredient: lorcaserin hydrochloride hemihydrate
Inactive Ingredients: microcrystalline cellulose NF; mannitol USP; hypromellose USP; ethylcellulose dispersion Type B NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; t alc USP; FD&C blue #2/indigo carmine aluminum lake; and magnesium stearate NF

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This Patient Information has been approved by the U.S. Food and Drug Administration.
For more information, go to www.BELVIQ.com or call 1-888-274-2378.

Revision: May 2017
LUNGE PROGRESSION

The lunge is a very functional movement that most of us do every day without thinking about it. For example, getting in and out of your car.

1. Forward weight shifts are your first progressions to a full lunge.
   a. From a standing position, step forward and put some of your weight onto your front foot.
   b. Step back to your starting position, with both feet together.
   c. Repeat the same movement for backward weight shifts, only step back, loading the back foot with some body weight and then step forward to your starting position.

2. After gaining confidence with weight shifts, the next progression is a static lunge.
   a. Stand in a lunging position with one foot in front of the other, a comfortable distance apart. Your front foot should be flat but your heel on your back foot should be raised.
   b. Hold the back of a chair beside you and slowly bend your back and front knees into a 90° position, keeping your body upright while using the chair back for support.
   c. Stand back up and repeat on your other side.

PUSH-UP PROGRESSION

A push-up is a basic movement in many strength training programs. To increase strength, a push-up progression will help improve your technique. Begin by simply doing a wall push-up and progress to doing a push-up on a supported bench or chair. Remember to keep your weight evenly distributed across your feet during the entire movement.

UPRIGHT ROW PROGRESSION

Pulling movements are essential to build back strength, and proper technique is necessary to gain strength and range-of-motion during this exercise.

1. Upright rows with a foam roller are a great way to get started.
   a. Position a foam roller between your shoulder blades and lean on a wall.
   b. Keep your body upright and slowly pull your elbows back to the wall beside your body.
   c. Once you are comfortable with this movement, progression to an upright row with a band or cable is your next step.

ROATIONAL PROGRESSION

Rotations are twisting movements that can help support and build your core strength. Developing proper technique and strength during a rotation will help prevent injury and add an extra element to your workouts.

1. Stand with your weight evenly balanced.
2. With arms crossed on your chest, rotate as far to one side as possible.
3. Slowly return to the center and repeat with your other side.

Progressing to holding a medicine ball or using a resistance band is your next step.

BEGINNING A BODYWEIGHT STRENGTH TRAINING ROUTINE

Now that you have progressed nicely, you can put it all together using this simple bodyweight workout that you can do anywhere. A mini circuit of three to four exercises is the best way to start, and as you get stronger and more confident, you can add more exercises and repetitions.

Perform 3-4 sets of 12-15 repetitions of each exercise at a moderate pace:

- Stand-ups or bodyweight squats
- Wall or bench push-ups
- Forward and backward weight shifts, progressing to static lunges
- Upright foam roller rows, progressing to bands or cables
- Standing rotations

Consistency is the key to progress. Don’t get frustrated if it takes longer than you expect to master these movements. With consistent work and some focus, you will naturally begin to incorporate more movement into your day and advance to more challenging workouts.

About the Author:
Roger Adams, PhD, CISSN, is the owner of eatrightfitness – an evidence-based private practice focusing on weight-loss, disease prevention/management and sports performance nutrition, located in Spring, Texas. He has more than 19 years of experience working with clients to achieve better health and wellness. Dr. Adams is a certified personal fitness trainer by the American Council on Exercise (ACE) and is also a certified sports nutritionist by the International Society of Sports Nutrition (ISSN). He is also an active member in the Sports, Cardiovascular, and Wellness Nutrition, Nutrition Entrepreneurs and the Weight Management dietetic practice groups of the Academy of Nutrition and Dietetics. More information about Dr. Adams is available at www.eatrightfitness.com.
Recently, the Milken Institute released a stark economic analysis of the costs piling up for untreated obesity. Obesity now costs the U.S. economy $1.4 trillion dollars. Those costs come almost entirely from the complications that result when obesity goes untreated and progresses to cause other diseases.

The money spent on evidence-based medical care to treat obesity itself is small by comparison. Most of the estimated $64 billion spent on weight management was direct consumer spending on diet and weight-loss products that have little long-term effect on the progression of obesity.

For the most part, health plans resist paying for obesity care and then pay tremendous sums for costs of the complications of untreated obesity.

Harvard’s Instructor in Medicine and Pediatrics, Fatima Cody Stanford, MD, MPH, MPA, FAAP, FACP, FTOS, commented on this report, saying: “This report brilliantly illustrates the devastating impact — more than a trillion dollars — of untreated obesity on the U.S. economy. Doing more of the same blaming and shaming on people with obesity will only compound the damage to our economy. We need to adopt evidence-based strategies to prevent the progression and complications of this chronic disease.”
The Approaching Economic Disaster of Type 2 Diabetes

Unfortunately, we are at the base of a steep mountain of costs. That’s because the consequence of untreated obesity is a much bigger wave of type 2 diabetes.

America is heading dangerously fast toward an awesome milestone – 100 million Americans with diabetes. According to a recent Centers for Disease Control (CDC) report, 30 million have it already. Another 84 million are well on their way. They have prediabetes – elevated blood sugar that makes it very likely for a person to develop full-blown type 2 diabetes.

Among people with prediabetes, roughly 74 percent will progress to diabetes, according to this study. In 2015 alone, 1.5 million more Americans developed diabetes. Dynamic modeling suggests that 25-28 percent of Americans will have diabetes in 2050. That will mean 110 million Americans with diabetes. Under some scenarios, the number might be higher, possibly hitting one in three Americans.

“

The challenge is to use the tools we have now, before the burden grows to crush our healthcare system. It is not enough to simply advise patients to lose weight. That’s been studied and it has no effect.”

Staggering Cost continued on page 24
A Disaster We Can Avoid

Caring for more than 100 million Americans with diabetes will carry an incredibly high cost.

We already have some tools to reduce that burden, such as evidence-based obesity care, but we are barely using them. In Medicare, less than one percent of the patients who could benefit from the Diabetes Prevention Program (DPP) are getting it. Fortunately, the Centers for Medicare & Medicaid (CMS) is moving to expand access to the DPP in Medicare. Finally!

New obesity drugs can help prevent diabetes as well. Earlier this year, a double-blind randomized control trial showed a 66 percent reduction in risk for diabetes with liraglutide 3 mg (anti-diabetic medication) versus placebo.

