

Weight Matters

FALL 2020

FOR YOUR HEALTH

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OAC
Obesity Action Coalition

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*** modified version of Diabetes Prevention Program (DPP) diet.

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Weight Matters

FOR YOUR HEALTH

Fall 2020

Volume XVI

Issue I

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



**Chairwoman
of the Board**

Hello Everyone,

For 15 years, the Obesity Action Coalition (OAC) has been the nation's leading organization standing up for people with obesity. Today, with more than 70,000 members standing together, our mission has never been stronger: to elevate and empower those affected by obesity through awareness, education, advocacy and support. Please join me in wishing the OAC a Happy Anniversary because we couldn't have come this far without you! The OAC won't stop fighting for people with obesity, and we hope you'll stand with us every step of the way as we build the world we need.

I'm also excited to announce that in June, as the world engaged in meaningful conversations around justice and equality, we launched the new OAC Diversity and Inclusivity Task Force to continue those conversations and create action. This task force, made up of OAC Community members, will make recommendations as to how we can further improve our programs, education and support for our community. Watch for more about the important work of this task force in the near future.

Throughout the month of July, more than 2,000 attendees from 59 countries and 47 states tuned in to our first-ever *Your Weight Matters* Virtual Event Series, which challenged those watching to think differently about their weight and health. Welcome to those of you who found the OAC through those events. We're so glad you are here! I want to take a moment to recognize the outstanding work of the OAC staff, National Board of Directors, OAC committee members, volunteers and event sponsors. Everyone rose to the challenges faced in 2020 to create this innovative, month-long, virtual event series that brought science-based education and the support of the OAC Community into living rooms across the globe.

This fall will be a very different one than we thought it would be. We continue to face challenges, many of which we don't have the ability to control. That uncertainty can be a challenge when you are trying to manage your health and weight. Whatever struggles you might be experiencing, know that you are not alone. I hope you will utilize the free tools and resources of the OAC. Seek the assistance of healthcare professionals (search by zip code at [ObesityCareProviders.com](https://www.obesitycareproviders.com)) and keep your OAC Community close. Support makes a difference.

*"My mission in life is not merely to survive,
but to thrive" - Maya Angelou*

Be well. May we all thrive!

Michelle Vicari

Michelle "Shelly" Vicari, OAC Chairwoman

OAC Partners with SOPHIA Research Project

The Obesity Action Coalition (OAC) has partnered with 28 other obesity organizations



and industry leaders to launch the SOPHIA project (Stratification of Obesity Phenotypes to Optimize Future Obesity Therapy).

The SOPHIA project is a new research initiative that aims to improve the assessment of the risks of obesity co-morbidities and the treatment of people who are affected by obesity. This is a five-year public-private research project that is working to better understand why some people develop complications with their obesity and others don't.

Along with the OAC, 28 other partners – including academic and industry partners as well as other patient advocacy organizations – have all come together to spearhead the SOPHIA project. The OAC's mission is to make the project as patient-centric as possible by ensuring the patient voice is always represented.

As the SOPHIA project collects data over the coming years, OAC will work to keep you informed. To learn more about the SOPHIA project, visit imisophia.eu.

A Patient-Centered Approach to Obesity Care

The Obesity Action Coalition (OAC) has always been part of the fight to ensure that patient voices



are heard by healthcare professionals around the world. With this, we are thrilled to share the great news that our partners at Obesity Canada and the Canadian Association of Bariatric Surgeons have released new patient-centered Adult Obesity Clinical Practice Guidelines (CPG's).

The vast majority of healthcare providers receive little to no training in obesity management, yet we still expect our providers to be able to help us. Typically, CPG's are used by healthcare providers as a roadmap to refer to as they manage disease in their patients. However, Obesity Canada has ensured their guidelines are understanding and supportive of people living with obesity.

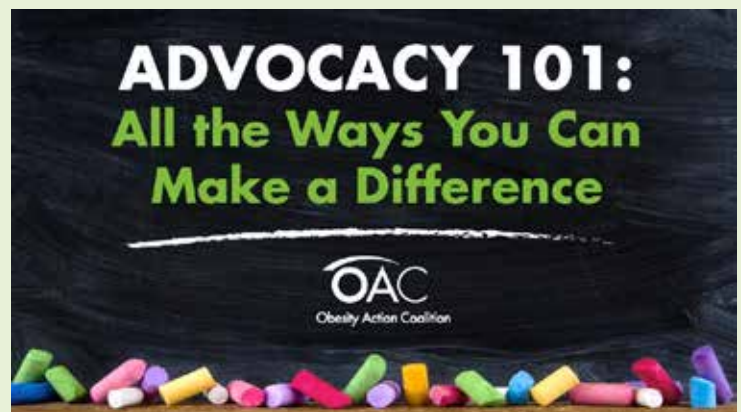
These new guidelines will address weight bias and discrimination in the healthcare system and outline the critical five steps in the patient journey: ask, assess, advise, agree and assist. You can read more about this powerful advocacy tool at ObesityCanada.ca/guidelines.

OAC Debuts Virtual Advocacy Video Training Series: Advocacy 101 – All the Ways You Can Make a Difference

As a patient advocacy organization, the Obesity Action Coalition (OAC) relies on our dedicated community of supporters to help us impact change on key issues in obesity. However, we also recognize that everyone has different interests, passions and levels of experience with advocacy. That's why the OAC is excited to announce the debut of our first virtual advocacy video training series: Advocacy 101 – All the Ways You Can Make a Difference.

Knowing that the word "advocacy" can sometimes feel intimidating, we wanted to demonstrate just how easy it is to be an advocate and take action with the OAC. The eight-part video series walks viewers through what the OAC stands for, what core issues need attention (*like fighting weight bias and sharing quality education*), and easy tools that supporters can use to get involved and make a difference.

If you are interested in advocacy or you want information about how to get started, we encourage you to check out this new video series at ObesityAction.org/Action-Center/Advocacy-101.





OAC Community Perspectives

Changing the Narrative around Weight, Bodies and Obesity

by Ian Patton, PhD, RKin, HFFC-CEP

Hi there! My name is Ian Patton and I'm proud to be part of the Obesity Action Coalition (OAC) Community.

I'm also a proud father of two kids and husband to a loving wife. We live near Toronto, Canada, with our two dogs. We're an active family that loves being outside and playing sports. I coach both baseball and hockey, and I've recently become obsessed with a very intense but unspoken competition with my neighbor over who has the best garden (*I am currently winning*).

I work for a National Health Charity, Obesity Canada, as the Director of Advocacy and Public Engagement. I am also a part-time professor in Kinesiology (*the study of the body and movement, or exercise science*) at

one of our large universities. My educational background includes a focus on obesity, physical activity and the use of BMI (*Body Mass Index*).

My work brings me pride and joy by allowing me to use my education to combine my passions for helping and teaching. As a certified Exercise Physiologist and Kinesiologist, I strongly believe in the importance of being active and the impact that activity can have on health and wellness. I also believe that activity can and should be for everyone. Being active doesn't mean we have to hurt or suffer, but should be something we can find joy in.



Ian Patton, PhD, RKin,
HFFC-CEP



Advocating for a Better World

Something I am very proud of is my work as an obesity patient advocate. I am passionate about the fight to reduce weight bias. I want my children to grow up in a better world where:

- Body diversity is accepted
- People living in larger bodies can happily and comfortably be a part of society
- Obesity is treated as the chronic disease that it is

I want my kids to experience a world where their value is not tied to their body and where they are not judged (*and they don't judge others*) based on size. I also want them to experience a world where, if they need it or know someone who does, there is access to fair and respectful healthcare that treats obesity as a disease and not a personal failing.

“ I want my kids to experience a world where their value is not tied to their body and where they are not judged (*and they don't judge others*) based on size. ”

Struggling with Weight at a Young Age

I grew up as the “big kid.” Some of my peers went out of their way to make sure I was aware that I was “less than” because of my size. I experienced my fair share of teasing and bullying. Some of it was direct with the intent to be hurtful, but there was plenty more that was subtle – like the “playful” jokes of family and friends. Both hurt my feelings.

