



Vegetables



Weight Matters Magazine is the Official Publication of the Obesity Action Coalition

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Aills L. ASMBS allied health nutritional guidelines for the surgical weight loss patient. Surg Obes Relat Dis 4. 2008;S73-S108.

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by Aaron J. Goodman, JD
OAC Member Aaron Goodman, JD, shares his journey with
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Robotic Surgery: Welcome to the Future!
by Walter Medlin, MD, FACS, ASMBS; and Michelle Everly,
PA-C, ASMBS

Technology has astounded us once again. In an attempt to meet patients' needs, robotic surgery was created as a reliable option for bariatric surgery.

The OAC Celebrates Another Successful Convention
This year marked the 10th year that OAC has hosted our annual Your Weight Matters Convention & EXPO. During YWM2021 – VIRTUAL that took place in the summer, we celebrated a week of community, advocacy and education all from the comfort of our own homes!

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by Sarah Muntel, RD
Fall is here! Everyone has different needs, restrictions and preferences when it comes to food. These fun fall recipes fit the needs of everyone, making kitchen time easy!

Dear Doctor: Why Can't Liposuction Remove All of My Excess Weight?

by David C. Voellinger, MD, FACS, FASMBS, DABOM
This is a commonly-asked question among people affected
by obesity. Unfortunately, liposuction is not weight-loss
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your body.

Kid's Corner: New Ways to Eat the Same Vegetables by Melissa Majumdar, MS, RD, CSOWM, LDN Eating vegetables cooked the same way every time can be boring. Spice things up and find new ways to incorporate vegetables into your child's diet!

Understanding the Childhood Obesity Epidemicby Joseph A. Skelton, MD, MS, FAAP, FTOS
Throughout the years, childhood obesity has continued to be a problem throughout the world. Understanding its causes and how we can work together to find solutions can help improve the health of our youngest generation.

Wegovy® – A New Treatment for Obesity by Robert Kushner, MD
In June 2021, the U.S. Food and Drug Administration (FDA) approved Wegovy® for chronic weight management. This is the first new medication approved since 2014 as an addition to diet and physical activity indicated for adults with obesity. Let's find out more about it.

How to Move with More Ease and Less Pain by Liz Dumont Proctor, CPT, Behavior Change Specialist Pain is never easy, especially when you don't know what's causing it or how to fix it. Sometimes, simple solutions can bring you great relief.

Weight FOR YOUR HEALTH MATTERS

Fall 2021

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Issue 1

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

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Message from the OAC
Obesity Action Coalition
Chair of the Board

Hello-Everyone,

What a great summer the OAC had! Our main event — the YWM2021 — VIRTUAL Convention — drew over a thousand attendees and included people from more than 50 countries. I would like to say thank you to our YWM Convention Chairs, Pam Davis, RN, CBN, and Kristal Hartman, and our Program Chairs, Robert Kushner, MD, and Scott Kahan, MD, for creating an outstanding and educational virtual event.

This summer, we also saw a new obesity treatment become a reality. The FDA approved an anti-obesity drug called Wegovy (semaglutide). If you want to learn more about it, check out page 38 in this issue. Some have called Wegovy a "game-changer" in obesity medicine because the initial results have been very promising. But, how can any medication be a "game-changer" when so many health plans don't cover the costs of obesity care?

As science progresses and new obesity treatments emerge, a new drug approval is an empty promise if your healthcare plan doesn't cover it. Former OAC Chair Amber Hewitt Garcia said it best in talking about how weight bias plays a role in health care coverage at **StopWeightBias.com**:

"I genuinely didn't know what meaningful obesity care looked like because we'd never had access to it and we certainly didn't have coverage for it."

It's time for obesity treatments to be made fully available, just like treatments for any other chronic disease. You can help OAC increase access to this care. Start by visiting OAC's Action Center page at **ObesityAction.org/Action**. From there, you can easily send a message to your U.S. Senators and Representatives asking them to pass the Treat and Reduce Obesity Act (TROA). TROA would give people who have Medicare access to anti-obesity medications and expanded behavioral health treatment options.

The OAC is also working at the state level to gain coverage for state government workers and Medicaid recipients. Send a message to your state's governor through the Action Center to support those efforts. You can also look for your state in the current action items for any specific initiatives that need your support.

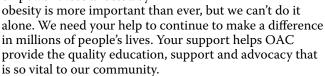
If your healthcare plan is through your employer, check your plan to see if it offers coverage for a full range of obesity care, including medications and surgery. If it doesn't, start talking to your human resources staff about adding obesity care to the plan. You can use the OAC's resources to explain that obesity is a chronic disease that needs to be covered by every health plan.

By lifting our voices, we can make coverage for obesity care a reality.

NEWS from the OAC Obesity Action Coalition

Elevate and Empower those Affected by Obesity with a Donation!

Obesity Action Coalition's mission to elevate and empower those affected by



Coming off the heels of our annual Convention, and amid an ongoing worldwide health crisis, the need for science-based obesity education, weight management strategies and a network of support has never been more evident. OAC is proud to be able to provide these tools and resources to our community free of charge, and it's all thanks to our dedicated supporters from across the country. By joining in, you can help make a real difference today.

Will you make a financial contribution to OAC, and help ensure that no individual is alone on their journey? Please visit **ObesityAction.org/Donate** to give your contribution.



OAC's Stop Weight Bias Campaign Celebrates a Successful Satellite Media Tour



On June 29th, OAC Chair, Patty Nece, JD, and OAC President and CEO, Joe Nadglowski, participated in a Satellite Media Tour (SMT) for OAC's Stop Weight Bias Campaign that yielded 30 media interviews nationwide!

The goal of the SMT was to bring attention to the campaign, which is still in its infancy after being launched in January 2021. During these interviews, OAC representatives had the opportunity to tell the world how passionate this campaign is about making the world a better place for those living with obesity.

The goal of this campaign has always been to fight against weight bias and push equality forward. Through these SMT's, we were able to raise awareness of how weight bias negatively affects people and just how common it is. We also put out a call to action to stop weight bias by demanding dignity and respect for everyone.

To learn more about OAC's Stop Weight Bias Campaign, visit **StopWeightBias.com**.

The OAC Fights Against Weight Bias Bullying During Childhood Obesity Awareness Month

In September, the Obesity Action Coalition recognized Childhood Obesity Awareness Month with a campaign to eliminate weight bias bullying. Nearly 1 in 5 children are affected by the disease of obesity, making childhood obesity the most common chronic disease of childhood. As the rates of childhood obesity rise, more children than ever will face the harmful effects of weight bias and stigma. Throughout September, the OAC focused on raising money to help defeat weight bias and stop the unfair treatment and bullying that children face today. Understanding that weight bias begins as early as pre-school and may worsen as children age, leading to increased incidences of bullying, the OAC is working to put an end to the negative attitudes toward children affected by obesity.

Being a child living with the health effects of obesity can be hard enough. Being mistreated and bullied can only make their lives harder. Our campaign has ended, but our efforts are ongoing! You can donate to the Obesity Action Coalition's Stop Weight Bias Campaign today and help us eradicate the bullying resulting from weight bias and stigma! **ObesityAction.org/Donate**.



OAC Community Lengtheectives My Bariatric Journey & Lessons Learned for Success by Aaron J. Goodman, JD



Agron J. Goodman, JD

As football great John Elway so accurately stated, "I've experienced the highest of highs and the lowest of lows. I think that to really appreciate anything, you have to have been at both ends of the spectrum."

From childhood to adulthood, I had always been overweight. Obesity was my normal except for a few temporary periods of dieting success. Like many other people who struggle with weight, I rode the never-ending rollercoaster of diets and weight regain. I silently suffered from serious health conditions related to the complexities of obesity. As I rolled through the first half of my 40s, despite the advice of my healthcare providers to change my lifestyle in the face of punishing physical ailments, I just could not change.

I gave in to the bondage I felt from obesity until I crossed paths with a post-op bariatric patient who sparked hope in me that I, too, might break free from the rollercoaster. After discussing bariatric surgery with my healthcare treatment team, we decided that a Sleeve Gastrectomy was an appropriate procedure for me. Now, more than two years after my surgery, it turned out to be the best decision that I made for my health and life.

Like many other people who struggle with weight, I rode the never-ending rollercoaster of diets and weight regain.

When in-person support groups abruptly ended, post-op bariatric patients were thrown into situations marked by isolation, temptation and anxiety.



Aaron enjoys kayaking as part of his active lifestyle.

Post-op Support Groups and the Pandemic

A few months after surgery, I joined two bariatric post-op support groups at two different medical facilities. I intended to establish good habits and learn from mentors. I knew that support group attendance was (*and is*) an important tool for long-term post-op success.

By early 2020, the world was changed by COVID-19. As with most everything else, in-person bariatric support groups experienced "hard stops" as the health care industry adjusted to the pandemic. When in-person support groups abruptly ended, post-op bariatric patients were thrown into situations marked by isolation, temptation and anxiety. Many people regained weight due to easy access to food, lack of activity and loneliness. During the spring and summer of 2020, I kept waiting for one (*or both*) of these local bariatric programs to establish an online support group for post-op patients. It never happened.

Get Connected to OAC Today!



The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage.

Sign-up to stay connected to our mission, latest news, events, ways to get involved, information and all things OAC!



Let's Connect!

ObesityAction.org/get-connected



Aaron with his wife and daughter, volunteering at a local food bank

Having seen that none of my local bariatric programs had started virtual post-op support groups, I took the initiative to start one myself. In October 2020, I hosted my first patient-led bariatric support group through Zoom. Our topic was "Tips for Surviving the Upcoming Holiday Season" and my keynote speaker was one of the experienced in-person support group leaders. I used a bariatric social media page to promote it. My first support group had several participants and was a success! In November, I hosted another online group and had even more participants, including returning participants.

By this point, news started to spread on Facebook and interest was growing. Given the increased demand but everyone's different schedules, I began twice-monthly groups in December using the same topic for both meetings. At the time I'm writing this article, I have so far hosted 20 support groups!