The challenge is to use the tools we have now, before the burden grows to crush our healthcare system. It is not enough to simply advise patients to lose weight. That’s been studied and it has no effect. Intensive, structured help is necessary to have an effect. Medical therapy can have an effect. And for the right patients, surgery can have a dramatic effect.

But only if we put these tools to use. Otherwise, we can pay the bill later for more than 100 million Americans with diabetes.

Penny-Wise and Pound-Foolish Thinking about Childhood Obesity

A recent economic analysis published in Pediatrics points to similar issues. Are we willing to pay for childhood obesity care? If we believe in family values, how do we value families? Or will we continue to wait and pay an even larger medical bill when children with obesity become adults with obesity, diabetes and a host of other chronic diseases?

Family-based care for childhood obesity can be effective. And it could be delivered effectively in primary care or a patient-centered medical home. A recent study shows that family-based programs can be cost-effective. That’s because it provides big benefits for the children. Benefits for the parents are a bit more modest by comparison.

But policymakers sometimes get stuck on cost effectiveness versus cost savings. Cost-effective interventions buy health improvements (eg, quality adjusted life year) at a reasonable price, but they do not save money.

The problem is that providing obesity care costs money now. The complications of childhood obesity cost money for years into the future. So, if you don’t care about writing off the lives of a whole generation of kids with obesity, you won’t spend that money now. You just put it in the bank and wait for the kids to get sick when they’re into adulthood.

And sadly, we’re doing too much of that.

The answer is that we need to refocus on investing in good health. We must pursue childhood obesity care that offers the best value possible.
Mistaken Thinking about Personal Responsibility

The Milken report offers some excellent economic analysis, authored by Hugh Waters, MS, PhD, of the UNC Gillings School of Public Health. The recommendations for addressing obesity are a little spottier. The report acknowledges the complexity of the problem. It recommends collaborative action by diverse stakeholders that is sorely needed. But it concludes with a call for “personal responsibility” from people with obesity.

Personal responsibility is great. Most Americans strive to live up to it. Some do it better than others. But higher rates of obesity did not arise because Americans suddenly became irresponsible in the 1980s.

They will not be reversed by telling people they are irresponsible. They will be reversed only when we start offering better options to people living with obesity. Just telling them to get over it isn’t working.

Resources:
www.milkeninstitute.org/weighingdownamerica
www.ncbi.nlm.nih.gov/pmc/articles/PMC4074628/
www.scholar.harvard.edu/fatimacodystanford

About the Author:
Ted Kyle, RPh, MBA, is a health policy and communications expert who serves as Treasurer of the OAC National Board of Directors. You can find his daily blog at www.conscienhealth.org/news

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Is Obesity as Simple as Nature versus Nurture?

The impact of a person’s genetics versus one’s environment on weight remains one of the most heavily debated topics in obesity medicine. The modernization of our society has, no doubt, contributed to high rates of obesity by promoting an environment with decreased physical activity and increased calorie consumption.

Do Genetics Play a Role in Obesity?

Throughout the last 30 years, studies have shown the undeniable impact of genetics on obesity. Twin studies have shown that identical twins adopted by different families had a very high connection in body weight despite growing up in two separate environments. Contradicting research has shown the greater impact of genetics over environmental factors on obesity, suggesting genetics contribute to 40 – 70 percent of obesity. Recent science has also discovered more than 50 genes strongly associated with obesity. So, while changes in the environment have greatly increased the rates of obesity throughout the last 30 years, the presence or absence of genetic factors protect us from or predispose us to the disease of obesity.

“Recent science has also discovered more than 50 genes strongly associated with obesity. So, while changes in the environment have greatly increased the rates of obesity throughout the last 30 years, the presence or absence of genetic factors protect us from or predispose us to the disease of obesity.”
What Does Your Brain Have to do with Controlling Body Weight?

In order to better understand the role of genetics on body weight, let’s discover how body weight is regulated. Body weight is primarily regulated by two different areas in the brain:

- The arcuate nucleus, a collection of neurons (nerve cells) that contains a substance called neuropeptide Y (NPY) which can cause weight gain
- The neuron system that causes weight-loss (POMC system)

Everyone has a different “baseline balance” between these two opposing systems, which explains why some people are constantly hungry and others have to be reminded to eat. The “baseline balance” of these two systems is continuously changed through a process. Activation of the NPY (weight gain) system increases appetite and slows down metabolism, while activation of the POMC (weight-loss) system reduces appetite and increases metabolism.

These brain systems are continuously activated by hormone signals transmitted from the rest of the body – including the stomach, small and large intestines, pancreas and fat cells that are ultimately regulated by both genetic and environmental factors. While we often feel that we primarily control our body weight with “willpower,” in reality, our body weight is heavily influenced by genetic and environmental factors which impact “hormone power.”

Dear Doctor continued on page 30
What is Saxenda®?
Saxenda® (liraglutide) injection 3 mg 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: Possible thyroid tumors, including cancer. 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. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

Do not use Saxenda® if you or any of your family have ever had MTC, or if you have MEN 2. This is a disease where people have tumors in more than one gland in their body.

Who should not use Saxenda®?
Do not use Saxenda® if:

- you or any of your family have a history of MTC
- you have 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®
- you have MEN 2. This is a disease where people have tumors in more than one gland in their body
- you have or have had depression or suicidal thoughts
- you have or have had problems with your pancreas, kidneys or liver
- you have or have had depression or suicidal thoughts
- you are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby.

Before taking Saxenda®, tell your health care provider about all of your medical conditions, including 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®
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
- have or have had problems with your pancreas, kidneys or liver
- have or have had a serious allergic reaction
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby.

Tell your health care provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®.

Please see brief summary of Information about Saxenda® 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.
What is Saxenda®?
Saxenda® is an injectable prescription medicine that may help some obese 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 safely used 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 have a history of mediullary thyroid carcinoma. • 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 • problems breathing or swallowing • fainting or feeling dizzy • severe rash or itching • very rapid heartbeat

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. Before taking Saxenda®, tell your healthcare provider about all of your medical conditions, including 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®. • have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food. • have or have had problems with your pancreas, kidneys or liver. • have or have had depression or suicidal thoughts. • 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 talking with your healthcare provider first. Tell your healthcare provider about all the medicines you take including prescription and over-the-counter 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 diabetes medicines, especially sulfonylurea medicines or insulin. 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.