However, I admit that I had it a bit better than some of my peers when it came to isolation and trauma from bullying. I found sports where I could use my size as an advantage. I excelled in hockey, football, rugby, baseball and wrestling – all sports where being big was a good thing. Sports brought me a lot of confidence and valuable opportunities. Most importantly, it gave me friends. Sports isolated and protected me.

In my high school years, it became clear that my obesity was something I was supposed to try to change. I did a number of “diets” and exercise programs, and I even tried a bunch of fat-burning supplements to no avail. I gained and lost weight several times but it always came back. In university, that cycle continued. I got bigger and bigger, and I tried harder and harder to lose the weight.

The years I spent wrestling likely played a big role in my disease. In wrestling, you can gain an advantage by trying to be bigger than your opponents while still making the required weight class. To do this, we “cut weight.” The idea is that you weigh-in on Friday afternoon for a tournament on Saturday. Once you make weight, you can gain it back before the competition starts the next day. For me, this meant regularly gaining and losing 15-30 lbs. through dehydration, starving and bingeing.

Later on, injuries took me off the mat. I went from being a high-level athlete to being virtually sedentary, and the change was challenging. My weight skyrocketed when I added the stress of completing graduate school. By the time I was 30, I weighed more than 360 lbs. and was very sick. I had hypertension and sleep apnea, and I felt like the fat I was carrying was sucking the life out of me. I was distracted, unproductive and always tired. I had little to no motivation. Some days, I found it hard to breathe. Movement was difficult and painful.

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

Paving a New Path

As my wife and I started our family, I realized that I needed help if I wanted to be around for those I care about. I eventually chose bariatric surgery to help treat my obesity. After surgery, I lost a great deal of weight and resolved virtually all of my other health issues. I was finally able to be the energetic, productive father and husband I had always wanted to be. I started to enjoy life in a way I had not known before.



Ian with his wife and two kids

This, however, was just the tip of the iceberg. Surgery helped me get to a spot where I could be more successful in managing my health, but it was not a cure. I still needed to put the work in with:

- My head
- My relationship with food
- My emotions
- My environment
- My behaviors

Like many bariatric surgery patients, I experienced a period of regain. This is not uncommon as our bodies begin to adapt and resist weight-loss. I have since used several other tools to help me maintain control and reverse some of the regain, including:

- Cognitive behavioral therapy
- Medications
- Deep-diving into my relationship with food and addictive behaviors

Joining a Movement

My experiences, and the experiences of my peers, inspires me to be part of the movement that is fighting to change the narrative around weight, bodies and obesity. I am dedicated to making change – whether it's representing the voices of individuals living with obesity in research projects, making sure their lived experiences are at the forefront of educating health professionals, or working with governments to shape policy around obesity.

I have also come to realize that obesity is a global issue.

It is a diverse and complicated disease that impacts people all over the world in different ways. This is why I became involved with the new Global Obesity Patient Alliance (GOPA), of which the OAC is also a part of. I believe that we all have our own unique experiences, skills and knowledge, so I

am always eager to learn from others. In GOPA, we get the opportunity to unite and share a global message. We amplify our skills and knowledge by sharing and learning from each other's organizations. Together we are all stronger.



Ian says he is grateful for his experiences that have helped him understand obesity

Building a Connected Community

Obesity Canada is in the process of developing our own vibrant community of empowered individuals that is similar to the OAC's Community. This community – called "OC-Connect" – is a space for support, education and empowerment. The process has taught me the value in being honest and open with our experiences. However, it's perhaps more valuable to recognize and reflect on how our personal experiences differ from others. The OAC has done a fantastic job of harnessing a community like this, and I'm grateful and honored to be a part of it.

“Surgery helped me get to a spot where I could be more successful in managing my health, but it was not a cure.”

Action is also important in these communities. We are going up against a well-established belief that obesity is simple and that the solution is tough love, shaming, and overly simplistic treatments. Many people simply don't know the truth about obesity – and they never will know if we don't take action together. This is why having a community like the OAC's or OC-Connect is so important. We need a space to filter out the noise and raise our voices.

A Call to Action

As we've seen recently, grassroots movements have the power to influence change. I invite you to join these communities and me by taking specific actions you are comfortable with. Start small by sharing educational resources and have a conversation with friends, family and colleagues about obesity. Then, when you are ready, take the next step by getting involved in a campaign, writing a letter, signing a petition, speaking to your representatives or sharing your personal experiences. Collective action works. You can be part of something special.

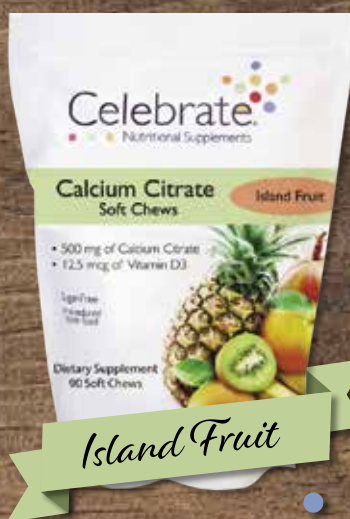
“We are going up against a well-established belief that obesity is simple and that the solution is tough love, shaming, and overly simplistic treatments.”

Do You Want to Share Your Story?

Sharing your personal story and experiences can make a difference, inspire change, and support others in their health journeys. Visit the OAC's dedicated story-sharing platform at **WeightoftheWorld.com** to share yours. We offer question prompts and ideas to help you get started.

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

FALL IN LOVE WITH OUR NEW FLAVORS!



Don't Judge a Book by its Cover:

My Experience with Obesity, Autism and Rare Disease

by Maxie McGlohon, MSN, RN, FNP, LNC, Rare Disease Advocate



Maxie smiles with her son, David.

I'll never forget one evening when I attended a dinner at a medical meeting with a large group of couples. Like myself, all the women were wives of doctors. I was sitting at the other end of the table when I overheard a conversation between two of them. "I just have zero tolerance for obese people!" one of them exclaimed. She was implying that all people with obesity lack willpower and simply choose to be heavy.

In full disclosure, there may have been a time in my life when I also felt like people with obesity had chosen that path. I thought they could change if they truly wanted to, but then there was David.

You see, it's difficult enough to eat healthy, exercise daily and maintain a healthy weight when you're just an average person. If you add an intellectual disability and a syndrome that causes genetic obesity, the deck is already stacked against you.

My Son David

My 14-year-old son, David, has an ultra-rare genetic syndrome called Bardet Biedl Syndrome (BBS). He also has Autism and is only semi-verbal. BBS can affect every major organ system, causing blindness, kidney issues and genetic obesity.

Imagine the sensation of never feeling full after eating. This is exactly how people with BBS feel. BBS also lowers metabolism and causes most people affected to lose their vision. It would be challenging to exercise and jog around the block when you are blind, wouldn't it? Then consider a possible intellectual disability. It would be difficult to eat right and exercise when you struggle to communicate even the most basic of needs, wouldn't it?

An Honest Reflection

I mentioned earlier that there was once a time when I truly didn't "get it." I am a nurse practitioner, and I've worked in family practice for years. I have diagnosed and treated many patients with hypertension, diabetes, high cholesterol, kidney issues, heart disease and other health conditions. Many of these patients had obesity.

At every appointment, we would discuss healthy diet and exercise. Most of them had follow-up visits every three months. I remember one time, after seeing a patient for years, he came in with a blood sugar level that was higher than ever. I felt like I was failing. I wondered, "Why couldn't he get his blood sugar and weight down?"

This had been a particularly difficult day, and I treat every patient like they are my family. This is how I would want to be treated. Where was I failing him because he wasn't losing weight? I got frustrated, so I started telling him that this was going to affect his heart and kidneys and that he was going to die if he didn't get control of his health.

Later, I felt terrible for talking so directly with him. But again, my patients are my family and I didn't want my family member to die. It never really crossed my mind that he might have a genetic reason for his obesity. Not once. I thought he should just eat healthy and exercise more.

Learning from Experience

Unfortunately, most people seem to have this mindset. Over the years, my position has certainly changed! Since my son was diagnosed, I've met many children and adults affected by genetic obesity. I've heard their stories about being bullied and discriminated against, their struggles with depression, and about questioning their self-worth. It's heartbreaking.