Based on the explosive success of my informal group, the director of a local bariatric program reached out to me to learn more about what I was doing. He connected me with his program's lead psychiatrist who was very enthusiastic about the group. She taught me tips and strategies to become a more effective group leader and I still use them in my group to this day.

One aspect of the online support group that works well is the ease of participant access. The ability to connect from the comfort of home has connected my group to people who otherwise avoid support groups. Additionally, most people are more relaxed at home and willing to open up during sessions. As with traditional in-person support groups, my virtual group empowers participants to share their personal experiences, belong to an encouraging community of others who live the bariatric lifestyle, and learn new tips for long-term success.

The ability to connect from the comfort of home has connected my group to people who otherwise avoid support groups.

Takeaway Wisdom for Bariatric Patients



I want to share some very helpful "tips, tricks, techniques and tools" that we often discuss in my support group. They can help you maximize your chances of long-term success with bariatric surgery.

Adhere to Your Program's Food Guidelines and Follow-up Visits

Your healthcare team (*surgeon*, *dietician*, *psychiatrist*, *primary care provider*, *etc.*) wants you to succeed, be healthy and have the tools you need to maintain your progress. Strictly follow their guidelines for appropriate nutrition, hydration, vitamins and good habit formation.

2. Long-term Success Requires Planning, Preparation and Accountability

Your success depends on forming healthy habits that you will consistently apply. Remember that post-op bariatric life is a permanent lifestyle, not a temporary diet! Self-accountability and tracking your food behaviors are important regardless of whether you use an app or journal. To this day, I weigh and track my food to hold myself accountable.

In group, we often discuss the need to plan ahead. Anticipating situations where eating "off program" may occur, successful patients keep appropriate snacks with them, bring pre-portioned food to work, school and gatherings, and develop routines to prevent finding themselves trapped in tempting circumstances.

3. Be Realistic about Your Expectations and Goals

The most fundamental reason for having surgery should be to achieve a healthier life. Try not to compare your body and your results with others because we all arrive at the operating table with different bodies, challenges and starting weights. Do not let the joy of your journey be spoiled because your goal was to reach a specific number on the scale. Instead, focus on the positive changes you've achieved since surgery. Take lots of photos to visually document your progress from before surgery through the first two post-op years.

4. Celebrate Non-Scale Victories

One of the most uplifting parts about participating in a bariatric support group is exchanging non-scale victories. Whether it is being able to cross your legs for the first time in a decade, flying on an airplane without a seatbelt extender, getting up from the floor after playing with grandkids, having chronic health conditions go into remission, reducing or going off medications, gaining self-confidence or a million other examples, take heart in your own accomplishments unrelated to the number on the scale!

5. Learn to Identify Hunger and Fullness Cues

More than anything, hunger and fullness are the greatest challenges facing post-op bariatric patients because our old way of recognizing these feelings has to be relearned. It is important that you learn to distinguish "head hunger" from "stomach hunger." Head hunger arises impulsively, through anxiety or boredom or emotion, and is anything other than a physical need to eat. Stomach hunger arises gradually and at the appropriate time for your body to receive nutrition. When you feel hungry, learn to determine if it is real hunger or an urge toward emotional eating.

Learning when to stop eating, without overeating, is another challenging post-op skill to master. Before bariatric surgery, many of us ate until we were loosen-the-belt stuffed. The new normal after surgery is to recognize fullness as a feeling of comfort, not a stuffed feeling. To prevent overeating, focus on learning your body's cues for when enough is enough and it is time to stop eating. In practical terms, the elementary techniques you first used after surgery such as eating slowly, chewing your food all the way through and not "fork loading" your next bite, will help if you are trying to prevent overeating.

Do You Want to Share Your Story?



If you would like your story to be featured in a future issue of *Weight Matters Magazine*, please email **membership@obesityaction.org**.

6. The Mental Struggle is Real

One of the most common discussion topics in my support group has been dealing with the neverending mind games and self-sabotaging thoughts we all have. Everything from a negative self-image to feelings of temptation can create an enormous mental burden that is important to acknowledge and control. Work with your bariatric psychiatrist to learn professional tips to help you with these struggles. Emotional peace is a key component of long-term bariatric success!

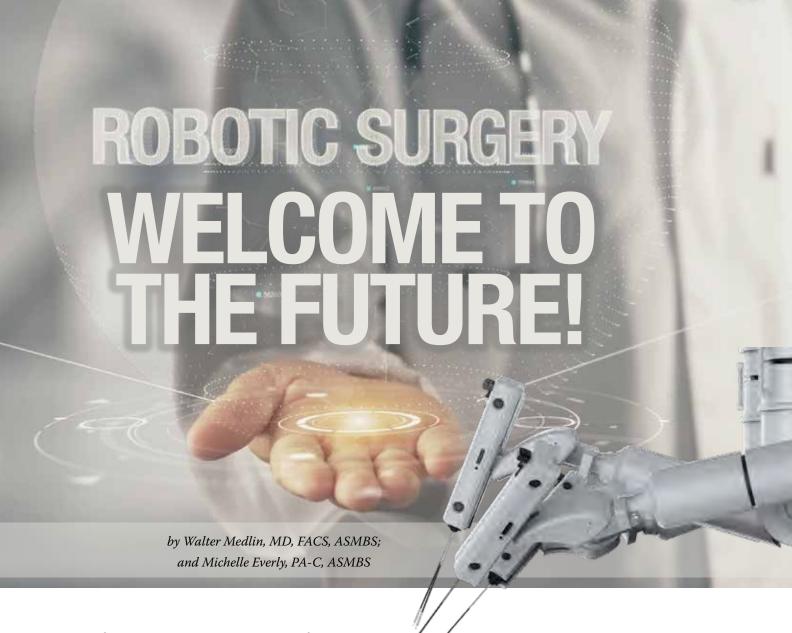
7. Get Active in Bariatric Support Groups

As we each travel on our bariatric journey, it can sometimes feel like we are alone. When you join a bariatric support group, you connect with a community of others who are dealing with many of the same struggles you have. Through your participation, you will not only learn valuable skills, but you will also support others — even when you don't believe you have anything important to share! In my support group, I give everyone airtime to share their experiences, ask questions and celebrate each other's progress. My support group thrives because the participants "own" the group through their active communication.

Conclusion

In conclusion, bariatric surgery can be an appropriate tool to manage obesity if you are willing to change your lifestyle and consistently practice healthy habits.

Long-term success after bariatric surgery is not easy, but it is within your reach. If this is a treatment option that you've chosen or you are considering, try leaning on a bariatric support group to join you in your health journey. It can not only help you with your personal goals, but also support and uplift others along the way.



Rosie from *The Jetsons* and Data from *Star Trek* are just some of the robots we know and love. They all act in some type of self-guided way. Even the robots that weld your car together will perform a series of steps without any input from a human. Surgical "robots" do NOT do that. They really are not true robots at all and are better described as electronically-controlled instruments.

A PATIENT'S NEEDS

Based on popular opinions, when having surgery, most patients want:

- Guaranteed safety
- 100% effectiveness
- No pain at all
- No scars at all

Perfect would be nice, but any step closer is pretty cool. Almost every "advance" in surgery makes progress in one of these areas – but sometimes at the cost of some other area. The safest or most effective care may require a lot of travel and be expensive. The most effective care may NOT be as safe. The least scarring may not be as safe or effective. Science is always trying to give the patient the best options and with no compromises, but that doesn't always happen.

HOW WAS ROBOTIC SURGERY CREATED?

The Defense Advanced Research Projects Agency (DARPA) is dedicated to making HUGE leaps in what can be done with science and technology. They started the work that led to the internet, self-driving cars and space lasers. One of their biggest projects was bringing medical care to the injured soldier in the field. One great way to do this is to have a machine that a surgeon can use from far away but still be virtually right at the patient's side.

Out of this remote operating room came the "surgical robot." It doesn't yet do anything on its own, but it is essentially the computer between the surgeon and the patient. This opens up many exciting possibilities, but only a few have been achieved so far.

What began in the mid 1980's with robotic joint procedures has expanded to:

- Urology
- OB/GYN
- Oncology
- Neurology
- Ophthalmology
- Cardiothoracic
- Pediatrics
- · General surgery
- Bariatrics



Many commonly performed procedures are ventral hernia repairs, prostate removals, tumor removals and weight-loss/bariatric operations of all types (*especially complex revisions*).

The cost of doing research and expanding options takes lots of time and effort, and safety has to be proven at every step. Over time, many operations in many specialties have been acceptable for "risk/benefit," but there is constant debate — as there should be. Technical advances that don't help a patient are somewhat pointless — like a surgeon in New York taking out a patient's gallbladder in France — but they can make us think differently, and that may lead to other unexpected benefits.

THE TECHNICAL ASPECT

A robot is not an independent thinking machine that performs surgery at the press of a button, like a microwave. Instead, the robot is an accessory that allows better visualization of tissue and the ability for the surgeon to have near-complete control. Movement and precision are vastly increased. For visualization, try to only use your thumb and pointer finger to pinch and rotate/twist whatever you pick up for the next hour. Compare that to using your entire hand and wrist with all the intricacies of bending and rotating them as well. That is the biggest difference between laparoscopic and robotic surgeries.



In bariatric surgery, the procedure is started laparoscopically. Robotic arms are connected and the surgeon sits at a hub and controls all aspects of movement, including cautery and suturing within the abdomen. The operating team is right at the patient's side, assisting with changing instruments and communicating with the surgeon directly via microphones and speakers.

From the surgeon's standpoint, he/she is able to sit for the duration of the robotic portion with an amazingly high-definition picture that is rendered in 3-D. The mechanics of the robot allow for the surgeon's movements to be smoothly mimicked by the instruments inside of the abdomen. The robot can use cautery and scissors and allows the surgeon to suture with ease. Put simply, the robot is a great tool for the surgeon. It makes the operation smoother and easier for both the patient and the surgeon while keeping everyone's safety intact.