What is the most important information I should know about Saxenda®?
Serious side effects may happen in people who take Saxenda®, including:

• Possible thyroid tumors, including cancer. 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. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not use Saxenda® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

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), Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
• 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) • yellowing of your skin or eyes (jaundice) • fever • 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 • weakness • hunger • sweating • dizziness • fast heartbeat • headache • confusion • feeling jittery • drowsiness • irritability

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. The most common side effects of Saxenda® include:
• nausea • headache • decreased appetite • dizziness • diarrhea • vomiting • upset stomach • stomach pain • constipation • low blood sugar (hypoglycemia) • tiredness • change in enzyme (lipase) levels in your blood

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 possible side effects of Saxenda®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. Keep your Saxenda® pen, pen needles, and all medicines out of the reach of children.
Gene Mutations that Cause Obesity

Given the large influence of genetics on body weight, let’s take a closer look at the role of genes. Mutations in more than 50 genes have been strongly associated with obesity, most with mild effects. Most of these gene mutations have been shown to deactivate the “weight-loss system” within the brain. This results in overpowering levels of hunger and cravings which eventually lead to increased food intake and weight gain.

Most people affected by obesity have multiple genes that predispose them to excess weight. The most common gene associated with obesity is the FTO (fat mass and obesity associated) gene, which is present in up to 43 percent of the population and significantly increases the risk of developing obesity.

This gene has been associated with increased appetite, energy intake, fat intake, reduced satiety and control over eating. Also, this gene doesn’t decrease one’s desire to perform physical activity. In fact, high physical activity reduces the risk of obesity by 40 percent in individuals with the FTO susceptibility gene. While testing for the FTO gene can be performed, it is not practically helpful because interventions are the same for individuals with and without the FTO gene.

In rare cases, a single gene mutation can cause severe obesity. These mutations develop in childhood, usually before the age of two. Leptin Deficiency and POMC Deficiency are extremely rare, but MC4R deficiency is found in up to five percent of children affected by obesity. Children with MC4R deficiency tend to be very tall for their age and develop obesity before the age of five that continues through adulthood. All of these mutations result in children feeling extremely hungry, leading to severe overeating and extreme increases in body weight that worsens through adulthood.

What are the Different Genetic Mutations, and Can Testing Be Performed?

Currently, genetic testing can be performed for Leptin Deficiency, POMC Deficiency and MC4R mutations. Some clinicians suggest testing for these genetic conditions in children who develop severe obesity at a young age since these conditions cause obesity soon after birth. Also, if obesity is associated with intellectual disabilities or delayed developmental milestones, these children might be evaluated by a geneticist.

Below is a chart to help give you a better idea of genetic mutations, prevalence and the onset of obesity.

<table>
<thead>
<tr>
<th>Genetic Mutation</th>
<th>Prevalence</th>
<th>Clinical Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanocortin-4 Receptor (MC4R) Deficiency</td>
<td>1-6%</td>
<td>• Early onset obesity from birth onwards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increased linear growth by age 5 (but not necessarily taller as an adult)</td>
</tr>
<tr>
<td>Leptin Deficiency</td>
<td>Extremely rare</td>
<td>• Early onset severe obesity from birth onwards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Constant hunger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Delayed or no puberty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Infertility</td>
</tr>
<tr>
<td>POMC Deficiency</td>
<td>Extremely rare</td>
<td>• Early onset severe obesity from birth onwards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Constant hunger</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adrenal Insufficiency sometimes associated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Red hair and pale skin</td>
</tr>
<tr>
<td>Fat Mass and Obesity (FTO) Gene</td>
<td>30-40%</td>
<td>• Common presentation in adults with increased hunger and cravings</td>
</tr>
</tbody>
</table>
Epigenetics – “What Happens During Pregnancy Can Affect Baby After”

Another area of study in obesity is epigenetics. Epigenetics is the study of changes in organisms caused by modification of gene expression rather than the alteration of the genetic code itself. Environmental exposures during critical times of development can cause permanent changes in offspring. When a mother is carrying a child in utero, what happens to mom during that pregnancy can have a lifelong impact on her child’s metabolism.

If a mother gains more than 45 pounds during pregnancy, there is a more than 40 percent risk of that child having obesity by the age of 9–14. Children born to mothers with gestational diabetes have also been found to have higher rates of excess weight or obesity and insulin resistance by their adolescent years. There is now focus on helping patients attain healthy bodyweight prior to becoming pregnant, as well as maintaining healthy amounts of weight gain during pregnancy to help reduce the future risk of obesity in children.

So What Can You Do?

Although the role of genetic testing in addressing excess weight continues to be an area of active research, there are a few things you can do:

- Children with severe obesity before the age of two should be considered for genetic testing.
- What happens during pregnancy can have a lifelong impact on offspring, so maintaining a healthy weight before and during pregnancy is key.

Knowing your family history can help you understand your risk for obesity and obesity-related conditions such as diabetes and heart disease. Your family history can reflect the impact of your shared genetics and environment amongst family members.

If you have a family history of obesity, are you predestined to develop obesity? No! While multiple genes can increase levels of hunger and cravings, following a consistent approach that incorporates solid nutritional, physical activity and behavioral components can reduce and reverse obesity. If high levels of hunger and cravings are preventing you from achieving a healthy body weight, then consider seeing an obesity medicine specialist and using one of the nine FDA-approved medications for weight management – most of which help control hunger.

Regarding the highly debated question: “Is it Nature versus Nurture that causes obesity?” the true answer is that both Nature and Nurture determine and affect one’s bodyweight.

About the Author:
Dr. Sicat, MD, FACE attended Williams College and medical school at the Medical College of Virginia at Virginia Commonwealth University (MCV_VCU,) and remained there to complete his Internal Medicine residency in 2002. Dr. Sicat is board certified in bariatric medicine by the American Board of Obesity Medicine (ABOM) as well as the American Board of Bariatric Medicine (ABBM). He is also board certified in Internal Medicine (2002) and Endocrinology, Diabetes and Metabolism (2004).
Childhood obesity continues to be a growing concern nationwide. According to the Centers for Disease Control (CDC), the prevalence of obesity in children is around 17 percent and affects about 12.7 million children and adolescents. The prevalence of obesity is 8.9 percent among two to five year olds compared with 17.5 percent of 6 to 11-year-olds and 20.5 percent of 12 to 19-year-olds. These are staggering statistics. Children affected by obesity can also struggle socially, emotionally and with overall wellbeing.

Many blame screen time for today’s inactive kids. Varying reports show some children and teens spending between six to nine hours per day of screen time. Video games, phones, TVs and other electronics can lead to increased inactivity and are a part of our daily life. Instead of fighting it, let’s change our thinking to how electronics can help kids today by keeping them active and healthy.

Kid’s Corner continued on page 34
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Staying Active with Games and Videos

Several video games have moved beyond the game controller. Active video games such as Xbox Kinect and Wii will get your kid to dance, snowboard or run track instead of sitting on the couch. This is a great way to start moving while playing your favorite game. You may need to invest in a few extra pieces of gaming equipment, but seeing your kids jump off the couch will make it worth it!