If more healthcare providers as well as the general public could just fully understand genetic obesity, perhaps there would be more:

- Compassion
- Support systems
- Research
- Acceptance

Caring for My Son

So, how do you care for a child with autism, an intellectual disability and a rare syndrome to address their physical, mental and emotional health? How do you help them exercise and attempt to maintain a healthy weight? Trust me, this isn't easy. It's a struggle that weighs on my heart daily.

My son's BBS specialist informed us that even though his weight is normal and stable at this time, his genetic weight issues may still catch up with him. All of the exercise in the world may one day not be able to keep the weight gain from attacking my son. How do you say "no" when your child is lying on the floor, kicking and screaming, begging for food, even though they have already eaten three full meals and two snacks? They simply don't feel full and are still hungry. My son constantly asks for food and is always hungry. My husband and I truly try our best to help him be healthy.

Most of the time, when David is crying for food, we try to redirect him with a range of outdoor activities:

- Walking
- Riding bikes
- Jumping on the trampoline
- Playing on the swing or play set

My son absolutely loves to swim, so we purchased a small above-ground pool from Walmart. This was the best investment we ever made! It's such great exercise for him and he can work on his physical training and occupational therapy goals in the water.

You may be saying, "I don't have the finances for such things," but exercise is something you can do anywhere and anytime. Here are some examples:

- Walk in a park
- Walk up and down stairs in your house or apartment
- Rake leaves in the yard
- Work in the garden
- Do anything that gets you moving and your heart pumping!



David participating in active outdoor activities.

My Experience continued on page 12

As far as diet goes, we try very hard not to have any “junk food” in the house. My whole family struggles with temptation and trying to maintain a healthy weight. We try to only keep healthy options in the kitchen such as fresh fruit and veggies, lean meats, nuts and healthy carbs. We also try to eat organic when we can. When David is screaming for a snack, we try to offer an apple,

banana or orange instead of cookies and chips. He also loves veggies, so we often spiralize raw veggies like carrots and zucchini. He loves the shape and actually asks for these!

Now again, in full disclosure, life sometimes gets in the way. We don't always adhere to our diet as we should and we sometimes splurge too much. Still, that doesn't mean we don't want our son to lead as normal of a life as possible.



David and his father playing Miniature Golf.

On a daily basis, David eats as recommended by his health specialist:

- Gluten-free
- Dairy-free
- Low-sodium
- Low-carb
- Low-calorie

However, if David is at school or somewhere special, and they are having a cake for someone's birthday party, we let him have the cake with gluten. We occasionally get his all-time favorite food: pizza. We simply try to increase his activity later that day. He also needs to drink at least two liters of water daily, as urged by his kidney doctor, which has the added benefit of helping him curb his appetite.

With everything, our goal is moderation. While we are hopeful and optimistic about David's future, we still try to be realistic – especially about the likelihood of his vision loss. We try to engage him in activities that he can do even if he goes blind. The best example is swimming, and thank goodness that's his favorite thing to do.

We also take him to participate in other activities:

- Adaptive surfing
- Surfer's healing
- Adaptive waterskiing
- Adaptive snow skiing
- Horseback riding

Taking care of David's emotional and mental health can be challenging, but we try to take things one day at a time. David participates in speech and occupational therapies. Since my husband and I are both musically inclined, we do our very own music therapy as often as we can with our busy lives. My son really seems to find his voice in music. He struggles to do everything in life, so we try to help him find his voice wherever we can. We mainly just give him all of the love we have for him: lots of high-fives, snuggles, hugs and kisses.

The World I'm Fighting for

I hope my story can help even one person understand more about genetic obesity. The next time you see someone with obesity or excess weight, don't judge. Don't judge when you see that mom in the grocery store with her heavier child, putting cake and sodas in her cart. They may be trying hard to live a healthy lifestyle, but may just be celebrating a child's birthday. Don't make assumptions that they are lazy and eat too much.



David picks flowers outside.

Try to remember these things:

- Some people can't help that they struggle with weight
- Some people may have issues in their life contributing to weight gain
- We're all different
- Compassion goes a long way

Try not to judge a book by its cover, because if you do, you may be missing out on some very special and beautiful people.

About the Author:

Maxie McGlohon, MSN, RN, FNP, LNC, Rare Disease Advocate, wears many hats. She is a family nurse practitioner, legal nurse consultant, rare disease advocate for the Bardet Biedl Syndrome (BBS) Foundation and all rare diseases, and a mother as well as case manager to her son, David, who has BBS and Autism. Mrs. McGlohon emphasizes that she will never stop believing in her son and all that he can do in this world.

Meet NEW YOU Winner, Craig & His Wife Denise — Lost a Combined 275 lbs!

Craig lost
185 lbs*

“Once your mind’s
set, you can do
anything!”

Denise lost
90 lbs*

“We did it
together —
it worked for us!”

The OPTIFAST® program is a medically
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** modified version of Diabetes Prevention Program (DPP)



COZY UP FOR FALL: TIPS FOR MAKING HEALTHY SOUPS AND STEWS

by Katie Chapmon, MS, RDN

Fall marks the transition from summer to winter when daylight becomes shorter and the temperatures start to cool. The possibilities and opportunities of summer are passing, and the chill of winter is on the horizon. With the changing of the leaves and the crispness that enters into the air, there's nothing like a hot bowl of soup or stew to make you feel comfortable and relaxed.

When thinking of these traditional meat and vegetable medleys, we're often left with the thought of a heavy comfort food. There are a couple of different tips and tricks to make your favorite warm meal without compromising your health goals.

IT'S ALL ABOUT THE BASE

Traditional broths for soups and stews can be on the heavier side, especially if using a heavy cream or sauce. Start with a light chicken, beef or veggie broth. You can thicken up the broth a couple of different ways. If using meat, add some of the drippings. If using vegetables, blend some of the root vegetables in the broth. For each base, a longer cooking time will help to thicken up the liquid.

GLORIOUS VEGETABLES

Adding vegetables to your soup or stew increases your fiber intake with every bite. Fiber is not only great for your digestive tract, but it also makes you full for longer. For an added bonus, save money and experiment with different vegetables by opting for seasonal ingredients.

UTILIZE WHOLE WHEAT

Many soups and stews call for noodles, but instead of skipping noodles altogether, make a tiny swap that will save calories and boost the nutrition. Use a whole wheat variety of your favorite pasta or spiralize vegetables like zucchini or yellow squash.

POUR OVER

Stews are often made to be ladled over a scoop of rice that soaks up all of the delicious flavors. Change out the grain that you'll pour your stew over so that you can get additional fiber and protein. Quinoa, farro and barley are all delicious and hearty options, or you could even try some riced cauliflower.

GATHER UP THE PROTEIN

Adding in a variety of proteins and making them the main player in your soup or stew can add flavor and fullness. Cubed beef, shredded chicken and shrimp all have a place in the pot! Increasing the protein doesn't only have to mean adding meat. Vegetarian stews are just as filling and delicious. For a vegetarian option, use beans or legumes for a hearty dose of protein.

DITCH THE STORE BRAND AND MAKE YOUR OWN!

Creating your own soup or stew can satisfy that warm and cozy autumn feeling. With a mix of healthy carbs, lean proteins and lots of veggies, a bowl of soup or stew has all the makings of a well-rounded meal to enjoy with friends or on your own.

HEALTHY SOUP AND STEW RECIPES:

Instead of cracking open a can from the supermarket (*which tend to be high in sodium*), try one of these easy recipes for your fall soup or stew needs.