THE FUTURE IS BRIGHT

Constant improvements are being made to robotics and to bariatric surgery. When it comes to laparoscopic surgery and robot-assisted surgery, patient outcomes and overall safety are similar. What is now a highly efficient joining of engineering and surgical expertise may one day become the ability to have surgery from a distance. Imagine not having to travel beyond your local hospital while being operated on by an expert robotic surgeon on the other side of the country! In the meantime, have that discussion with your bariatric medical provider about your options to make the best and most informed decision for yourself or for your loved one.

Robotic Surgery continued on page 12

PROS AND CONS OF ROBOTIC BARIATRIC SURGERY

PROS

- Better visual view for the surgeon
- Improved efficiency in the work environment and precision/accuracy
- Improved technique with the elimination of a hand tremor
- Surgeons get less fatigued through the procedure and are more capable of performing surgery
- More control for the surgeon
- Equal safety outcomes compared to laparoscopic surgery
- Options for telesurgery
- Less reported pain at incision sites

CONS

- More expensive for the hospital (although finance options exist)
- Surgeons go through years of training
- Surgeons can normally feel when something isn't right, but robots can't
- Large piece of equipment
- Longer duration of surgery



FREQUENTLY ASKED QUESTIONS ABOUT ROBOTIC SURGERY

QUESTION	ANSWER
WHAT IS IT?	A large machine that is controlled by the surgeon at a nearby hub and an operating team to provide great visualization, better movement, and better outcomes at the expense of more cost and time to perform surgery.
WHAT IS THE BENEFIT?	Surgeons can see better, move better, and don't get as tired from awkward angles or standing for hours each day, which allows them to be even more effective.
WHAT ARE THE RISKS?	Risks are similar to laparoscopic surgery and are less than open surgery. Risks are tissue and nerve damage, conversion to open procedures, bleeding, infection, and other rare complications.
WHY SHOULD I HAVE IT?	You should have it if you are interested and have had the discussion with your surgeon about the procedure. Ask specific questions such as how many robotic procedures the surgeon has done and what risks you should be aware of in order to make your best decision.
DO I HAVE TO HAVE IT?	No! If you read this article and decide that it's not for you, that is your choice.
WHERE/HOW IS IT BEING USED IN 2021?	Surgical education and training, minimally invasive procedures, high-risk procedures, complications and revisions in Bariatric Surgery.



A PERSONAL NOTE FROM DR. MEDLIN:

Dr. Medlin has completed more than 500 robotic procedures in the past nine years. He has had two bariatric operations himself in the past two years and neither was with a robot. The choice of WHO performed the surgery was more important to him than the newest technology, even though he sees the merit and usefulness with the robot. Our team has two good friends that are hospital robotic team members. They also had "regular" laparoscopy (we all recovered well!).

None of us would have objected to the robot. Still, none of us would have forced an expert laparoscopic surgeon to work with an unfamiliar tool. Do not feel like this is a tool you are missing out on, but instead, keep an open mind to all options and keep an eye out for how bariatric surgery will change in the next decade to make it better for YOU!

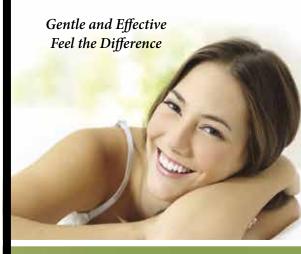
About the Authors:

Walter Medlin, MD, ASMBS, is a bariatric surgeon in Salt Lake City, Utah and Lehi, Utah. He performs mostly gastrectomy operations, SADI/loop duodenal switch operations and revision surgeries at Bariatric Medicine Institute. He is a grateful member of the Obesity Action Coalition (OAC) and supports his patients with the OAC Chairman's Council program sponsored memberships. He had sleeve gastrectomy in 2008 and upgraded to SADI in 2019. He had a revision of this in late 2020 and is doing well! Dr. Medlin LOVES to play outside, especially paragliding and kitesurfing. You can find his YouTube channel at "BMIUtah" and "Walter Medlin."

Michelle Everly, PA-C, ASMBS, has a passion for health and fitness that started early in her life. She obtained her first degree in Exercise Science and used that pathway to become a Master Fitness Trainer in the Army prior to becoming Dr. Medlin's Physician Assistant. She continues to help promote health and happiness in her patients, adopting a well-rounded approach to tackling obesity using mindfulness, exercise, dietary changes, encouraging sleep hygiene, and working with patients individually to guide them on their path to success.

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Building Resiliency and Recharging Our Health at YWM2021-VIRTUAL



While we can't always control what happens to us, we can choose how we respond. You are both the main actor and the narrator of your life.

Among others, these were memorable takeaways from YWM2021-VIRTUAL, OAC's Annual Convention that we hosted in July. Each year, we put together this long-awaited event to educate and empower individuals who are affected by weight-related issues with unbiased information, compassion, and a supportive community. And YWM2021-VIRTUAL once again delivered.

YWM2021-VIRTUAL Highlights

The success of the week-long online event series was truly energizing. Nearly 2,000 people registered to watch the live streamed educational sessions, participate in Zoom social events, and connect with the country's leading experts over relevant topics on weight and health. In total, all 50 U.S. states were represented in attendance as well as 48 countries from around the world!

There were of course some other notable highlights, like the powerhouse lineup of psychologists, nutritionists, obesity medicine physicians, researchers, and other experts who are the best in their field. The virtual EXPO Hall featured 20 exhibitors with helpful products and services in the weight and health industry. There were also the live-streamed cooking demonstrations where we could practically smell the food through the camera!

Empowerment Like No Other

But something much more powerful also took place.

YWM2021-VIRTUAL opened people's eyes to the *need* that exists right now. Perhaps more than ever before, our community needed real education, real support for managing their weight and health,

and help hitting the "reset" button in various parts of their lives. With all the ups and downs in the last year and a half, especially as we've navigated a global pandemic, we knew people needed a place to break away from it all and focus on themselves.

Throughout the week, YWM2021-VIRTUAL empowered and equipped attendees with education and tools to build resiliency, recharge their health, stand up against weight stigma, and be the narrator of their own health journeys. We learned about self-compassion and how we can practice self-care, even in our greatest challenges. The Convention also reinforced that we are deserving of respect and care at any weight, size or health status, and that we should ask that from others.



"We learned about self-compassion and how we can practice self-care, even in our greatest challenges." And even though the event was held on a virtual platform this year, YWM2021 provided a welcoming, energizing and inclusive community where people from all backgrounds, journeys, and treatment paths found a place to be supported.

Save the Date for YWM2022!

For more information about OAC's Annual Convention, including YWM2022, visit YWMConvention.com and sign-up for E-News alerts to get the latest updates. You can also stay connected with our social media pages and website at ObesityAction.org.

What Attendees Took Away from YWM2021-VIRTUAL:

- Community
- Support
- Tips for building resiliency
- Powerful weight & health education
- Exercise for the body and mind
- Forms of Self-care
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Low-carbohydrate Plans

Many people are following a low-carbohydrate plan. This can include a variety of plans, such as Keto or diabetic meal plans. These plans limit pasta, rice and bread but are rich in nutritious vegetables packed with vitamins, minerals and lean meats that are high in protein. Here is a recipe for lean turkey meatballs with vegetables.

Plan to have these on a Sunday evening and use the leftover meatballs in your kids' lunch boxes during the week. They can also be an easy protein source for another meal later in the week. A useful tip for a busy fall schedule is to consider doubling the recipe to use for other meals throughout the week.

Turkey Meatballs with Green Beans and Cherry Tomatoes

EatingWell.com

Ingredients:

- Cooking spray
- ¼ cup dry bread crumbs
- ¼ cup whole milk
- · 2 large eggs, lightly beaten
- 1 ½ oz. Asiago cheese, finely shredded (about ¾ cup)
- 1 ¼ oz. slices prosciutto, finely chopped
- ¼ cup finely chopped yellow onions
- ¼ cup chopped fresh flat-leaf parsley, plus more for garnish
- · 1 tsp. kosher salt
- ¾ tsp. black pepper, divided
- 1 lb. lean ground turkey
- 12 oz. fresh green beans
- 3 tbs. oil
- · 2 cups multicolored cherry tomatoes
- 2 Tbsp. shaved Asiago cheese

Directions:

- 1. Preheat oven to high broil with rack positioned 6 inches from heat source. Coat a baking sheet with cooking spray. Stir together breadcrumbs and milk in a small bowl. Stir together eggs, shredded Asiago, prosciutto, onion, parsley, and ½ tsp. each of the salt and pepper in a large bowl until combined. Add breadcrumb-milk mixture and turkey; mix gently using hands until combined. Shape into 24 meatballs. Arrange meatballs spaced 1 inch apart on half of the prepared baking sheet.
- 2. Toss together green beans, 1 Tbsp. of the oil, ¼ tsp. of the salt, and remaining ¼ tsp. pepper in a large bowl. Spread in an even layer on unused half of a baking sheet with meatballs.
- 3. Toss together tomatoes, 1 Tbsp. of the oil, and remaining ¼ tsp. salt in a medium bowl. Coat a separate baking sheet with cooking spray; spread tomatoes in an even layer on baking sheet.
- 4. Place baking sheets side-by-side in preheated oven. Broil until tomatoes are browned and have burst, about 5 minutes. Remove tomatoes from oven. Continue broiling meatballs and green beans until meatballs are browned and cooked through, about 7 minutes. Remove from oven.
- 5. Transfer tomatoes (*along with any tomato juices on baking sheet*) to a bowl; add remaining 1 Tbsp. oil and stir gently to combine. To serve, arrange 1 ½ cups green beans and 4 meatballs on each of 6 plates. Spoon tomatoes evenly over green beans; drizzle tomato juices in bowl over meatballs. Sprinkle evenly with shaved Asiago; garnish with parsley.

Fall Recipes continued on page 18

Vegetarian Meal Plans

Vegetarian diets limit meat and sometimes other animal products. Adding more vegetables, fruits, legumes and nuts to your daily meal plan can be a great way to fill your body with the vitamins and minerals it needs for optimum nutrition. This fall, add in fall favorites such as apples from the orchard, squash and pumpkin. These diets have been shown to help you reduce cholesterol, decrease the risk of obesity and increase lifespan. It can sometimes be difficult to make sure you are getting enough protein, so it's important to take in enough beans, legumes, nuts or tofu.