Several fitness videos can be found on your tablet or phone. On YouTube, you can find a variety of free workouts for kids such as Kids Dance, Kids Training and Body Circuit workouts. The best part is, if you don’t like a video, there are hundreds more to try! Additionally, you can use your tablet or phone to play fun music to get kids inspired to move. Make it a family event and get the whole gang involved.

There are also several videos and resources online to build your nutrition knowledge. If you are looking for a rainy day activity, browse healthy recipes online. Do your research to find the benefits of foods or even how to plant a vegetable garden. The opportunities are endless!

Kid’s Corner continued from page 32

Fitness Tracking:

Wearable fitness tracking can make moving fun. Kids, just like adults, can be motivated to count their steps each day, meet specific fitness goals and get moving. Experts recommend 60 minutes of activity each day for today’s kids. Get your kids involved in meeting this goal by exploring fitness tracking devices.

Below are a few varieties of wearable fitness tracking:

Garmin Vivofit Jr

This fun fitness tracker for kids is a great way to get kids moving! This device is powered by a battery, is water resistant and has cute kid designs. Vivofit rewards kids when they do physical activities. They earn virtual coins when they complete assigned chores. You can set your own rewards for coins earned.

LeapFrog LeapBand

This is a fun tracker for kids. The LeapBands measures activity and also has challenges that tell your kid to wiggle, dance and hop. Mini-games and other built-in rewards will get your child to take part in healthy physical activities, move and have fun. Kids also have the ability to customize their own pet for an active playmate with many customization options available.

nabi Compete™

This is a competitive band for kids that allows them to compete in contests and other fun tasks. These bands can get kids moving by encouraging them to run and walk to distances that are equal to famous landmarks in the US. The app displays activities completed and calories expended for activities. Kids can also learn about calories from the foods they eat.

“Additionally, you can use your tablet or phone to play fun music to get kids inspired to move. Make it a family event and get the whole gang involved.”

Kid’s Corner continued on page 36
Lomaira™ (phentermine hydrochloride USP) 8 mg tablets, CIV is an appetite suppressant used for a short period of time (a few weeks) for weight loss and should be used together with regular exercise and a reduced-calorie diet.

- Lomaira is FDA-approved for use as often as 3 times a day before breakfast, lunch, and dinner.
- By adding Lomaira to your diet and exercise routine for three months, you may lose more weight than with diet and exercise alone.2
- Potential to suppress appetite at dinner, when hunger is greatest3

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 an initial 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.

1 Lomaira package insert, Newtown PA
2 Ibid
*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m².
The Value of Apps

We have our phones throughout the day. Download a few to keep your kids busy in the car or in the grocery store. Better yet, download a few on your kid's device. Check out the few below to focus on fitness and fun.

- **AwesomeEats:** Learn about vegetables and fruits by sorting in this game.
- **Cooking Fun for Kids:** Healthy Playful Recipes, Food Games: Find new recipes, food games, videos and fun.
- **Eat & Move-O-Matic:** Learn about the foods you eat and how they fuel your body for activities.
- **Pokémon Go:** This fun game sends kids all around trying to catch different monsters. What a great way to get steps in!

Find a Way to Make Video Games Fit...

Sometimes, kids just want some good old fashioned video game or TV time. There is nothing wrong with a little sedentary activity within limits. Make sure you don't let hours go by with your kids glued to their device.

- Set a timer for an hour and let your kids play. When the timer is up, they can move on to other activities.
- Have them earn their time. One hour of playing outside is good for 30 minutes of screen time. A family walk might give them an extra 15 minutes on their device. This can be a great way to motivate kids for some extra movement.

*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.

*Lomaira Package Insert
...But Remember to Set Limits

No electronics in the bedroom or at the dinner table. Tablets, TVs and laptops can be used in the main living space. This makes it easier to monitor how much kids are using and what kids are watching. Make the dinner table a device-free zone. Use this time to connect as a family.

- **Lead by Example.**
  How much time do you spend looking at your phone? Be sure to take some time away from your phone and your kids will follow.

- **Put Limitations on Screen Time.**
  Limit screen time to ideally no more than one hour per day. The more our children use electronics, the less physical activity they do. Fight the boredom by making a list of things to do to keep the kids occupied.

- **Use Electronics with Your Children.**
  There are times when screens are OK, but if you’re going to use electronics, use them together as a family in an interactive way. Find some great online games to play, look at photos or download a book to read.

And Just Remember...

You know your kids best, so get creative and use electronics for fun, learning and motivation! You never know – a funny video may be a great way to start your toddler’s day, and a family video game may bring your family together for an evening. Perhaps a funny emoji texted to your teenage daughter may make her day. Adapting to current technology can bring fitness and fun to your family.

**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.

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Everyone needs sleep. Most people are aware that poor sleep can have negative consequences on your ability to function during the day, including mood and performance. But did you know that sleep health is also related to your weight?

Research has shown that since the 1960s, the increasing rates of obesity are related to the decreasing amount of sleep per night for individuals. Those who sleep less than six hours per night tend to have a higher Body Mass Index (BMI). Beyond these associations, new research is beginning to uncover the biological connections between poor sleep and obesity.

In this article, we look at how sleep is related to weight management and focus on some of the new research findings. We also provide some tips on how you can improve your sleep health to make sure you are getting optimal sleep.

What Happens in the Body When We Sleep?

For most people, sleep is easy – they get in bed, close their eyes, drift off to sleep in about 10 to 15 minutes and wake up seven or eight hours later feeling refreshed. While sleep appears to be a passive period where the body shuts down during the night, it is actually a very active period. There are two separate processes that interact to regulate sleep:

- Circadian rhythm
- Sleep drive

The first process is the circadian rhythm, which is an internal biological clock that is guided by light and regulates many systems in the body including alertness, gut activities and core body temperature. This process keeps sleep and other biological activities in our body working on a regular schedule.

The second process is called the sleep drive, which is similar to an appetite for sleep. The sleep drive builds up gradually during our waking hours and is the reason why we eventually feel increasingly sleepier when we have been awake for an extended period of time.
During sleep, the body is also actively regulating the release of certain hormones. Some of these hormones play an important role in metabolism and weight management. One of these is leptin, which is a hormone that signals satiety, or “fullness.” When leptin is released, we feel full, which is a sign to stop eating. Another important hormone is ghrelin, also known as the “hunger” hormone, which is secreted by the stomach and increases appetite. By regulating the release of leptin and ghrelin, regular and sufficient sleep promotes a healthy balance between energy intake (food consumed) and energy expenditure (calories burned) – two key processes in healthy metabolism.