COLORFUL AUTUMN VEGETABLE SOUP

Adapted from *TheHealthyMaven.com*

Prep Time: 10 minutes / Cook Time: 30 minutes
Total Time: 40 minutes

Serves: 6-8

Ingredients:

- 1 Tbsp. olive oil
- 1 large yellow onion, chopped
- 2 celery stalks, chopped
- 3 garlic cloves, minced
- 1 small sweet potato (*about 1 cup*), chopped
- 1 cup peeled butternut squash, chopped
- 2 cups cauliflower florets, chopped
- 2 cups sliced cabbage
- 28 oz. can of diced tomatoes
- 6 cups vegetable stock
- 2 tsp. Italian seasoning (*or a mixture of dried parsley, basil and oregano*)
- ½ tsp. cracked black pepper
- 1 tsp. sea salt
- 2 Tbsp. freshly chopped parsley

Instructions:

1. Heat up a large pot over medium-high heat and add olive oil.
2. Throw in onion, carrot and celery and cook for 3-5 minutes or until onions are translucent.
3. Add in garlic and cook for 1 minute.
4. Add in sweet potato, butternut squash and cauliflower and cook for 5 minutes.
5. Top with cabbage, diced tomatoes, vegetable stock and spices. Then stir.
6. Bring to a boil and then let simmer, uncovered over medium heat for 30 min.
7. Top with fresh parsley and serve warm.

Note: This soup will keep for a week in the refrigerator and freeze well for several months.



CARROT GINGER SOUP

Adapted from *TheSkinnyTaste.com*

Prep Time: 10 minutes / Cook Time: 40 minutes
Total Time: 50 minutes

Serves: 4

Note: You can make this soup vegan or dairy-free by swapping the cream for coconut milk.

Ingredients:

- 1 Tbsp. unsalted butter (*use oil if dairy-free*)
- 1 large white onion, chopped
- 3 cups reduced-sodium vegetable broth
- 1 lb. peeled baby carrots
- 1 Tbsp. grated fresh ginger
- ¼ cup reduced-fat sour cream, vegan sour cream or coconut milk for dairy-free
- Kosher salt and white pepper to taste
- 2 Tbsp. fresh micro greens or chives for garnish

Instructions:

1. In a large pot or Dutch oven, melt butter over medium heat. Add onions and cook for about 5-6 minutes, stirring often until they are soft.
2. Add broth, carrots and ginger. Cover and bring to a boil. Reduce heat and simmer until carrots are soft, about 30 minutes.
3. Add sour cream by using an immersion blender (*or in batches in a regular blender*). Carefully blend until smooth. Bring soup back to a boil and adjust salt and pepper to taste.
4. Ladle into 4 bowls and garnish with a little more sour cream and fresh chives if desired.

Fall Soups continued on page 16

“Creating your own soup or stew can satisfy that warm and cozy autumn feeling.”



SPICED CAULIFLOWER, KALE AND CHICKPEA STEW

Adapted from *TheFirstMess.com*

Prep Time: 10 minutes / Cook Time: 50 minutes
Total Time: 60 minutes

Serves: 4-6

Note: The amount of vegetable stock you use should depend on how thick or thin you want your stew. This recipe goes for something in between.

Ingredients:

- 1 Tbsp. coconut oil
- 1 cooking onion, diced small
- 1 Tbsp. curry powder
- 1 bay leaf
- 3 cloves garlic, minced
- Small jalapeño or cayenne pepper, seeded + minced (*optional*)
- ½ cup waxy potatoes, diced
- 3 cups small cauliflower florets
- 28 oz. can crushed tomatoes
- 1-2 cups vegetable stock
- 1 cup cooked chickpeas (*drained of any liquid*)
- 1 bunch Lacinato/Tuscan kale, stems removed and chopped
- Salt and pepper to taste
- Chopped leafy herbs to finish (*parsley, cilantro, etc.*)

Instructions:

1. Heat the coconut oil in a large soup pot over medium heat. Add the onions and cook slowly, lowering heat if necessary. Cook until very soft, translucent and almost breaking down, about 6-7 minutes. Add the curry powder and bay leaf and cook for 3 more minutes, stirring often. Add the garlic and jalapeño (*if using*). Stir and cook until fragrant, constantly stirring to avoid burning the garlic.
2. Add the potatoes and cauliflower to the pot and stir. Season with salt and pepper to taste. Add the crushed tomatoes and stir once more. At this point, add 1 cup vegetable stock (*you may want to add more later*). Stir, place a lid on top and bring to a boil. Lower the heat to a simmer and remove the lid. Cook until the potatoes are just tender, about 40 minutes. Add the chickpeas and diced kale and simmer for 5 more minutes or until greens have wilted.
3. Check the curry for seasoning, adjust, and serve hot. Try over naan, brown rice, quinoa or on its own. Garnish with chopped leafy herbs.

About the Author:

Katie Chapmon, MS, RD, is a Los Angeles-based Registered Dietitian specializing in the field of metabolic surgery and weight management since 2008. She currently works with individuals in-person and virtually all across the country. She plays active roles on committees with the American Society of Metabolic and Bariatric Surgery (ASMBS) and the Academy of Nutrition and Dietetics (AND) Weight Management Dietetic Practice Group. For more information about Katie Chapmon, visit KatieChapmon.com.

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1. 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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How **YWM2020-VIRTUAL** Helped OAC Redefine Education, Advocacy and Support

by Mckinzie Burrows, OAC Engagement Specialist

Without a doubt, this year has dealt an interesting hand and has urged each one of us to navigate a challenging “new normal.” Our efforts at OAC also took a new spin this year, and this prompted us to do something we have never done before: host our Annual *Your Weight Matters* Convention on a virtual platform in 2020!

GROWING OUR REACH AND FILLING THE GAPS

The OAC's Annual Convention is highly-anticipated each year, and it is widely celebrated as the nation's leading event for individuals seeking real answers about weight and health. Despite the uncharted waters of hosting our first virtual event of this magnitude, **YWM2020-VIRTUAL** was a groundbreaking success!

When OAC started planning **YWM2020-VIRTUAL**, we immediately recognized its promise. We knew that this year was different with the challenges our community has faced due to COVID-19. This prompted us to want a novel way to offer genuine support to our community and others who may be stumbling across OAC for the first time.

With this, we designed **YWM2020-VIRTUAL** to reach anyone around the world without barriers and deliver an immersive, energetic and supportive experience for people in their health journeys. It was also important to us that **YWM2020-VIRTUAL** held true to our values and reflected what our Convention has always provided: quality education.



By bringing in the country's leading experts, **YWM2020-VIRTUAL** cut through the noise of the diet industry by:

- Breaking down the science behind weight
- Exploring weight management options and resources
- Offering strategies in nutrition, exercise, behavior health, mental health and more
- Encouraging and empowering attendees

REDEFINING EDUCATION, ADVOCACY AND SUPPORT

While this was the first time we've ever hosted an OAC Convention virtually, **YWM2020-VIRTUAL** checked all the boxes. It was educational and informative, but it was also intimate and supportive.

With a live chat feed and weekly virtual support groups, **YWM2020-VIRTUAL** made it possible for attendees to connect one-on-one and talk about their experiences with weight and health. Our Q&A feature allowed viewers to directly ask questions for experts and get quality answers. The event series also helped OAC spread the word about our offerings, resources and advocacy opportunities to get involved and make a difference.



"You are in charge of food. Food is not in charge of you. Make a decision. Own it. Enjoy it. Move on."

— Dawn Jackson Blatner, RDN, CSSD, LDN

Most importantly, the ease of using a virtual platform helped make OAC's education, advocacy and support available to thousands. The unique opportunity to do this ended up making OAC's mission and momentum even stronger:



We **REDEFINED EDUCATION** by showing what quality, science-based information about weight and obesity should look like.



We **REDEFINED ADVOCACY** by showing how easy it is to be an advocate and make the world a better place for people struggling.



We **REDEFINED SUPPORT** by showing what a support system looks like — a space without judgement where you can be yourself, share openly, and lean on others.



"Break down goals into small, manageable steps. Steady change is the key to success."

— Paul B. Davidson, PhD



"Take care of you. Show yourself some grace and kindness."

— Patty Nece, JD, OAC Vice-Chair

WHERE DO WE GO FROM HERE?

The success of YWM2020-VIRTUAL taught us a lot about the virtual space and the needs of our community. With this, we encourage you to stay tuned for what's to come, because this was just the start of what is on the horizon! In the meantime, we hope you will continue walking with OAC so we can support you in the ways you need — and we also need you on the frontlines with us as we continue to navigate this new normal together and be each other's advocates.