Vegetarian Enchiladas with Butternut Squash and Black Beans

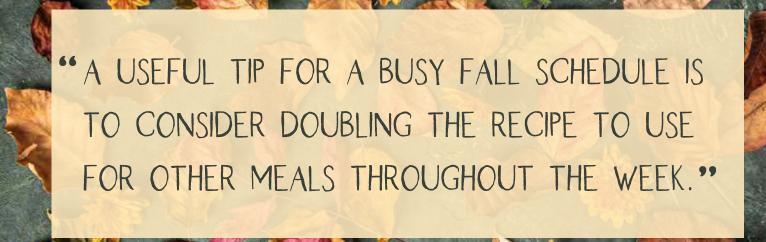
Adapted from SkinnyTaste.com

Ingredients:

- · 1 cup red enchilada sauce, homemade or canned
- 1 tsp. olive oil
- 2 ½ cups peeled butternut squash, diced into half inches
- Salt and pepper to taste
- · 1 small onion, diced
- 3 cloves garlic, minced
- 1 jalapeño, seeded and diced
- 10 oz. can tomatoes with green chilies
- 1 ½ cups reduced-sodium canned black beans, rinsed and drained
- ¼ cup cilantro
- 1 tsp. cumin
- ½ tsp. chili powder
- ¼ cup water
- 8 medium low-carb whole wheat flour tortillas (I use e La Tortilla Factory)
- 1 cup reduced-fat shredded Mexican cheese
- 2 Tbsp. chopped scallions, for garnish
- Reduced-fat sour cream, for serving (optional)

Directions:

- 1. Preheat the oven to 400°F.
- 2. Place ¼ cup enchilada sauce on the bottom of a large baking dish.
- 3. Heat olive oil over medium-high heat in large skillet. Add onions, garlic, and jalapeño and cook 2-3 minutes until onions become translucent and garlic is fragrant.
- 4. Add together cubed butternut squash, tomatoes with chilies, black beans, water, cilantro, cumin and chili powder and season with salt and pepper to taste. Cover and cook over medium-low heat, stirring occasionally, until the squash is tender, about 30 to 35 minutes.
- 5. Place about a generous one-third cup filling in the center of each tortilla and roll the tortillas together. Place them on the baking dish seam side down. Repeat with the remaining filling.
- Top with remaining enchilada sauce and cheese and bake, covered with foil until hot and the cheese is melted, about 10 minutes. Top with scallions and eat with sour cream if desired.



Low-sugar Diets

Many people choose to limit added sugar in their diet. In fact, the American Heart Association recommends only 100 calories per day of added sugar (6 teaspoons/24 grams). Sodas, cookies and sugary snacks pack hundreds of grams of sugar. This plan does not specifically limit carbohydrates, but it does limit the sugar added to your meals. Limiting added sugar can decrease the risk of developing obesity and other health conditions.

Finding low-sugar snack options can be a challenge. Consider a sweet yogurt treat with fresh fruit to satisfy your sweet tooth. You can sub in any fruit of your choice to add a fall flair to the recipe shown here!

Greek Yogurt Bark with Mango and Strawberry

Adapted from Tasty.com

Instructions:

- 2 cups 2% Greek yogurt
- 1 cup mango, diced
- 5 strawberries, sliced
- ¼ cup unsweetened shredded coconut, toasted
- Zest of 1 lime

Directions:

- 1. Combine Greek yogurt and mango in a food processor and puree until smooth.
- 2. Spread mixture onto a parchment-lined sheet tray into an even ¼-inch layer.
- 3. Top with sliced strawberries, shredded coconut and lime zest.
- 4. Freeze uncovered until frozen, about two hours.
- 5. Break into pieces and serve immediately. Keep any uneaten bark in freezer.



Fall Recipes continued on page 20

Bariatric Diets

As bariatric surgery becomes more popular, so do bariatric recipes. After bariatric surgery, the volume of food you can eat is limited, so each bite must be delicious and nutrient-packed. Bariatric meal plans are high in protein and lower in carbohydrates. For many, the holidays can be a struggle, but the recipe provided is a great way to combine a bariatric diet with a holiday favorite.



Thanksgiving Superfood Stuffing

Adapted from BariatricFoodie.com

Ingredients:

- 2 cups low-sodium chicken broth
- 1/3 cup red quinoa
- 1/3 cup amaranth
- · 1 small onion, diced
- 1 small red pepper, diced
- · 1 small green pepper, diced
- 1 lb. turkey breakfast sausage (like Jennie-O)
- 1 honey crisp apple, cored and diced (peeled, if desired)
- · Salt and pepper to taste
- ¼ tsp. ground sage

Directions:

- 1. In a pot, bring the chicken broth to a boil. Add quinoa and amaranth, drop heat to low, and allow to cook for about 30 minutes, stirring often. The mixture is done when little white coils appear from the quinoa. (*Note: there may be some liquid remaining.*)
- 2. Meanwhile, spray a skillet with nonstick cooking spray, set it over medium heat and allow it to get hot. Add onion and peppers and sauté 1-2 minutes, or until softened.
- Add sausage and cook until browned, breaking up the sausage into small bits.
- 4. Add quinoa/amaranth mixture and diced apple and stir before adding spices.
- 5. Transfer to a baking dish and bake on 350°F for 20-30 minutes, or until stuffing appears crispy on top.

Conclusion

Make this fall a season of health and wellness by combining fun fall activities with good nutrition. Adding a healthy weeknight dinner to your day or bringing a festive fall dish to your backyard bonfire can keep you on track while enjoying the season. Don't forget: it's the small changes that add up to big successes!

About the Author:

Sarah Muntel, RD, is a registered dietitian from Indianapolis, IN. She has worked in the field of bariatrics for the past 18 years, working with both bariatric and metabolic surgery patients as well as medical weight-loss patients. Sarah is an active member of the Obesity Action Coalition (OAC) and frequently contributes to OAC's Weight Matters Magazine and Your Weight Matters Blog.



Do you suspect there's more to your obesity than diet or lifestyle?



Severe obesity that begins early in life and feelings of intense hunger that may never go away are common signs of a rare genetic disease of obesity.

GENETIC TESTING CAN HELP UNCOVER:

- If you have a rare genetic disease of obesity
- Potential treatment options
- If you might be eligible for clinical studies

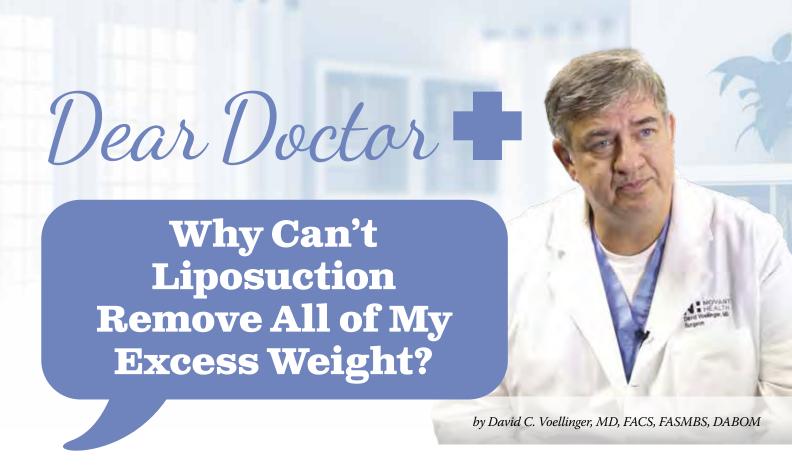
Talk to your doctor to find out if genetic testing is right for you.

The Uncovering Rare Obesity program offers a no-charge genetic test and two optional genetic counseling sessions before and after testing.



For more information, visit RareObesityTest.com



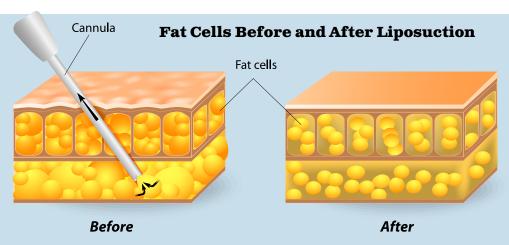


Liposuction is popular and has been performed in the United States since the early 1980s after beginning in France. It's the most common cosmetic procedure performed with more than 300,000 performed in 2020. The advertisements are everywhere. So, can you just have all of your fat removed and get rid of weight issues and medical problems? Unfortunately, it doesn't work that way.

What is Liposuction?

Liposuction is a cosmetic procedure for body shaping or contouring. It is used to immediately remove small pockets of fat in particular areas of your body that tend to "hold on" to fat despite your best efforts at diet and exercise. These areas include:

- Abdomen
- Flank (love handles)
- Hips
- Thighs
- Buttocks
- Chest
- Arms
- Under your chin



If you want to target particular areas of your body to improve your body shape and maintain a stable weight, go for it.



Most commonly, the fat is removed by making a small cut; then inserting a hollow tube (*cannula*) under the skin; then injecting a solution that separates the fat cells, numbs the nerves and constricts the blood vessels; and finally using vacuum suction to remove the fat cells.

Only a small amount of fat can be removed in one sitting due to the risk of complications—no more than six to eight pounds or three to four liters. If more than that is taken, the below risks can increase:

- Bleeding
- · Fluid collections
- Infection
- Blood clots
- Fat embolism (fat clumps in the blood that go to the lung)
- Shock (major fluid shifts causing damage to organs like the kidneys, lungs and heart)

The best candidates for liposuction are patients who are less than 30% above their ideal weight (*overweight*), have good elastic skin, have a normal immune system and have no major medical issues such as heart disease, diabetes or poor circulation.

If you want to target particular areas of your body to improve your body shape and maintain a stable weight, go for it.



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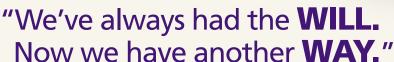
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When it comes to

LOSING WEIGHT AND KEEPING IT OFF





What is Saxenda®?