How is Sleep Related to Obesity?

So far, we have discussed what happens in the body during normal sleep. Now let’s look at what happens when sleep is disturbed.

The amount of sleep we get every night is important. The National Sleep Foundation recommends that adults (25-65 years old) get between seven and nine hours of sleep every night. When the amount of sleep per night is consistently below seven hours, the health consequences can include obesity, cardiovascular disease and diabetes. Some studies show that short sleepers are 30 percent more likely to have excess weight and are twice as likely to be affected by obesity when compared to normal sleepers who get seven to eight hours of sleep per night. Experimental studies that restrict the time available for sleep in healthy subjects show similar results.

When sleep is poor, it can disrupt the release of leptin (fullness hormone) and ghrelin (hunger hormone), thus impacting metabolism. In laboratory studies, leptin levels were 18 percent lower among individuals who had been sleep deprived, and ghrelin levels were 28 percent higher following sleep restriction. These hormonal changes increase appetite and food intake because the body is sending more signals for hunger (due to the higher levels of ghrelin) and fewer signals to stop eating (due to the lower levels of leptin). Throughout time, increased food intake leads to a distortion in the energy balance which may result in weight gain.

In addition to its impact on weight gain, poor sleep can negatively impact dietary weight-loss programs. A study of 14 adults who were affected by obesity found that after two weeks of moderate caloric restriction, participants sleeping only 5.5 hours per night lost a smaller percentage of body fat and an increased percentage of fat-free body mass when compared to participants sleeping 8.5 hours per night. Another recent study found that poor sleep quality can impact long-term success with a weight-loss program. In this study, those who reported poor sleep quality were more likely to regain their weight one year after completing a weight-loss program compared to those who reported good sleep quality. These studies highlight how sleep health can impact the likelihood of success with a weight-loss program.

Sleep Health continued on page 40
What Can you do to Improve Your Sleep Health?

Since insufficient sleep can have a negative impact on weight management, it is important to make sure you are getting the proper quality and quantity of sleep.

Fortunately, there are many simple behavior changes you can do to improve your sleep health. By following the recommendations below on a regular basis, you stand a better chance of obtaining the proper amount of sleep and feeling better during the day. This can make a big difference in weight management.

• **Make time for sleep** – Make sleep a priority! Getting adequate sleep is an important part of staying healthy and active. Experts recommend about 7-8 hours of sleep per night for adults 25 years or older.

• **Keep a regular sleep schedule** – Keeping a consistent sleep schedule means your body’s circadian rhythm stays consistent and well regulated.

• **Establish a pre-sleep ritual** – Give yourself time to wind down before sleep. Establishing a relaxing pre-sleep ritual about an hour before your bedtime can help your body get ready for sleep.

• **Evaluate your sleep environment** – Focus on making your bed a space that is favorable to sleep. Don’t bring work-related materials to bed with you. You want to associate your bed with sleep, not the worries of the day. Try to avoid electronics and other bright lights before bedtime. Also, make sure to keep your room at a comfortable temperature and reduce outside noise and light to decrease sleep disruptions.

• **Pay attention to symptoms** – Loud snoring, excessive daytime sleepiness, dozing off during the day, breathing interruptions during your sleep, persistent difficulty falling asleep or staying asleep (without the help of medication or over the counter sleep aids) are all symptoms that indicate you might have a sleep disorder. If these symptoms apply to you, then speak to your primary care physician or contact a sleep specialist.
Conclusion:
There are many reasons why quality sleep is important for your health and weight management. Take a look at some of the strategies listed above that you can begin incorporating into your routine tonight to start getting a better night’s sleep!

About the Authors:
Dr. Jason Ong is an Associate Professor in the Department of Neurology at the Northwestern University Feinberg School of Medicine. He received his PhD from Virginia Commonwealth University and completed a fellowship in Behavioral Sleep Medicine at Stanford University. Dr. Ong's primary research interest includes non-pharmacological treatments for sleep disorders, including cognitive-behavioral therapy (CBT) and mindfulness meditation. Additional research interests include the impact of sleep disturbance on chronic health conditions such as migraine headaches. He also has a clinical practice where he delivers CBT for insomnia and provides psychosocial support for patients with narcolepsy. Dr. Ong is the current President of the Society of Behavioral Sleep Medicine.

Diana A. Chirinos, MS, PhD, was born and raised in Arequipa, Peru, where she completed her undergraduate work at Santa Maria Catholic University with a major in Psychology. She graduated with her MS in Health Clinical Psychology in 2012, and received her PhD in 2016 from the University of Miami. She is now completing her postdoctoral work at the Center for Circadian and Sleep Medicine at Northwestern Feinberg School of Medicine.

Bonnie J. Yap received her undergraduate degree in Psychology from the University of Chicago. After graduating, she moved to northern California to research treatment modalities for patients with comorbid cardiovascular disease and sleep apnea and pharmaceutical interventions for patients with restless legs syndrome. Bonnie obtained her MS, in Clinical Psychology in 2012 from the Illinois Institute of Technology, where she is a current PhD, candidate. Her research interests include factors that impact patient quality of life and the impact of financial burden on patient outcomes and wellbeing. She is currently working on a treatment study for patients with comorbid insomnia and sleep apnea at the Center for Circadian and Sleep Medicine at Northwestern University Feinberg School of Medicine.
Can Eating a Plant-Based Diet Improve Weight-Loss?

by Holly F. Lofton, MD

Worldwide, an estimated two billion people live primarily on a meat-based diet, while an estimated four billion live primarily on a plant-based diet. According to a 2016 poll from The Vegetarian Resource Group, around 3.3 percent of American adults in the United States are vegetarian or vegan. However, more people who consider themselves to be omnivores are adopting a more plant-based diet - even on a temporary basis for many reasons including health, religious beliefs or just as a challenge.

If you are considering a plant-based diet, the foods included in your diet can vary depending on your own preferences. A plant-based diet usually excludes meats, poultry, fish, etc. and includes foods that contain the ingredients listed below.

Foods that Can be Eaten on a Plant-Based Diet

• Fruits
• Vegetables
• Grains
• Nuts
• Seeds
• And legumes are usually the basis of the diet.

Dairy products such as eggs, milk, cheese or soy products such as tofu and tempeh or “meat alternatives” can also be added at your discretion. Note: Some people choose to exclude honey and gelatin when on a plant-based diet.

Potential Health Benefits

Many people cite the primary reason for adopting a plant-based diet as to improve health and to prevent or treat a disease.