YWM2020-VIRTUAL TAKEAWAYS:

If you are struggling with obesity or facing challenges with weight, we encourage you to add these resources to your toolbox:

- Genuine help from people who understand and are qualified to help you
- An encouraging support system
- A healthy inner monologue
- What works best for YOU in this "new normal"
- The answers to your weight and help that YOU need



"Life events impact weight. A better understanding of your past can give you a pathway to self-compassion and targeted treatment."

— Robert Kushner, MD



"We need to fight back against a society telling us we're a failure because we can't keep the weight off."

— Scott Kahan, MD, MPH

YWM2020-VIRTUAL continued on page 20



YWM2020 - VIRTUAL Highlights

More than
2,000
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Registrants!



Individuals from
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47 States**
participated!



11 National Sponsors



18 Exhibitors



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Mentions &
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#YWM2020VIRTUAL TRENDING WORDS



#YWM2020 #Education #EventSeries #VirtualEducation #Health #Weight
#TopnotchExperts #Great #Free #OAC #Obesity #ChangingObesity #Weightloss
#MentalHealth #Selfcare #Nutrition #Exercise #EmotionalHealth #Best #Inspiring
#Support#Fitness #Experts #Food #Kind #Acceptance #Stress #Positive
#Answers #WorldClass



Mary Rismeyer: "Very interesting and informative. Love the suggestions on getting the "exercise" off the to do list on on the want to do list and then done. Great ideas. Really felt like the speakers talk to us directly. They listen to us and responded to all of the questions. Very professional."



Paul Davidson, PhD: "What a fantastic event #YWM2020Virtual turned out to be. Thanks to #OAC, presenters, sponsors and especially the attendees. Hoping to be together in person next year!"



Maura Murphy: "I really enjoyed it, connecting with others on this journey is empowering. Listening to experts with facts and figures on obesity and learning the difficulties in losing weight and maintaining the loss reminds me of the saying 'knowledge is power.' Thank you"

THANK YOU TO OUR CONVENTION SPONSORS

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Without support from our sponsors, OAC wouldn't have been able to provide this incredible educational experience, and we want to thank them for their contributions.

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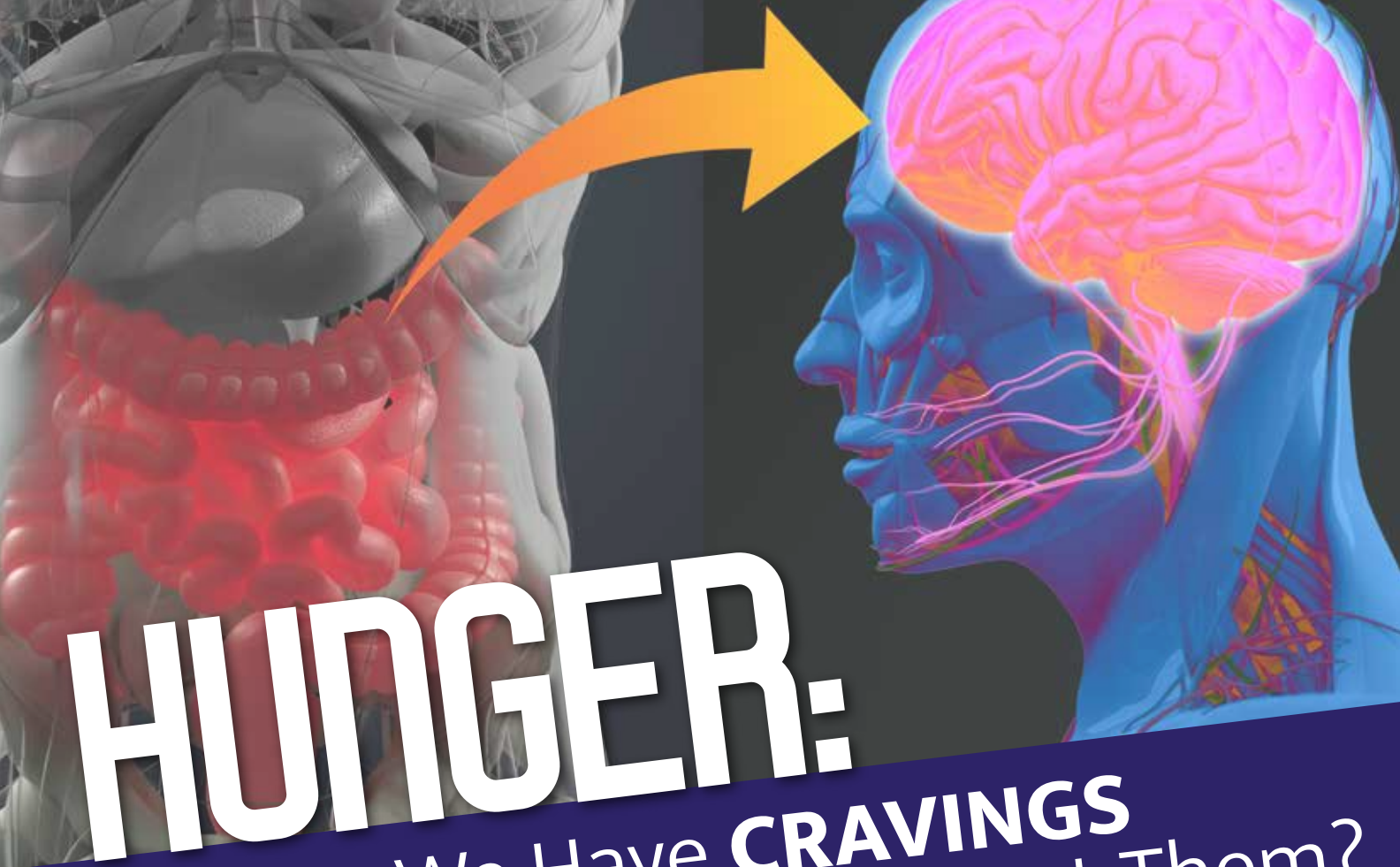


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HUNGER:

Why Do We Have CRAVINGS and What Can We Do about Them?

by Carl Roberts, PhD, MRes, BSc; Charlotte Hardman, PhD, BSc; and Jason Halford, PhD, BSc, C. Psychol

Hunger and cravings are feelings and experiences which are driven by complex signaling between our gut and our brain. For example: “I feel hungry” or “That food looks nice.”

Our appetite and eating behaviors are influenced by a relationship between the following processes:

- Gut-brain hunger signals (*when your stomach tells your brain when you're full or hungry*)
- The brain reward process (*feeling pleasure or joy from food*)
- Cognitive control processes (*conscious thoughts, feelings, decisions, mindset, and control over behavior*)

Many people affected by obesity have biological factors at play which affect this relationship and can lead to overeating. Many people without these biological factors cannot possibly imagine how difficult it can be to control hunger and food cravings. When we go on a “diet” by restricting food, this is even harder because these feelings are intensified.

Some of these complex biological factors that affect people with obesity are outlined in this article. It is important that these factors become more acknowledged by the general public, healthcare professionals and policy makers in order to reduce blame and weight stigma. This will also help others understand that changes to our environment can help support healthier behaviors.

“Palate and pleasure are some of the most powerful motivators of our drive to eat.”

What is Hunger?

Hunger is essentially a psychological experience, or a feeling that results from complex signaling between our gut and brain. There are receptors throughout our digestive tract which detect the presence of nutrients. When there are not enough nutrients in our digestive system, hunger hormones are produced which send a signal to the hypothalamus – the part of the brain that controls hunger and thirst. This then increases our appetite and makes us want to eat.

The same is true for what happens during a meal. When we eat, nutrients in the gastrointestinal (GI) tract produce hormones that communicate with the hypothalamus. They tell the hypothalamus to produce:

- **Neuropeptides**, which are molecules that influence the activity of the brain and body.
- **Cocaine and Amphetamine-Regulated Transcripts (CART)**, which are proteins that suppress hunger. CART affects our sense of reward, stress and eating behaviors.

During a meal, hormones also produce signals when we start to experience fullness while eating. Other times, hormones are produced after the meal when we experience fullness and don't feel any more desire to eat.