Saxenda® (liraglutide) injection 3 mg is an injectable prescription medicine used for adults with excess weight (BMI \geq 27) who also have weight-related medical problems or obesity (BMI \geq 30), and children aged 12-17 years with a body weight above 132 pounds (60 kg) and obesity to help them lose weight and keep the weight off. Saxenda® should be used with a reduced calorie diet and increased physical activity.

- Saxenda® and Victoza® have the same active ingredient, liraglutide, and should not be used together or with other GLP-1 receptor agonist medicines.
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter medicines, or herbal weight-loss products.
- It is not known if Saxenda® is safe and effective in children under 12 years of age.
- It is not known if Saxenda® is safe and effective in children aged 12 to 17 years with type 2 diabetes.

Important Safety Information

Do not share your Saxenda® pen with others even if the needle has been changed. You may give other people a serious infection or get a serious infection from them.

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 an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family have ever had MTC or if you have MEN 2.
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
- 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:

- are taking certain medicines called GLP-1 receptor agonists.
- 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, or mental health issues.
- are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your health care provider should decide if you will use Saxenda® or breastfeed.

Tell your health care provider about all the medicines you take, including prescription, 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 health care provider if you take diabetes medicines, especially insulin and sulfonylurea medicines.





Managing your weight long term requires more than willpower alone

Saxenda® can help you lose weight and keep it off

- ▶ When you lose weight, your **body fights back** by changing your appetite hormone levels, which can lead you to **regain the weight** you've lost.
- ➤ Saxenda® helps regulate your appetite by working like one of your body's fullness hormones—helping you to eat less, so you can lose weight and keep it off.

Ask your health care provider about FDA-approved Saxenda®

Check your prescription coverage at **SaxendaCoverage.com**



Important Safety Information (cont'd)

How should I use Saxenda®?

• Inject your dose of Saxenda® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your health care provider. **Do not inject into a vein or muscle.**

What are the possible side effects of Saxenda®?

Saxenda® may cause serious side effects, including:

- 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 stomach area (abdomen) to your back.
- gallbladder problems. Saxenda® may cause gallbladder problems, including gallstones. Some gallbladder problems need surgery. Call your health care provider if you have any of the following symptoms: pain in your upper stomach (abdomen), fever, yellowing of your skin or eyes (jaundice), or claycolored stools.
- increased risk of low blood sugar (hypoglycemia) in adults with type 2 diabetes who also take medicines to treat type 2 diabetes such as sulfonylureas or insulin.
- risk of low blood sugar (hypoglycemia) in children who are 12 years of age and older without type 2 diabetes.
- Signs and symptoms of low blood sugar may include: shakiness, sweating, headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heartbeat, and feeling jittery. 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 health care provider should check your heart rate while you take
 Saxenda®. Tell your health care professional if you feel your heart racing or
 pounding in your chest and it lasts for several minutes.

- 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 health care 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. Stop using Saxenda® and get medical help
 right away if you have any symptoms of a serious allergic reaction including
 swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very
 rapid heartbeat, problems breathing or swallowing, or severe rash or itching.
- 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 health care provider right away if you have any mental changes that are new, worse, or worry you.

The most common side effects of Saxenda® in adults include nausea, diarrhea, constipation, vomiting, injection site reaction, low blood sugar (hypoglycemia), headache, tiredness (fatigue), dizziness, stomach pain, and change in enzyme (lipase) levels in your blood. Additional common side effects in children are fever and gastroenteritis.

Please see Brief Summary of Information about Saxenda® on the following page.

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.



Brief Summary of Information about Saxenda® (liraglutide) injection 3 mg

Rx Only

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

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling
- Call 1-844-363-4448

Do not share your SAXENDA® pen with others even if the needle has been changed. You may give other people a serious infection or get a serious infection from them.

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 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 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 is SAYENDA®?

SAXENDA® is an injectable prescription medicine used for adults with obesity or overweight (excess weight) who also have weight related medical problems, and children aged 12 to 17 years with a body weight above 132 pounds (60 kg) and obesity to help them lose weight and keep the weight off.

- SAXENDA® should be used with a reduced calorie diet and increased physical activity.
- SAXENDA® and VICTOZA® have the same active ingredient, liraglutide, and should not be used together or with other GLP-1 receptor agonist medicines.
- It is not known if SAXENDA® is safe and effective when taken with other prescription, over-the-counter medicines, or herbal weight loss products.
- It is not known if SAXENDA® is safe and effective in children under 12 years of age.
- It is not known if SAXENDA® is safe and effective in children aged 12 to 17 years with type 2 diabetes.

Who should not use SAXENDA®?

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).
- you are allergic to liraglutide or any of the ingredients in SAXENDA®.
- are pregnant or plan to become pregnant. SAXENDA® may harm your unborn baby.

Before taking SAXENDA $^{\circ}$, tell your healthcare provider about all of your medical conditions, including if you:

- are taking certain medicines called GLP-1 receptor agonists.
- 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, or mental health issues.
- 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 use SAXENDA® or breastfeed

Tell your healthcare provider about all the medicines you take including prescription, 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 insulin and sulfonylurea medicines. Talk with your healthcare provider if you are not sure if you take any of these medicines.

How should I use SAXENDA®?

- Inject your dose of SAXENDA® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider.
 Do not inject into a vein or muscle.
- If you take too much SAXENDA®, call your healthcare provider right away. Taking too
 much SAXENDA® may cause severe nausea, severe vomiting, and low blood sugar
 (hypoglycemia).

What are the possible side effects of SAXENDA®?

SAXENDA® may cause serious side effects, including:

- 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 stomach area (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:
- o pain in your upper stomach (abdomen) o yellowing of your skin or eyes (jaundice) fever o clay-colored stools
- increased risk of low blood sugar (hypoglycemia) in adults with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus such as sulfonylureas or insulin.
- risk of low blood sugar (hypoglycemia) in children who are 12 years of age and older without type 2 diabetes mellitus
- Signs and symptoms of low blood sugar may include:
 - o shakiness o weakness o hunger o sweating o dizziness o fast heartbeat o headache o confusion
- feeling jitterydrowsinessirritability

Talk to your healthcare provider about 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.
- 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. Stop using SAXENDA®, and get medical help right away if you have any symptoms of a serious allergic reaction including:
 - o swelling of your face, lips, tongue, or throat
 - oproblems breathing or swallowing fainting or feeling dizzy
 - o severe rash or itching
- very rapid heartbeat
- 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® in adults* include:

- nausea
 injection site reaction
- change in enzyme (lipase) levels in your blood
- n site reaction tiredness (fatigue)

dizziness

- diarrhea
 low blood sugar (hypoglycemia)
- diarrnea
 low blood sugar (hypoglycemia)
 constipation
 headache
 stomach pain
- vomiting
 upset stomach (dyspepsia)

*additional common side effects in children are fever and gastroenteritis

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.

Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark

More detailed information is available upon request.

Available by prescription only.

For information about SAXENDA® go to www.SAXENDA.com or contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448.

SAXENDA®, VICTOZA®, NovoFine®, and NovoTwist® are registered trademarks of Novo Nordisk A/S.

PATENT Information: http://novonordisk-us.com/products/product-patents.html

This Medication Guide has been approved by the U.S. Food and Drug Administration

Revised: 12/2020



What Liposuction Isn't

Liposuction is not a weight-loss procedure. Only small amounts of weight can be removed during liposuction due to risks from the procedure. Only fat under the skin can be removed by liposuction, not the internal fat that surrounds our organs and is more important in obesity-related medical problems.

Even though the amount of fat cells is decreased by liposuction, small amounts of weight gain can cause other fat cells to grow, and large amounts of weight gain can cause new fat cells to form. Patients affected by obesity undergoing liposuction have a poorer cosmetic result and a higher risk of complications from the procedure.

Patients who are greater than 30% above their ideal weight (*with obesity*) are not good candidates for liposuction. Sometimes, people affected by obesity:

- · Are older with less elastic skin
- Have major medical issues
- Have an immune disease or are taking immune suppressing medications
- · Have frequent weight changes

What is the Best Way to Remove My Excess Weight?

If you want to remove as much of your excess weight as possible, then focus on managing your lifestyle. Make slow, steady improvements by eating a healthy, low-sugar diet, drinking a lot of water, exercising regularly, managing stress, changing bad habits and getting plenty of sleep.

It is not immediate fat removal like liposuction, but your fat cells will reduce in size—and not just the ones under your skin, but the ones all over your body. Not only will your body shape improve, but so will your obesity-related medical issues and your quality of life. You will be healthier and live longer.

Weight-loss medications can help by reducing hunger and cravings and making you feel more full. If you have obesity with medical problems related to your weight, then bariatric surgery could also help. Talk to your primary care physician, your bariatrician or your bariatric surgeon about your options.

About the Author:

David C. Voellinger, MD, FACS, FASMBS, DABOM, is a bariatric surgeon who is double-boarded in General Surgery and Bariatric Medicine. He completed his surgical residency at the University of Alabama Birmingham and his fellowship at Mt Sinai Medical Center in New York. He is currently the lead physician for Novant Health Bariatric Solutions Charlotte, the Medical Director for the Novant Health Bariatric Center and Chief of Staff at Presbyterian Medical Center in Charlotte, NC. Dr. Voellinger specializes exclusively in minimally invasive bariatric surgeries, including vertical sleeve gastrectomy, gastric bypass, duodenal switch, adjustable gastric banding, and revisional bariatric surgery.

Patients who are greater than 30% above their ideal weight (with obesity) are not good candidates for liposuction.







With 9 out of 10 children not eating enough vegetables, it's no wonder we're worried parents! We know the benefits of the crispy carrot and the crunchy kale – fiber, antioxidants, vitamins and minerals – but our kiddos aren't swayed by the science. And let's be honest, neither are we! If it doesn't look good, smell good, and taste good, they aren't eating it.

So how do we get them to make half their plates produce, like the Dietary Guidelines for Americans recommend? Well, that likely depends on your kiddo. A survey of more than 400 parents found that the sensory characteristics of the vegetable, like color and flavor, were big factors in vegetable consumption, as was the veggie-eating habits of the family. In other words, if you're eating fresh tomatoes and roasted Brussels sprouts, so are they. Here are some tips to boost vegetable intake for you and your family.