Numerous scientific studies have investigated the health outcomes of plant-based diets. In 2006, a review of 87 studies revealed that patients on a plant-based diet have lower rates of heart disease, Type 2 diabetes, hypertension and obesity. In addition, these studies found that those on a vegan diet (no animal products including dairy) burned more calories after a meal than non-vegan counterparts.

Plant-Based Diet continued on page 44
“Deciding to have weight loss surgery was tough, but one of the best decisions I’ve made.”

–Marybeth B.

Only someone who has had weight loss surgery knows how difficult the decision can be. But that’s just the start of the journey to long-term sustainable weight loss. Now you can equip yourself with tools to help you succeed in your journey.

To find tips, tools, and patient stories, visit www.thehealthpartner.com/OAC

Weight loss surgery has risks. Patients should consult their physicians to determine if this procedure is appropriate for their condition.

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Improved Glucose Control and Decreased Risk of Heart Disease

Other studies demonstrated vast improvements in glucose control with a plant-based diet. A study involving more than 60,000 men and women discovered that those who included meat in their diet were 74 percent more likely to develop Type 2 diabetes than those on a plant-based diet! This type of diet can also be used to control diabetes when used in conjunction with low glycemic protocols.

A study published in Public Health Nutrition in 1998 reviewed data in those with and without animal products in their diet, and the plant-based diet group was found to have a 24 percent reduction in death rates due to heart attacks. Evidence also shows an 18 percent reduction in overall cancer for those on a plant-based diet.

“People who adopt vegetarian diets have lower body mass indexes (BMIs), better control of blood pressure and blood glucose, less inflammation and lower cholesterol levels compared with non-vegetarians,” notes Vandana Sheth, a spokesperson for the Academy of Nutrition and Dietetics.

Achieving Weight-loss

This may all sound great, but keep in mind that a plant-based diet does not always lead to weight-loss. This (and any other) diet should still create a calorie deficit from the baseline needs of the dieter, and ideally be paired with regular physical activity if the goal is to decrease one’s body weight. Simply eliminating meats and fish from the diet may not lead to weight-loss if these foods are replaced with processed foods, refined sugars or high-calorie, high-density foods. Careful planning is needed to be sure the plant-based dieter knows what healthy options he or she has, especially when on-the-go or when the dieter is not in charge of the meal preparation.

Furthermore, registered dietitians can help people who want to follow a plant-based eating plan in any life stage to make well-informed choices to achieve these benefits.

Potential Health Risks

When a diet is limited to plants, the dieter may become concerned about missing out on vital nutrients.

Protein
A well balanced, plant-based diet should include protein sources such as chickpeas, soybeans and quinoa.

Iron
While iron is found in non-meat sources, it is not as bioavailable as the iron found in animal sources. It is important to include foods rich in iron such as kidney beans, black beans, spinach, raisins, cashews, oatmeal, cabbage and tomato juice. Surprisingly, however, iron deficiency anemia is rare in those on a plant-based diet.

Fatty acids
These components are essential for neurological and other body functions. People on a plant-based diet are more likely to be deficient in omega 3 fats. These can be supplemented or found in natural sources such as flaxseed, walnuts or canola oil.
When eating a plant-based diet, it is essential to use a variety of plants, grains and legumes to decrease the likelihood of vitamin and nutrient deficits. Some people on plant-based diets may need to supplement vitamin B12, iron or zinc. Having these and other vitamin levels measured at the start of a new diet and periodically along the way can make each individual aware of their supplementation needs.

Finally, I must disclose that as a vegetarian for more than 25 years and as an obesity medicine physician, I do not usually recommend that my patients adopt a vegetarian diet solely for the purpose of losing weight – even though the evidence that it is beneficial clearly exists.

The decision to adopt a plant-based diet should be based on the individual’s own food preferences, morals and desires. The careful planning that goes into adopting a healthy plant-based diet should be considered prior to starting such a diet to avoid the potential for nutritional deficiencies. Consider consulting with a registered dietician when starting a plant-based diet to get meal and snack ideas that suit your own likes, dislikes and comfort level with cooking. Adopting a plant-based diet is an excellent opportunity to revisit some foods that one has not tasted since childhood, to test out unique foods, to experiment with new meal preparation techniques and be healthy at any stage of your weight-management journey.

Resources:
www.nutritionstudies.org/whole-food-plant-based-diet-guide/
www.vrg.org/nutshell/Polls/2016_adults_veg.htm

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 excess weight 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 past member of the OAC National Board of Directors.
CONTRAVERE IS THE #1 PRESCRIBED WEIGHT-LOSS BRAND

Struggling to lose weight?

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

The exact neurochemical effects of CONTRAVE 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 CONTRAVE than with diet and exercise alone.

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

CONTRAVERE (naltrexone HCI/bupropion HCI) 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. CONTRAVE should be used along with diet and exercise.

Important Safety Information

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

Stop taking CONTRAVE 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 CONTRAVE 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 opioid 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 CONTRAVE until you have stopped taking your MAOI for at least 14 days. Do not take CONTRAVE if you are allergic to any of the ingredients in CONTRAVE. Do not take CONTRAVE if you are pregnant or planning to become pregnant or are breastfeeding.

Before you start taking CONTRAVE, 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 CONTRAVE unless your healthcare provider says it is okay.

If you have a seizure while taking CONTRAVE, stop taking CONTRAVE 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 CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

These are not all the possible side effects of CONTRAVE. Please refer to the Summary of Information about CONTRAVE 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.

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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 APLENIZ; have or have had an eating disorder; are dependent on opioid pain medicines, use medicines to help stop taking opioids, or are in opioid 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; 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-00922, September 2016.

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Some of us have a special opportunity, and I am so happy to share the “insider” view from both sides of the surgeon’s mask. Listening to both patients and surgeons is a privilege. Most of us surgeons have had “the shoe on the other foot” as patients in one way or another, and several bariatric surgeons have actually had bariatric surgery ourselves. We recognize that our views on rewards and risks with surgery are not all the same, and I hope to give you the full picture from the patient and surgeon perspective.

When I attended patient support groups, I found that patients usually only share a portion of their questions in public, and that can leave others wondering if they have similar questions. It can become even more difficult to ask your surgeon any questions because the disease of obesity is complex, and they may not have the black and white answers that you seek.

I think as patients and surgeons, we have to EMBRACE the idea that we are all working for the same basic goal: What is the best long-term result for each patient? That goes far beyond just measuring weight-loss and is best defined by the patient’s perceived quality of life. Safety in the long and short-term is a key part of that, but we have to understand together that there is no such thing as guaranteed safe.

This is where it starts to get complicated. Risk versus reward. We spend a lot of time trying to show the balance and find the right fit. We all want results, and with no problems at all if possible.
IF YOU’RE CONSIDERING WEIGHT-LOSS SURGERY, YOU DON’T HAVE TO DO IT ALONE.