Short-term Hunger

In response to food or a lack of food, the body also created short-term hunger signals. These short-term signals are controlled by longer-term signals from the neuroendocrine system which makes and releases hormones. Examples of longer-term signals include insulin (*secreted by the pancreas*) and leptin (*secreted by fat stores in the body*). These longer-term signals control how responsive the brain is to short-term signals.

However, when we gain weight, our brains become less sensitive to leptin and insulin. This reduces the impact of fullness hormones and causes us to feel hunger.

It is important to note that this complex hunger signaling system varies among everyone because of our individual makeup and biology. It's also only one of many factors that affect appetite. However, this is one system where people affected by obesity may be more biologically likely to struggle with overeating.



THE HUNGER SCALE

Food is Rewarding

The physiological explanation of hunger outlined in this article doesn't consider other factors that affect eating behavior. They include psychological factors such as the enjoyment and pleasure of eating. So, while our bodies have an impressive gut-brain system that affects hunger, these signals alone are unable to prevent weight gain in our modern environment.

Palate and pleasure are some of the most powerful motivators of our drive to eat. The rewarding nature of food can easily overtake fullness signals and make it harder to resist temptation.

Food is essential to our survival. Because of this, we have created a system that constantly puts us around food sources, making us want food and often encouraging us to overeat.

For example, let's look at two key parts of our brain's food reward system:

- **The endocannabinoid system** – A system of signaling molecules whose main function is to help the body maintain homeostasis, or a stable internal state. This system affects mood, appetite, stress, sleep and more.
- **The opioid system** – A system in our brain that controls pain, reward and addicting behaviors.

Both of these systems are involved in “wanting” and “liking” foods, which ramp up our desire to get food and give us pleasure while eating. Many parts of these systems overlap in the part of our brain that controls motivation and reward. As a result, they can have powerful effects on our desire for food, our cravings, and our enjoyment of food. When we eat foods that are high in fat, salt and sugar, the systems mentioned above increase activity in the brain. In some people, these systems may be more active and result in a stronger motivation to eat.

Hunger continued on page 24

“Some of the most highly-craved foods are high in fat, salt and sugar. They include foods like chocolate, ice cream, French fries, pizza and cookies.”

Cravings and Responses to Food

A food craving is an intense desire for a particular food. Some of the most highly-craved foods are high in fat, salt and sugar. They include foods like chocolate, ice cream, French fries, pizza and cookies. Research has shown that there are differences in brain activity between people who crave foods regularly and those who don't. For example, brain imaging studies have found that chocolate cravers show greater activity in brain-reward areas when they see or taste chocolate compared to those who don't crave chocolate.

People affected by obesity also tend to be more reactive to food cues that include:

- Pictures and videos of food (*advertisements, commercials*)
- Sights and smells of real food

Being exposed often to food cues can also trigger cravings. Cues and cravings can significantly influence eating behavior and weight gain. The same brain imaging studies also suggest that in people with obesity, the brain shows more activity and greater reward when they are presented with images of food.

In addition, having obesity can make someone more likely to notice and respond to the sight and smell of food. This can make it harder to control appetite when there are so many environmental cues encouraging us to overeat. Plus, when we go on diets and restrict the amount of food we eat, all of these cravings and desires are intensified. That tells us that maintaining healthy eating behaviors in our modern environment, which promotes weight gain, can be extremely difficult! In order to resist food, we have to have constant conscious control over incredibly powerful forces that drive us to eat.



Cognitive Control

Despite how complex the brain is when it comes to hunger and cravings, we do have some conscious control of our eating behavior. It's called cognitive control, and it helps us decide when not to respond to food cues and hunger signals. However, cognitive control can be really tough to do when we are hungry, stressed or in a certain mood.

When it comes to weight management, "dietary restraint" is a word used often that refers to conscious efforts to reduce and control how much we eat. However, being able to restrain from food and manage weight is strongly influenced by factors like stress and mood. Being constantly exposed to stressful life situations makes us more likely to reach for foods that are rich with sugar and fat.

Being in a low mood can also affect cognitive control and make us more likely to fall back into coping strategies like emotional eating. When we find this happening to us, it often makes us feel like we have failed. So, we lose confidence in our ability to stick with our diet, which increases our low mood and leads to a vicious eating cycle.

“Being constantly exposed to stressful life situations makes us more likely to reach for foods that are rich with sugar and fat.”

So What Can We Do?

- ✓ Understand that there are powerful biological and environmental forces that trigger us to overeat. You shouldn't feel inferior if you are struggling with food and weight.
- ✓ Inform and educate health care professionals, policymakers and the general public about the complexity of obesity in order to erase blame and weight stigma.
- ✓ You DO NOT have low self-control. There are biological, psychological and environmental factors that affect self-control. These factors can strike at any time and affect our ability to control food choices.
- ✓ Identify and reduce tempting situations. For example, if you don't need anything from the baking aisle at the grocery store, try not to walk down it.
- ✓ Try to reduce stress and develop alternative coping strategies that don't involve food and drinks. For example, go on a walk or spend time in nature.
- ✓ Set realistic food and weight-loss goals. Achieving small goals will improve your confidence and mood, which can also improve your cognitive control and behaviors. Setting unrealistic goals will have the opposite effect.
- ✓ If you do lapse, be kind to yourself and use it as a learning opportunity. You are not a failure and you have no reason to feel guilt. You are doing well in the face of many obstacles.
- ✓ Give yourself credit for achieving food-related goals.
- ✓ Remember, you are not alone!



About the Authors:

Carl Roberts, PhD, MRes, BSc, is a lecturer in psychology at the University of Liverpool. He is a neuropsychopharmacologist working in the appetite and obesity research group.

Charlotte Hardman, PhD, BSc, is a senior lecturer in psychology at the University of Liverpool. Her research focuses on the biopsychology of appetite control and eating behavior as well as the application of this knowledge to interventions for healthy diets.

Jason Halford, PhD, BSc, C. Psychol, is head of the School of Psychology at the University of Leeds; President Elect of the European Society for the Study of Obesity (EASO); and a board member of the European Coalition for People Living with Obesity (ECPO). He is a psychologist with interests in eating behavior, appetite, mental health, food inequities, the food environment and weight stigma.

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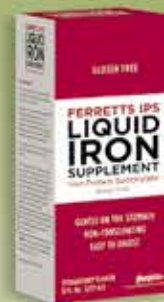
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Dear Doctor

How Can I Prepare for My Psychological Evaluation before Bariatric Surgery?



Answer Provided by Rachel Goldman, PhD, FTOS



I think the term “psychological evaluation” can often be very misleading and can cause pre-bariatric surgery patients to struggle with overwhelming and anxious feelings. First, let’s not look at this as an exam or an evaluation, but rather a consultation with a behavioral health professional.

Why Do I Need a Psychological Appointment before Surgery?

Many people ask why they have to see a psychologist or behavioral health professional prior to getting bariatric surgery. I tend to first explain this requirement by comparing bariatric surgery to other types of surgery. For instance, I explain that if you have a broken wrist, you need to get your wrist repaired. Of course, you will also need some recovery time and perhaps even some physical therapy, but that’s it. It’s done, you had the surgery, and you move on with your life.

“ However, the key to a successful surgery is how you will mentally prepare yourself and how you will use the tool the surgeon gave you. ”

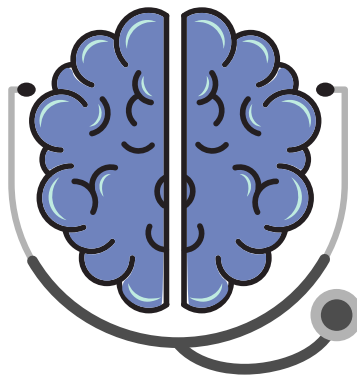
Now, let's think about bariatric surgery. This is not a surgery where you are simply repairing a bone in your body. This is a surgery that could potentially change your life. You made the decision to treat your obesity with bariatric surgery, so you will be provided with a tool that will assist you in living a healthier life. The surgeon will do his or her job and take care of the physical aspect of the surgery. However, the key to a successful surgery is how you will mentally prepare yourself and how you will use the tool the surgeon gave you. Similarly, when a doctor writes you a prescription, it is up to you to fill it and be compliant with that medication.