Have Your Child Shop with You

Engaging children at the store is the first step in vegetable-eating success.

- Compete to find the brightest strawberry or the cutest apple. Bonus points for eating the scavenger hunt finds!
- Have each member of the family pick out their produce for the week. This will give everyone an opportunity to get something they like and try something new.
- Try something different. Farmer's market finds or multicultural grocery stores are great places to seek out new produce. Red okra and green papaya were surprise likes in our house.





Put the Kids in Charge

Power is powerful, so put your kids in the driver's seat when it comes to vegetables.

- Get their help with washing, peeling, chopping and serving the vegetables. If at the end of the day they still don't try or eat much of the vegetables, they will at least know how to prepare them!
- Keep special kitchen tools for the kids. Having a kid-friendly knife, vegetable peeler or cutting board they can call their own brings them closer to the kitchen.
- Spice things up, kiddo-style. Let your kids choose and sprinkle the
 oil and seasoning. Go simple with salt and pepper, pre-measuring
 and letting them pour over the veggies. You can also let them create
 their own spice blend with different amounts of oregano, basil,
 garlic powder, onion powder or my kids' favorite: everything bagel
 seasoning.
- Make the sauce. While you're dicing and slicing, set the kids up with an array of fresh herbs, oils, vinegar, garlic, onion, plain yogurt, and seasonings to construct the salad dressing or finishing sauce for the vegetables.

Sample the Rainbow

These days, we can taste the rainbow in the produce aisle!

- Branch out from a tried-and-true veggie by switching up the color. Getting kids used to new colors is a big step and could get them one degree closer to a brand-new vegetable. For example, orange carrot ⇒ yellow carrot (win!) ⇒ yellow pepper (score!).
- Run a taste test to see which color veggie, or shape, is the favorite. Tomatoes, carrots, cauliflower, beets and potatoes are great for this and can often be purchased in a multicolor pack. For shape ideas, try veggie coins, strips, zoodles (*zucchini noodles, but you can replicate with other veggies*) or cookie-cut shapes.
- Rate the veggies using a homemade scorecard. Have the kids create their own categories or go off of taste, texture, sweetness, crunch, etc. In order to rate, use stoplight colors or a simple scale of 1-5.
- Serve a holiday-themed or color-themed plate. Staying on-theme may inspire your little ones to try red peppers for Valentine's Day or broccoli on St. Patrick's Day. Keep expectations and quantities low to avoid food waste and disappointment.

Kid's Corner continued on page 30



Timing is key

Children are more likely to eat vegetables when they're hungry, so capitalize on this!

- When dinner is running late, pull out a
 veggie tray with dip options. Hummus
 and yogurt-based dressings are a great
 way to dress up a vegetable and keep them
 snacking on something healthy before the
 main dish comes out.
- Set the oven to preheat for when you're scheduled to be home in the evening. Pop in some veggies and serve those as the rest of dinner is being plated. While rare, my kids have wiped out the roasted cauliflower before we were all sitting.
- Keep a drawer or bin with cut-up veggies for easy access. It's okay if they pass on the produce, but they will hopefully have more room for veggies at the next meal.





Roasted Broccoli with Soy Sauce

Adapted from KaylynsKitchen.com

Ingredients:

- 1 lb. fresh broccoli florets
- 1 ½ tbsp. olive oil
- 1 Tbsp. soy sauce
- 1 tsp. sesame oil
- 1 Tbsp. sesame seeds, toasted

Directions:

- 1. Preheat oven to 450° F.
- 2. Cut broccoli into pieces about 2 inches long. Then cut the stems to where the florets start and break apart so broccoli is in same-sized pieces.
- 3. Whisk together the olive oil, soy sauce and sesame oil.
- 4. Place broccoli in plastic mixing bowl and toss the above mixture in with it.
- 5. Arrange the broccoli in a single layer on the baking sheet. Roast for 10 minutes.
- 6. After 10 minutes, stir or turn the broccoli over and then continue roasting for 5 more minutes until the broccoli is tender-crisp.
- 7. While the broccoli roasts, toast the sesame seeds in a dry pan over very high heat for 30-60 seconds.
- 8. When the broccoli is done, arrange on serving dishes and sprinkle with sesame seeds.

Serve More, Eat More

Serving a variety of anything increases the chances, and the quantity, that we eat. While not the goal at a buffet, this is a positive on the salad plate!

- At dinner, serve a cooked vegetable and a raw vegetable.
 Everyone has a choice or they can do both, increasing the chance of a win.
- Serve a salad, but consider a serve-yourself or salad bar style. My son much prefers a deconstructed salad, without dressing, over foods being mixed together. A smaller sample-sized cup, the kind condiments are served in, is a great place to start.
- If food is served family-style, kids are empowered to be mindful about the amount and type of food they choose.
 Ellyn Satter (*EllynSatterInstitute.org*) has lots to say about feeding children and the Satter Division of Responsibility in Feeding. In short, adults choose the what, when and where of feeding and the child chooses how much or whether to eat.
- Offering veggie options alongside foods they are very comfortable with can feel safer to kids. Some feel more comfortable with the food on a separate bowl or plate, so perhaps try muffin tin meals with almost no chance of vegetable contamination!

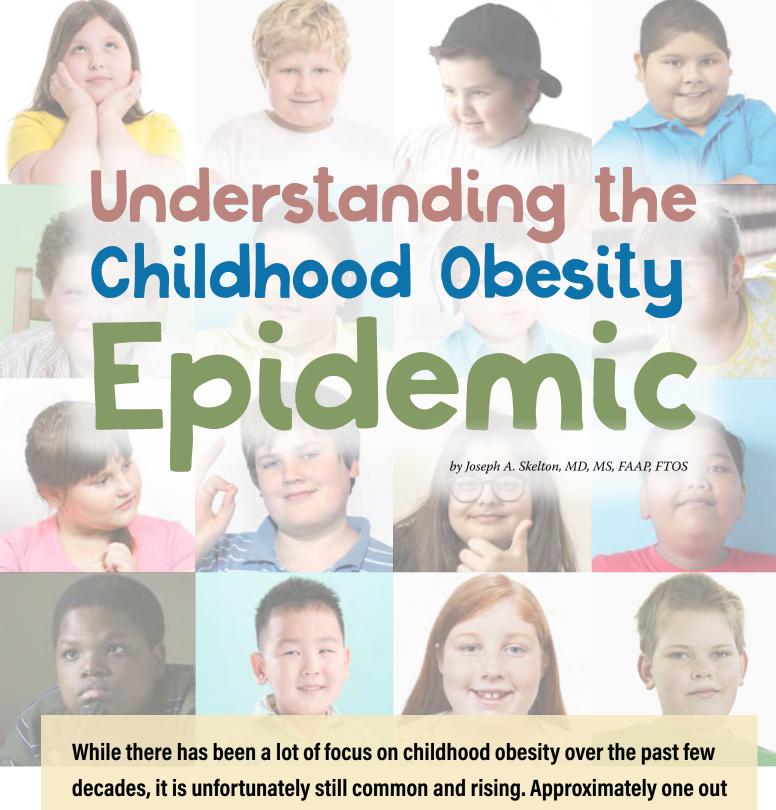
Remember, Exposure is Key!

Vegetable pickiness is common and widespread, but you too can prevail. A food exposure is an experience with a food and could be in the form of touching, smelling, licking, or even allowing a food on the plate. Repeated exposures are necessary to increase vegetable intake, so take it slow and count every win. Studies show it takes most kids at least 8-10 days in a row of tasting a vegetable to increase acceptability. Pressure is not helpful, but leading by example is, so fill that plate with goodies from the garden and have some on the side too!

About the Author:

Melissa Majumdar, MS, RD, CSOWM, LDN, is the bariatric coordinator at Emory University Hospital Midtown in Atlanta, GA. She has been helping adults and children eat more vegetables for the last 14 years. She has also been helping to prepare adults for bariatric surgery. She serves as an Academy of Nutrition and Dietetics national media spokesperson and spends her free time running and kayaking with her family.





While there has been a lot of focus on childhood obesity over the past few decades, it is unfortunately still common and rising. Approximately one out of five children have obesity. Taking into account overweight and obesity, it's about one out of three children. There is a childhood obesity epidemic occurring and we owe it to the health of future generations to figure out what's causing it and how we can fix it.

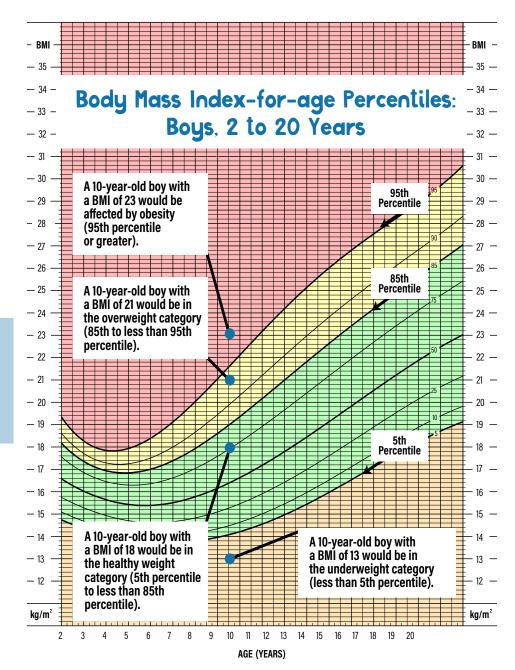
Classifying Obesity in Children

The oldest saying in Pediatrics is, "Kids aren't little adults!" That applies even more so to how we classify weight in children. In children, there are many ways to measure excess weight and most are difficult (skin fold measurements), expensive (body fat analyzers), or invasive (body scans).