Your weight-loss journey might seem overwhelming. With the right team on your side, it doesn’t have to be. That’s why we’ve created online tools to provide you with:

• Tips for talking with your doctor about weight-loss surgery
• Guidance for affording — and preparing for — weight-loss surgery
• Materials to help your family support you before, during, and after surgery

To learn more, visit medtronic.com/us-en/patients/treatments-therapies/bariatric-surgery/patient-support.html

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UNREALISTIC EXPECTATIONS AND MISCONCEPTIONS THAT PATIENTS MAY HAVE

• “Give me the best option available for weight-loss.”
• “I want to be a normal weight and have a normal appetite.”
• “Cure this disease instead of managing it.”
• “Weight-loss surgery complications can’t happen to me.”
• “Any problems after surgery will mean that it was a failure.”
• “This is the most important thing in life to me, and I will do everything you say.”

Some of these misconceptions are understandable because people often feel judged and are prepared for rejection. Not showing weakness can get you through to surgery with minimal delay, but often misses the opportunity to start on changes well ahead of surgery. It can be really empowering, and I especially see it in our sleep apnea patients who get so much better rest with Continuous Positive Airway Pressure Therapy (CPAP) (and have safer surgery once they are on it for a month) and in patients who get their diabetes “tuned up” before surgery. Patients often worry that caregivers are going to ask the impossible, so the patient promises the impossible!

We all have to recognize that perfection is noble to pursue, but human beings are expected to have some bad days. Don’t kick yourself when you stumble. Failure only comes if you stop trying again tomorrow!
WHAT DO PEOPLE LOVE ABOUT THEIR “NEW LIFE” AFTER SURGERY?

Appetite Control – The monster turns into a Muppet! It is a huge relief to know that a “regular” amount of food will more than fill you up, and that hunger won’t come back nearly as fast as before. Food also becomes more of a commodity, or just “fuel” rather than a source of pursuit. It is still enjoyable, but less of a bother.

Health – This includes better diabetes management, blood pressure control and the chance to come off CPAP and many medications. There is much less worry about leaving family prematurely, or decreased quality of health that seemed unavoidable before surgery.

Mobility – This is the ability to wake up in the morning and go! You may be able to enjoy activities that have been impossible or difficult for years. This feeling is amazing, like being set free in the world.

Comfort in Clothing – It’s just nice to feel less binding and there are a lot more choices!

Social Acceptance – There may be a change in the way you are treated at work and in day-to-day life, especially when meeting new people.

Improved Sexual Energy – This is one of many ways your lifestyle can feel like “rolling years back off the clock.”

Better Self-care Overall – In many patients, surgery and rapid weight-loss are key to empowerment and “rebooting” for a new start.

Lifelong Commitment – This is when you realize that your new start needs a sustainable life beyond surgery. It can be a tough transition between years one and two as we have to get back to “real” life, and the surgery journey needs to become a part of the daily fabric of our lives. The “special” part fades a bit.

DRAMA, DISASTER, PANIC, OH MY!

Death on the Operating Room (OR) Table – This is extremely rare. It happens on TV a lot more than in real life. Most people who die in the OR are dying when we start a trauma or they are an acute critical care case. The time for you to worry a bit more is in the first 30 days after surgery. Blood clots (and other things) can kill, but usually don’t if caught early and treated early. Don’t be shy about going to the ER and read your discharge instructions. Go ahead and fret, but don’t freak out!

Divorce and Relationship Stress – Relationships that are strongly committed may experience stress, but are usually able to cope with change. Relationships that are based on shame and emotional abuse usually end up with someone “escaping” once they become empowered. Communication and patience are key, as even good change can require a whole new set of challenges. Some people are truly overwhelmed in the first year. Sometimes victory is just hanging on by your fingernails!

Hair Falls Out and Skin Sags Terribly – Everyone has hair thinning in the first 3-12 months, but it is almost universally back to baseline by 18 months, regardless of any supplements beyond the routine. Do not spend a lot of extra money – just stay on track! Many people do get skin removal operations, but far more find that there is much more shrinkage by 18 months than they ever would have guessed at the 12-month mark.

Loss of Emotional Comfort Eating – There still can be comfort in food, but it is different. It is a misconception that all overeating is “stuffing our feelings” or “numbing”. More frequently, overeating is from hunger and the habit. The “feelings” are mostly shame as we beat ourselves up for the “naughty” eating and feeling powerlessness against the disease.

Addiction Transfer – This does happen, but it is very rare. There are a few folks who are unlucky enough to need formal treatment for an addictive personality. Most of them already had other addictive behaviors before surgery. The concept that all people with obesity are food addicts is not much truer than saying we are all addicted to oxygen.
SAME LIFE IN DIFFERENT SIZED CLOTHES

Regular Exercise – It is work, even for those who love it! Muscle loss and inactivity are a deadly trap, even at a lower weight. Even the most limited patients can address “frailty” if they have the right approach. Chronic pain can be tough to move with, but movement often makes a huge difference over time.

Food Plan – Even our thinner friends pay attention to their daily food intake. Some structure is needed, but it doesn’t have to be a rigid plan. Everyone has their own set of “rules” that work for them and no one is perfect. Those who have insight or awareness into their challenges can make a plan alone, with support from caregivers or supporters. Resourcefulness is the ability to put a plan into action and overcome barriers that occur. And if the plan fails, identify that and learn!

New Medical Problems, Especially Osteoporosis – Bowel obstructions, gallbladder problems, etc. can happen late. If severe symptoms happen, don’t delay evaluation.

Weight Regain – This is a worry for every patient. Some live at least 10 pounds above their lowest weight, and it’s tough to reach your “dream goal” weight. Follow your number on the scale, but don’t make it the enemy. It is only one measure of health, and is NO measure at all of your worth or your effort!

All medical issues need to be tracked with primary and appropriate specialty professionals. Many people still need CPAP, or need it again after a few years off. Don’t assume that your previous medical issues are normal forever as they can come back.

Conclusion:

Many surgeons feel joy as they are improving the lives of their patients. The science and surgical care to treat the disease of obesity is rewarding, and the opportunity to make a difference is a privilege. Some of my most thankful patients are the ones who had complications, and love that the care team stuck with them through the tough times. Just know that you are not alone in this process and it is important to practice patience. This is a long journey, with many insights and challenges along the way. Allow yourself to evolve in self-care and not stress about what you “should” be doing. Instead, focus on what you can realistically do in your very real body, with your very real DNA, in your very real life situation. All care is a compromise, but progress is real. I see it every day!