How Can a Mental Health Provider Help Me before and after Surgery?

You may still be wondering why a pre-op psychological evaluation is necessary, or why you have to see a mental health provider before having bariatric surgery.

Years ago, when I first started getting involved in this field, a colleague of mine said that the role of a bariatric mental health provider “is NOT to be the gatekeeper.” This is very true! It is NOT our job to simply say “Yes, you should have bariatric surgery” or “No, you should not.”

This is exactly why I don't like to think of this appointment as an exam. Our job during the pre-op process is more complicated than simply coming to the conclusion that you “passed” or “failed.” It is the mental health provider's job to make recommendations to you and your bariatric surgery team by identifying your strengths, potential barriers or challenges, and then use this information to help develop tools that will assist you in being successful.



Dear Doctor continued on page 31

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Actor Portrayals.

Indications and Usage

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

Important Safety Information

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

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

Possible thyroid tumors, including cancer. Tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.



In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

Do not use Saxenda® if you or any of your family have ever had MTC, or if you have 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 a history of MTC
- you have MEN 2. This is a disease where people have tumors in more than one gland in their body
- you are allergic to liraglutide or any of the ingredients in Saxenda®. Symptoms of a serious allergic reaction may include: swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, and severe rash or itching

Talk with your health care provider if you are not sure if you are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby

Before taking Saxenda®, tell your health care provider about all of your medical conditions, including if you:

- have any of the conditions listed in the section "What is the most important information I should know about Saxenda®?"
- are taking certain medications called GLP-1 receptor agonists
- are allergic to liraglutide or any of the other ingredients in Saxenda®
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
- have or have had problems with your pancreas, kidneys or liver
- have or have had depression or suicidal thoughts
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your health care provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®
- 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



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

Saxenda®
liraglutide injection **3mg**

Important Safety Information (cont'd)

you will take Saxenda® or breastfeed. You should not do both without talking with your health care provider first. Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your health care provider if you take diabetes medicines, especially sulfonylurea medicines or insulin

How should I use Saxenda®?

- Inject your dose of Saxenda® under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your health care provider. **Do not inject into a vein or muscle**
- Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them

What are the possible side effects of Saxenda®?

Saxenda® may cause serious side effects, including:

- **possible thyroid tumors, including cancer**
- **inflammation of the pancreas (pancreatitis).** Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back
- **gallbladder problems.** Saxenda® may cause gallbladder problems, including gallstones. Some gallbladder problems need surgery. Call your 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), and clay-colored stools
- **low blood sugar (hypoglycemia) in people with type 2 diabetes who also take medicines to treat type 2 diabetes.** Saxenda® can cause low blood sugar in people with type 2 diabetes who also take medicines used to treat type 2 diabetes (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood

sugar may include: shakiness, sweating, headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heartbeat, 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 when taking Saxenda®
- **kidney problems (kidney failure).** Saxenda® may cause nausea, vomiting, or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure, which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. Call your 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.** Serious allergic reactions can happen with Saxenda®. Stop using Saxenda® and get medical help right away if you have any symptoms of a serious allergic reaction

- **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

Common side effects of Saxenda® include nausea, diarrhea, constipation, headache, vomiting, low blood sugar (hypoglycemia), decreased appetite, upset stomach, tiredness, dizziness, stomach pain, and changes in enzyme (lipase) levels in your blood. Nausea is most common when first starting Saxenda®, but decreases over time in most people as their body gets used to the medicine. Tell your health care professional if you have any side effect that bothers you or that does not go away.

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.

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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

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 Saxenda®?

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

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

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family have a history of medullary thyroid carcinoma.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
 - Symptoms of a serious allergic reaction may include:
 - swelling of your face, lips, tongue, or throat
 - problems breathing or swallowing
 - fainting or feeling dizzy
 - severe rash or itching
 - very rapid heartbeat

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

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

Before taking Saxenda®, tell your healthcare provider about all of your medical conditions, including if you:

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

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

How should I use Saxenda®?

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

- If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting.
- Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.

What are the possible side effects of Saxenda®?

- **Saxenda® may cause serious side effects, including: possible thyroid tumors, including cancer.** See “What is the most important information I should know about Saxenda®?”
- **inflammation of the pancreas (pancreatitis).** Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- **gallbladder problems.** Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
 - pain in your upper stomach (abdomen)
 - yellowing of your skin or eyes (jaundice)
 - fever
 - clay-colored stools
- **low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus.** Saxenda® can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood sugar may include:
 - shakiness
 - weakness
 - hunger
 - sweating
 - dizziness
 - fast heartbeat
 - headache
 - confusion
 - feeling jittery
 - drowsiness
 - irritability

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

- **increased heart rate.** Saxenda® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda®.
- **kidney problems (kidney failure).** Saxenda® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.

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

- **serious allergic reactions.** Serious allergic reactions can happen with Saxenda®. Stop using Saxenda®, and get medical help right away if you have any symptoms of a serious allergic reaction. See **"Who should not use Saxenda®"**.
- **depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

The most common side effects of Saxenda® include:

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

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

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

These are not all the possible side effects of Saxenda®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Keep your Saxenda® pen, pen needles, and all medicines out of the reach of children.

For more information, go to saxenda.com or call 1-844-363-4448.

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® contact: Novo Nordisk Inc. 800 Scudders Mill Road,
Plainsboro, NJ 08536 1-844-363-4448

Saxenda® and Victoza® are registered trademarks of Novo Nordisk A/S.

PATENT Information:

<http://novonordisk-us.com/patients/products/product-patents.html>

Revised: SEPTEMBER 2016, VERSION 2



For example, let's say a patient is struggling with any of the below disordered eating behaviors:

- Skipping meals
- Emotional eating
- Binge eating
- Night eating

The patient's bariatric mental health provider and bariatric surgery team could problem-solve together and come up with a plan to help the patient improve their health behaviors prior to having surgery.

Creating a Plan Fit for You

Working with a mental health professional is unique because they have the ability to help you come up with a plan. This will help you follow through with surgical recommendations and will also help you anticipate difficulties that may arise as your lifestyle changes. Because every individual is unique, with different lifestyles, backgrounds and stressors, we as mental health professionals can assist you in building a plan that will specifically work for you and help you achieve your goals.

Since bariatric surgery requires many new lifestyle changes, other changes may occur that an individual may not necessarily be prepared for. Therefore, another important part of the psychological evaluation for bariatric surgery is not just assessing and gathering information, but also providing education about these potential changes and assisting patients with building a plan to deal with them.

After someone loses a lot of weight and/or has bariatric surgery, there are many different changes that could possibly occur, including changes with:

- Eating habits
- Socializing
- Going to events where food is present
- Relationships
- Self-confidence

The more a patient can work with a mental health professional before having bariatric surgery, the easier and less overwhelming the experience will be afterwards.




Final Thoughts

Remember, bariatric surgery is not brain surgery. Similarly, bariatric surgery is not like any other surgery. Bariatric surgery is a treatment for obesity and a tool to help individuals become healthier. The surgeon is not changing your brain, your thoughts or your emotions. At the end of the day, individuals who choose to have bariatric surgery must work on their thoughts and behaviors in order to maximize the benefits of the surgery. The surgeon will do their job, but now it is time for you to do your job. So, don't come to your pre-op psychological evaluation expecting to take an exam or to be told you can or cannot have surgery. Come with an open mind and ready to listen, learn and make changes.

Do you have more questions about this topic? Feel free to reach out to Dr. Rachel at dr Rachelnyc@gmail.com or follow her on Twitter (@AskDr_Rachel), Facebook (DrRachelNYC) or Instagram (dr Rachelnyc).

About the Author:

Rachel Goldman, PhD, FTOS, is a licensed psychologist specializing in the mind-body connection, including health behavior change, the treatment of obesity, weight management, eating behaviors and stress reduction. She is also the Clinical Assistant Professor in the Department of Psychiatry at Grossman NYU School of Medicine and has a private practice in NYC where she utilizes cognitive behavioral therapy to assist in behavioral changes, both with individual clients and corporate wellness.