If you've ever been to the pediatrician, you know it's all about the growth charts – height, weight and Body Mass Index (BMI). BMI is calculated by dividing a person's height by their weight squared:

BMI = weight in kilograms divided by height in meters squared

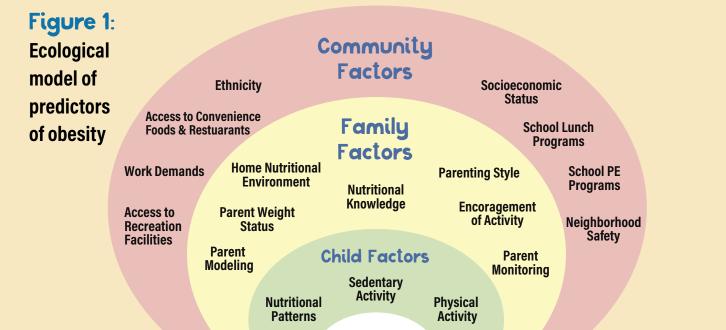
Unlike adults, BMI criteria are not absolute for children. Instead, we plot BMI on a growth chart and compare it to other children of the same sex and age. On a growth chart, children in the 85^th – 95^th percentile, compared to other children of the same sex and age, are considered overweight. This typically is a "warning" sign, meaning they have an increased likelihood of developing obesity in a few years. The 95th percentile of BMI marks the borderline of obesity for children, which increases the risk of health problems related to weight and also increases the risk of having obesity as an adult.



Adapted from the Centers for Disease Control (CDC)

Childhood Obesity continued on page 34





Child

Weight

Causes and Contributors

There are so many contributing factors to obesity and we tend to simplify the issue to wrap our heads around it. I call it "complex simplicity." Excess weight gain, in the simplest terms, is too much in and too little out. But the forces that influence that are incredibly complex and include:

- Food preferences
- · Geography/location
- Metabolism
- Health policies
- Money
- Work
- School schedules

Some medications can influence weight gain in children, including:

Adapted from the

National Center

for Biotechnology Information

- Hormones (birth control)
- Medications used to treat depression and anxiety
- Steroids

To see what factors can be attributed to increased weight gain in children, please see the figure above.



The Changing World

The world has changed throughout the past 30 years and it has affected our sleep, stress levels, eating habits and activity levels. These and a million other factors have contributed to weight gain across the world in both adults and children.

Throughout time, food has become a lot more processed, cheap and accessible. Because of this, it can be challenging for the average person to stick to a healthy diet. That, along with the boom in technology that makes it challenging to get off the couch, has made it more difficult than ever to get our children to play outside and eat their vegetables.

Yet even with a constantly changing world, it's important that we still try to remain as healthy as possible.

Prevention and Treatment

A key aspect of both preventing and treating obesity in children is the family. A child's family is the single biggest influence on their well-being, and for a child to make changes in their habits, it will require change within the family. If you put all of your focus on the child and their individual behaviors, they are unlikely to have success without the support of the family.

Here are some ways to create healthy habits for the whole family that can help your child if they are struggling with weight.

Childhood Obesity continued on page 36





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- ††Study conducted in a nonbariatric population.
- 1. Papas K et al. *Dig Dis Sci.* 2007;52(2):347-352.
- 2. Argao EA et al. Pediatr Res. 1992;31(2):146-150.

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Keep a focus on health and healthy behaviors, not weight

Of course, when people are hoping to see changes on the scale, this can be difficult. A common scenario that I see in my program is where a family has great success with cutting back on drinking full-sugar sodas, going from each person drinking two to three cans of soda per day down to one per week.

However, that may not translate into a change in weight. Remember, weight is extremely complex and obesity is a disease. Sometimes, just cutting back on soda won't create a change in weight. However, this is an overall healthier decision for you and your family. Focus on creating better habits instead of focusing on weight-loss.

Set small, achievable goals

Lofty goals, such as "I'm increasing my fruit and veggie intake from one to nine each day," are hard! Start small by adding one additional serving of fruits/vegetables each day for a few weeks, setting a timeframe for checking in on that goal and then adding another serving. Don't forget to consider age. A child's age determines how likely they are to listen and make changes. Setting achievable goals will make it so that any positive change is a good change.

Do not pressure or restrict children

One of the most difficult challenges for parents and healthcare providers is encouraging weight-loss in children without pressuring or restricting them.

This is a natural thing we try to do with children. We encourage them to eat more fruits and vegetables, eat fewer sweets and processed foods, and be mindful of their portion sizes. Children have a natural response, particularly with food; if they feel pressured to eat more of one thing and less of another, it can backfire.

Decades of research show that if we try to make our children go on "diets" or explicitly restrict their food, it can make them hungrier and increase their desire for the "forbidden food" even more. It's a tricky concept and seems to go against trying to help children lose weight, but it is an important concept to learn.

Focus on the structure of eating

Instead of only focusing on giving children smaller portions of food, focus on the structure of eating. Try setting structured meal and snack times for children to give their hunger a natural rhythm so they can associate eating with certain times of the day versus thinking the kitchen is open 24/7.



Aim for Balance

Kids need to grow. There should be a balance between reducing food intake and giving them what they need to grow without feeling deprived, hungry, flawed or "wrong." Here are some ways you can nurture that balance:

- Offer balanced meals This can help your child feel like something is getting added to a meal instead of being taken away. Add a fruit to breakfast or a veggie to dinner so that your child is exposed to more nutritious and healthy food.
- **Don't eliminate anything** Allow your kids to indulge on special occasions. It's okay for them to go to a birthday party and have a piece of cake with the rest of the children. You don't want them to feel like they can't have certain foods. You just want them to know that it's not healthy to have those foods all of the time.

Make physical activity fun

Like food, physical activity also shouldn't be a battle. The quickest way to turn someone away from exercise or an activity is to force them to do it! Remember – kids aren't little adults and likely won't enjoy that time on a treadmill. Make sure the activity is age-appropriate and fun. For many kids, they are more likely to participate and have fun when their parent gets involved and participates, too.



Conclusion

If you or a parent is concerned about a child's weight, start with a visit to the child's primary care provider. Ask about potential causes and inquire if testing is needed. Discuss what behaviors might need changing and how you can focus on those changes as a family to form healthier habits. You can also explore community-based programs that focus on overall health and good habits, not on weight-loss. Take the necessary steps to ensure your child lives a healthy lifestyle.

About the Author:

Joseph A. Skelton, MD, MS, FAAP, FTOS, is a board-certified pediatrician and obesity medicine specialist. He has a particular interest in working with entire families to change behavior, as well as working with community organizations who have the same goals. He is the founder and director of Brenner FIT® (Families In Training), a family-based pediatric obesity program that is active in clinical care, research, education and community outreach.

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In June 2021, the U.S. Food and Drug Administration (FDA) approved Wegovy® (the brand name for once-weekly Semaglutide 2.4 mg injection) for chronic weight management. This is the first new medication approved since 2014 as an addition to diet and physical activity indicated for adults with obesity (initial BMI ≥30 kg/m2) or overweight (initial BMI ≥27 kg/m2) with at least one weight-related medical condition.

What is Wegovy®?

Wegovy* is an injectable prescription medicine used for adults with obesity or overweight (*excess weight*) who also have weight-related medical problems to help them lose weight and keep the weight off.

Medically speaking, Wegovy® is a glucagon-like-peptide-1 (GLP-1) receptor agonist that is engineered in the laboratory. What this means is that Wegovy® mimics the naturally occurring GLP-1 hormone that is released by our intestines into our bloodstream within minutes after we ingest food.

What this means is that Wegovy® mimics the naturally occurring GLP-1 hormone that is released by our intestines into our bloodstream within minutes after we ingest food.

This gut hormone has many important metabolic actions, including:

- Helping to regulate blood sugar
- Slowing stomach-emptying of food
- Controlling appetite

What Have the Research Studies Shown?

The effectiveness and safety of Wegovy® have been demonstrated in the Semaglutide Treatment Effect for People with Obesity (STEP) program. The four STEP studies involved 4,500 individuals from around the world that were either affected by obesity or classified as overweight with co-existing medical conditions resulting from their excess weight.

All individuals were provided lifestyle counseling and randomized (*flip of a coin*) to receive either Wegovy* or a matching placebo (*a substance that has no therapeutic effect*) for a total of 68 weeks. The outcomes of the STEP studies were impressive:

- The average weight-loss was 15 to 17% of the individual's starting weight. For an individual who weighs 230 lbs., this translates into a 35 to 39 lb. weight-loss. In the STEP 1 study, one-third of individuals were able to lose at least 20% of their weight.
- Significant improvements were also seen in:

Waist circumference

▼ Blood pressure

▼ Blood fats

✓ Inflammation

Physical ability

When Should Wegovy® Be Used?

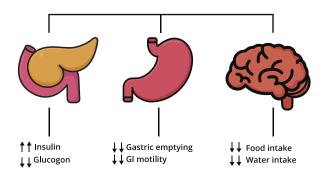
Wegovy* should be used for the chronic management of obesity or overweight with an existing weight-related medical problem such as diabetes, hypertension or sleep apnea. Similar to all medications approved for weight management, it should be prescribed along with diet, exercise and counseling when needed.

How is Wegovy® Administered?

Wegovy* is a self-injectable drug administered subcutaneously (*under the skin*) once a week with a single-dose, pre-filled pen injector. The medication is given at a dose of 0.25 mg once a week for the first four weeks. It is then slowly increased every month to reach the maintenance dose of 2.4 mg weekly for four months. Escalating the doses slowly is a way to minimize potential side effects. Patients should work with their healthcare provider to develop a dosing schedule that works best for them.

Wegovy® continued on page 40

GLP-1 Hormone





Wegovy® should be used for the chronic management of obesity or overweight with an existing weight-related medical problem such as diabetes, hypertension or sleep apnea.



Wegovy® is likely indicating a new generation of hormonal medications for chronic weight management that are more effective for weight-loss and improvement in cardiovascular risk factors.

What are the Side Effects of Wegovy®?

The most common side effects include:

- Nausea
- Diarrhea
- Vomiting
- Constipation

Wegovy® may also cause hypoglycemia (*low blood sugar*) when used with some other anti-diabetic drugs.

Are there any Concerns About Wegovy®?