About the Author:
Walter Medlin, MD, FACS, is a bariatric surgeon in Utah and sleeve gastrectomy patient now seven years post-op. He is a member of the OAC National Board of Directors and tweets from @bonuslife.
Get Back on Track with Nutrition after the Holidays

by Laura C. Hopkins, PhD, MPSH, RDN, LDN

Feeling that holiday hangover? And no, I don’t necessarily mean the kind that involves adult beverages. It’s that time of year where we begin to reflect on the past two months. From the Halloween candy to the holiday hurrahs, we start regretting the glorious grub, decadent desserts and deserving drinks. We didn’t see that number on the scale continue to go down (if we have been brave enough to get on the scale at all), or maybe we saw it go in the opposite direction. Our clothes may be fitting tighter or we are just feeling ‘yuck’.

Well, it’s time to reframe that mindset and put any of those negative thoughts and negative energy into action to get back on track. We are going to walk through the “6 R’s” of reigning in the New Year to get back on track and reach the healthiest, best you. I’ve provided several examples related to nutrition, but these steps can be applied to most (if not all) health and wellness goals which you are working towards.

1. RECOGNIZE THE REALITY
2. REFLECT ON YOUR REALITY
3. RESPECT THE RECHARGE
4. RESET THE REVOLUTION
5. REBUILD YOUR ROUTINE
6. REACH FOR A REWARD
**RECOGNIZE THE REALITY**

It can be tough, but the first and most crucial place to begin is to know where you are starting from. Whether your current goal is weight-loss, weight maintenance or just having a healthier diet, it is important to realize where you are now. This may mean getting on the scale and checking that number, or reflecting on your current diet habits.

Whatever your goal – take the time to recognize your current reality and where you are now, however scary and dreadful this step may be.

Once you have done this, an important thing to realize is that this is all that it is, your current reality. If you have maintained or continued to lose weight, and your diet habits are on-point, that is amazing! You absolutely could not have asked more of yourself during these trying months. If you gained weight or your eating habits are a little off whack, that is okay. This is just your current reality and everything in life is about how we respond to our realities.

Life is not a perfect puzzle that we can control. Life is messy. It’s a constant cycle of ebbs and flows. The holidays are going to come around every year, personal or family issues are going to arise and work is going to become stressful at times. Life is constantly going to throw new curveballs and new realities at us. It’s how we adapt to those curveballs and realities that push us forward and define us. As we take strides to reach our long-term goals, it will become easier and maybe even routine to maintain our lifestyle when life throws us curveballs, new realities or the holiday time of year comes around again. But until that day comes, it’s all about how we respond to those curveballs and pick back up from where we left off.

**REFLECT ON YOUR REALITY**

Now that you have recognized your current reality, life is always going to throw you curveballs and new realities. Those holidays are going to come around every year. It’s time to reflect on how you feel in this new reality compared to how you felt before the holiday madness ensued.

- How are you feeling both physically and mentally?
- How are your energy levels?
- How are your clothes fitting?
- How do these feelings differ from where you were before the holidays?

It is important to reflect on these feelings and states of being and take them for what they are. Do not let them bring you down; let them motivate you to pick back up, get in gear and hit the ground running (literally or figuratively).

**RESPECT THE RECHARGE**

Our overall health, wellness and long-term goals are and should be a priority in our lives, but they are not the only priority. Sometimes we have that one specific, major goal in our mind such as:

- That number on the scale we are trying to reach
- That size on the clothing rack
- That feeling of compliments from other people

Sometimes, we let some other priorities slip, such as time with family and friends, surrounding ourselves with love or just taking a break. The calorie counting, meal prepping and exercise monopolize our time. The beautiful thing about the holiday season is that it’s one of those times of ebbs and flows which allow us to enjoy some of those other priorities in our lives - priorities that are also a crucial aspect of our overall health and wellness. So, be sure to look back on the past couple of months with positivity and respect for what this time brought to your life. It is okay to focus a little less attention on one priority for a while to revel in other priorities. This is the essence of life balance.

"Whatever your goal - take the time to recognize your current reality and where you are now, however scary and dreadful this step may be."

Get Back on Track with Nutrition continued on page 54
RESET THE REVOLUTION

- You have recognized your reality.
- You have reflected on how you are feeling mentally and physically in your new reality, and compared that to where you want to be.
- You have positively looked back on the past couple of months and appreciated the recharge.

Now it is time to reset. Get on the upswing of this constant revolution of ebbs and flows. It’s time to get into the mindset. You need to respond to your new reality, appreciate it for what it is and get ready to rebuild your routine.

REBUILD YOUR ROUTINE

It is time to get back to where you were before the crazy chaos of the holidays. You can start small and rebuild one step at a time, or you can pick up right where you left off. Where you start is up to you. You know yourself and your personality best. So, what works better for you?

If you are a one-step-at-a-time kind of person, set small, specific and measurable steps to get there. Do you still have those holiday cookies and leftovers lying around? That’s okay. You can still enjoy them, but limit yourself. Fill half your plate with fruits or veggies, a quarter with a healthy protein and leave that last quarter for your favorite holiday leftover. Limit yourself to one small dessert a day until they are gone.

If you are a roll-up your sleeves and get-right-back-to-it kind of person, chuck that grub and desserts in the trash. Reflect on where you were with your diet plan and eating habits before the holidays. Take the day to equip yourself with what you need to get back to where you were before:

- Go grocery shopping
- Buy more reusable containers to prep and pack your lunch for work
- Look-up recipes and discover new food ideas
- And tomorrow, pick up right where you left off!

REACH FOR A REWARD

Every step you take, every stride that you make is an amazing accomplishment. With your long-term goals in mind, you should always give yourself a series of rewards to motivate your actions. This could mean every 5 lbs. lost or every two weeks without eating out. Treat yourself for your success. This could be a small favorite food treat, a spa treatment, a new book, a trip to your favorite park to hike or a new piece of clothing. Visualize your long-term goal and set incremental short-term goals to get yourself there. Reward yourself when those short-term goals have been met. You got there, you deserve it!

About the Author:
Dr. Hopkins completed her PhD at The Ohio State University in Interdisciplinary Nutrition with a minor in Public Policy and Management. Her professional training also includes a Bachelor’s degree from Ohio University in Applied Nutrition and a Master’s of Science in Public Health from Johns Hopkins Bloomberg School of Public Health, where she also completed her dietetic internship in 2013. Currently, she works as a Post-Doctoral Researcher with The Ohio State University SNAP-ed program and also works as a Wellness Coach and Registered Dietitian for WellAdvantage, a Maryland-based corporate wellness company.
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