Wegovy* should not be used in patients with a history of severe allergic reactions to Semaglutide or in patients with a personal or family history of medullary thyroid carcinoma or a rare condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

Wegovy® also contains warnings for:

- Inflammation of the pancreas (pancreatitis)
- Gallbladder problems
- Increased heart rate
- Acute kidney injury
- Diabetic Retinopathy (*damage to the eye's retina*)

Conclusion

Wegovy* is likely indicating a new generation of hormonal medications for chronic weight management that are more effective for weight-loss and improvement in cardiovascular risk factors. Medications are an important tool in the medical management of obesity for many individuals. We hope that in the years to come, more effective medications will come out and will assist people affected by obesity in their weight-loss or weight maintenance journey.

About the Author:

Robert Kushner, MD, is a Professor of Medicine and Medical Education at Northwestern University Feinberg School of Medicine, and Director of the Center for Lifestyle Medicine at Northwestern Medicine in Chicago, IL. He is a founder of the American Board of Obesity Medicine (ABOM), past President of The Obesity Society (TOS), and past board member of the Obesity Action Coalition (OAC). Dr. Kushner has also served as the Chair and Co-Chair of the planning committee for OAC's Your Weight Matters Annual Convention.

Dr. Kushner was an investigator in the STEP trials and serves on the Global and National Advisory Board for Novo Nordisk for which he receives compensation.



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The weight-loss journey is difficult on all fronts. To succeed long term, we have to change our relationship with food. But, just as importantly, we need to change our relationship with movement. Embracing a physically active lifestyle contributes to sustained weight-loss and overall better health in several ways. In addition, it maximizes your overall quality of life.

Moving and Pain

One of the biggest challenges to increasing physical activity can be the fact that we have pain. Pain can stop even the most motivated people from moving forward with exercise. Being in pain can make it extremely difficult to make movement a priority. Our natural reaction is to avoid movement that causes pain, leading to moving less and sitting more.

If we do move, we may do so differently to avoid pain. For example, we may begin to walk with a limp. Instead of climbing the stairs right over left, we may start leading with one leg only.



Understanding your pain, where it is in your body and how to fix it is crucial for living a physically active lifestyle.

What is Pain?

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Pain's purpose is to warn the body of a threat. Our brains 'decide' when to send a pain signal. Most of the time, our brains 'decide' appropriately when or when not to send the pain signal.

However, there are instances when the brain will send a pain signal when there is no actual tissue damage or threat. Conversely, we can experience tissue damage and the brain will not send a pain signal. Have you ever had an experience where you found a cut but do not remember how you got it because you never felt pain? Sometimes, our brains do not send the appropriate signal.

The bottom line is that pain does not exist until our brains tell us when we are in pain. Sometimes our brains produce pain signals even when there is no associated tissue damage!

What is Chronic Pain?

Chronic pain is pain that carries on for longer than 12 weeks despite medication or treatment. This is the most common type of pain that affects daily quality of life. Chronic pain can be rooted in an injury or other medical condition but can carry on long after the injury has healed. With chronic pain, the brain tends to sense pain when there is no real threat or tissue damage. In the most basic terms, the brain is cued for pain.

For this reason, pain does not necessarily provide an accurate measure of the state of the tissue. Studies show that the longer we have pain, the better the brain is at sending the wrong pain signals, even in the absence of a real threat. Why and how this can occur is beyond the scope of this article. Still, it is important to understand that if chronic pain keeps you from being more active, it is important to identify it, seek out information about its causes and plan to mitigate it.

The major areas of the body that are common areas of chronic pain include:

- Lower back
- Knees
- Feet and ankles



In my experience, these are two of the most common causes of chronic pain:

- Poor posture
- Sedentary lifestyle

*Note: There are many serious conditions that can cause chronic pain such as Multiple sclerosis (MS), fibromyalgia, neuropathy or previous injuries. These conditions require separate and unique assessments when it comes to mobility and are not addressed in this article.

POOR POSTURE

Poor posture puts muscles and joints out of alignment, causing wear and tear on the joints over time. Some muscles become overstretched while others become over-tightened. Both of these conditions can contribute to chronic pain. Many people develop poor posture that results in in an overall forward lean and forward head tilt. The result of the forward lean is that the body's weight is distributed forward over the feet and knees, contributing to arthritis in the feet, ankles, knees, hips and back.

Primary muscles that contribute to poor posture and increased pain include:

- Lower gluteal/buttocks
- Quadriceps & hip flexors (front of upper leg-thigh)
- Lower abdominals
- Lower back muscles
- Mid and upper back muscles

Good posture represents homeostasis for the body where the body can operate pain-free. Good posture aligns the skeleton straight up and down with no forward lean. The body's weight is carried through the buttocks into the heels. With good posture, all of the body's muscles are in balance, providing correct support to the body's joints. None are too tight or too weak. The key to pain-free movement is to move the body towards good posture.







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SEDENTARY LIFESTYLE

A sedentary lifestyle is a lifestyle dominated by sitting time and is a prescription for poor posture, joint weakness and pain. Too much sitting cuts off blood supply to the joints and contributes to imbalanced muscles. In addition, chronic sitting creates tightness in the upper thighs and weakness in the buttocks and lower abdominals. These conditions combine to create the forward-lean posture that contributes to chronic pain.

How to Safely Begin Increased Activity with Pain

If you have pain, how do you begin to move without making it worse? How do you learn to move confidently to improve movement and to reduce pain?

Knowledge is power. The most important first step in figuring out your pain is to get a medical

evaluation to determine the source. Getting an assessment can determine if the pain is originating from a problem in the actual joint hardware or from the supporting connective tissues around the joint (*muscles and tendons*).

The information obtained from a specialist can be used to build the right program moving forward. It can help professionals (*physical therapists or personal trainers*) help you navigate movement to increase your mobility, strength and stamina while decreasing your anxiety!

For example, if you are experiencing knee pain and are told by a medical professional that your knee shows signs of arthritis, you may have a great deal of anxiety. Your natural inclination may be to avoid using the joint in an effort to preserve or protect it from further deterioration.

The problem with this way of thinking is that lack of movement actually contributes to joint deterioration and increased pain.

Joints thrive on movement. Movement is blood flow to the joint and surrounding tissues. Blood flow equates to joint lubrication, which translates to improved mobility and strength as well as decreased pain. Exercising the muscles around the arthritic joint can provide the joint with greater strength, stability and mobility.

Try the exercises below to improve your posture and ease your chronic pain.

1 Sit to Stand

This simple exercise uses the lower body the way it was engineered to work.



It strengthens the entire lower body. You may need to hold onto something until you build enough strength to complete the exercise without holding on. The goal is to work up to 10 bridges without stopping in the beginning. It is perfectly appropriate to complete 2-3 in a row, then rest and repeat until you have completed a total of 10.

Equipment needed: A sturdy chair (*preferably not a sofa or recliner*)

Steps:

- 1. Sit towards the end of the chair with your feet on the floor. Try to place the feet as close to under the hips as possible.
- 2. From here, push through your heels and rise to a standing position.
- Once standing, squeeze your lower buttocks and pull your lower abdominals in and up. In other words, complete the last three steps of moving into good posture that I gave earlier.

2. Bridges

Both bridges and pelvic tilt exercises require you to lie on your back. If getting on the floor is too difficult, you can easily



complete these on a bed. This exercise strengthens the lower buttocks and the abdominals.

Equipment needed: None

Steps:

- Lay on your back with your knees bent and your feet hip-width apart
- 2. From here, push through your heels and raise your buttocks off the bed or floor.
- 3. Try to raise your buttocks high enough so that your body is in a straight line between your knees and your shoulders.
- 4. Lower down to the starting position and repeat 10 times.

Why Exercise with Chronic Pain?

Our bodies are a system of levers and muscles. We were engineered for movement. Movement pushes blood flow deep into joints lubricating them. The absolute worst thing for joints is sitting for prolonged periods of time. Too much sitting literally cuts off circulation to the joints and the supporting muscles.

Regardless of which area of the body is affected by pain or the cause of the pain, the following activities can help relieve chronic pain and improve stamina and movement:

- Stand More Frequently: Break up sitting time. Get up at least every hour and be on your feet for at least 2-5 minutes. Sitting may feel like a break, but it is actually stressing the cardiovascular system, the muscles and the joints. Standing is homeostasis for the body. Standing also turns on metabolism, generating a calorie burn ten times greater than sitting.
- **Move into Good Posture:** Because poor posture is the root cause of most pain issues, these steps will help move your body into good posture:
 - Look at yourself sideways in the mirror.
 - Shift your buttocks backward over your heels (this usually puts you into more of a forward lean).
 - Squeeze your lower buttocks.
 - Pull your lower abs in and up while squeezing your lower glutes.
 - Lift up your rib cage (elevate your chest). This will automatically pull your shoulders back and down, reducing upper back pain and a forward head tilt.



Conclusion:

Managing pain or chronic pain can be intimidating. The important thing to remember is that joins thrive off of movement! Rather than fearing pain, talk to a healthcare professional about some exercises or activities that you can do to control and improve your pain.

About the Author:

Liz Dumont Proctor, CPT, is a certified personal trainer and behavior change specialist with more than 25 years of experiencing in helping clients adopt and stick to permanent lifestyle changes that result in weight-loss, improved mobility and a better overall quality of life. Liz came to health and wellness as a result of her own weight-loss journey.

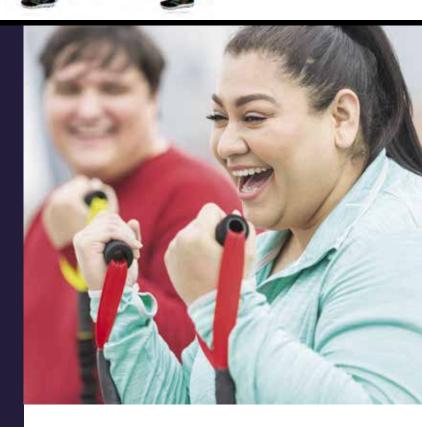
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[†]ASMBS Integrated Health Nutritional Guidelines for the Surgical Weight Loss Patient — 2016 Update: Micronutrients.