Racing against the Clock for Better Obesity Care Policy

by Chris Gallagher, OAC Policy Consultant

I met a bariatric surgeon for the first time 25 years ago while working for the American College of Surgeons. I was tasked with taking the leadership of a fairly new society, then called the American Society of Bariatric Surgeons, around Capitol Hill. We spent most of our time there explaining what “bariatric” meant as well as educating skeptical Congressional staff that obesity is a complex and chronic disease.

Thankfully, we’ve come a long way since then. Now, more and more policymakers at the federal and state levels accept that obesity is a disease and that patients should have access to science-based treatments. However, many of them still continue to push back on treating obesity seriously. Unfortunately, a very vocal minority can make it extremely hard to pass good and sound public policy. That’s what’s happening right now with the Treat and Reduce Obesity Act. This legislation desperately needs to be passed in Congress once and for all to help millions of Americans be able to access meaningful obesity treatments.



The Treat and Reduce Obesity Act: A Quick Overview

The Obesity Action Coalition (OAC) has been supporting the Treat and Reduce Obesity Act (TROA) for years, but if you're unfamiliar, TROA is a critical bipartisan bill that will give older Americans with Medicare coverage greater access to obesity healthcare services, treatments and providers. Specifically, the bill will expand Medicare coverage to include:

- **FDA-approved prescription medications for chronic weight management**
- **Intensive behavioral counseling services**

The good news is that TROA currently has very strong support from more than 185 Republican and Democratic members of Congress! The concerning news, however, is that despite its momentum, the bill has still yet to come up for a committee or floor vote since it was first introduced in 2013.

What's Taking So Long?

The primary sponsors of TROA in both the House of Representatives and Senate have worked extremely hard since 2013 to grow support for the bill and make others see the critical need for available treatments. Unfortunately, Congress as a whole has not yet been willing to take on the issue of making sure patients have access to comprehensive obesity care.

Why is this? Well, the bill has been met with a lot of resistance, mostly because of a lack of understanding about obesity as a disease. A lot of that is due to weight stigma. Some policymakers in Congress are afraid that it would be way too expensive to provide treatment coverage for millions of Americans affected by obesity. Others believe that the solution isn't to provide care, but to be better at efforts aimed at prevention.

Frankly, some in Congress still believe that people with obesity "did it to themselves" because they don't have the willpower or discipline to make healthy lifestyle choices. They think people with obesity just need to eat less and move more. Of course, this couldn't be further from the truth!

The bottom line is that the OAC and other health advocates have done a tremendous amount of work to show the need for TROA, and there have been many great and promising strides. But to get TROA across the finish line, we must add more diverse voices to the fight.



COVID-19: A Sounding Alarm

What has become apparent in the last decade is that the issue of obesity care lacks urgency. But now there's a new factor to consider: the arrival of Coronavirus (COVID-19) on our shores.

In just a few short months of navigating this pandemic, we learned that obesity is the second greatest risk factor for hospitalization among COVID-19 patients, only after old age. In fact, data from New York City shows that people with COVID-19 and obesity are twice as likely to be admitted to the hospital and 3.6 times more likely to require critical care like a ventilator.

In late June, the Centers for Disease Control and Prevention (CDC) updated its website to say that all Americans with obesity, regardless of age, are at increased risk of severe illness from COVID-19. That means more than 100 million people in our country are now potentially in danger from serious illness or even death during this pandemic. Quite tragically, many federal and state policymakers still don't see obesity care as a high priority issue.

Those who do support TROA in the House and Senate have been instrumental in organizing a group of 44 members of Congress to write a letter to Congressional leadership regarding this critical legislation. The letter urges Congress to include the provisions of TROA in any future legislation for pandemic relief. Right now, it's more important than ever that you and me add to their efforts. Together, we have to create a sense of urgency on the need for a national policy on access to obesity care which can save millions of Americans from the threat of COVID-19.

Racing Against The Clock continued on page 34

How You Can Help

So, what can we do, and what can you do, to open the eyes of local and national policymakers? For starters, you can visit the OAC Action Center at ObesityAction.org/Action-Center. There, you will find opportunities to tell Congress, your Governor and your state representatives that now more than ever, everyone in our country must have access to all science-based obesity treatment options as well as health plan coverage.

- ✓ **At the Federal Level, You Can:** Call on your members of Congress to pass TROA – either as a freestanding bill or part of pandemic relief legislation. You can do this specifically at ObesityAction.org/TROA.
- ✓ **On the State Level, You Can:** Let your Governor, State Insurance Commissioner and elected officials know about the recent statement made by the Obesity Care Continuum (OCC), of which the OAC is a member. The statement, “Patient Access to Care Issues Surrounding Obesity and COVID-19,” calls on state policymakers to treat obesity seriously. It highlights that while there are evidence-based treatments for people with obesity that can lessen the impacts of the disease and improve health outcomes, current obesity care coverage across the country is falling behind. There are too many barriers preventing people from getting help.

The statement also emphasizes that obesity affects more than 100 million Americans – and while our nation and those around the world are appropriately focused on COVID-19, obesity is a pandemic in its own right that we need to respond to!



“In order for things to **change**, our voices need to be **louder**.”

Making Our Voices Louder and Bolder

The fight for obesity care policy has come a long way, but we have farther to go – and right now, we are at a crossroads. In order for things to change, our voices need to be louder. We have to be visible and steadfast in our advocacy.

Above, I mentioned easy things you can do just by taking a few minutes to go online. Next, we all need to get out of our comfort zones and truly engage with policymakers. For example, you can participate in future virtual advocacy days that the OAC is planning to organize. Please sign up for these events as we release details or let the OAC know if we can rely on you to help us at the local level. If you're interested in joining the OAC's advocacy efforts, please send an email to mburrows@obesityaction.org.

Don't be intimidated by the task in front of us or discouraged by the long road we've traveled with obesity care policy. With hard work comes reward. Look at the great movements of the last 40 years surrounding AIDS and HIV, mental health, LGBTQ rights and Black Lives Matter.

We CAN do this! We clearly have the numbers on our side, and we each have a motivation, a message and a personal story to tell. The big question will be if, and how, we tell these stories to make sure they are finally heard.

About the Author:

Chris Gallagher is the Obesity Action Coalition's (OAC) Policy Consultant and also serves on the Access to Care Committee. He has more than thirty years of legislative and lobbying experience where he has specialized in healthcare, tax and education issues. He currently manages several healthcare issues while working with different organizations.

Do these two symptoms sound like you?



Extreme weight gain early in life?



Hyperphagia, or insatiable hunger?



If you answered “**yes**,” a rare genetic disorder of obesity may be the cause.

To learn more and receive updates, visit LEADforRareObesity.com.



Listen, Empower, Advocate, and Drive change
for rare genetic disorders of obesity

Rhythm[®]
PHARMACEUTICALS

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FALL FAMILY

Evening Activity Ideas

by Sarah Muntel, RD

The leaves are changing and it's getting darker outside. As summer rolls out and you are trading your flip flops for boots, it's time to rethink how you spend your evenings for some fitness and fun.

With all the adventures and opportunities that come with fall, you don't want to "fall" into the routine of watching T.V. and eating ice cream on the couch every day. So, grab your kids and find some ways to make fall fun!

"Without the hot sun, kids are more likely to want to engage in outside activities."



What's Cooking in the Kitchen?

Cool nights can lead to heavy high-calorie meals. Let's face it – it's time to start planning a healthy fall. Utilizing the outside grill can allow you to enjoy the cooler weather, and cooking with the whole family is a great way to add in some extra quality family time. Check out the below recipes for fun snack and dinner ideas!

First Step: Get Moving!

The cooler evenings make movement a little easier. Without the hot sun, kids are more likely to want to engage in outside activities. Take a few moments each evening for some fun movement! Try something new each week to keep things entertaining and balanced.

- **Evening Walk** – While walks with the family are already fun, try adding a challenge to spice things up a bit. Decide to collect leaves from different trees or challenge your kids to find an outside object with each letter of the alphabet. You can even try a penny hike! Flip a coin and if it lands on heads, you go left. If it lands on tails, you go right.
- **Fitness Challenge** – Fall is the perfect time to get outside and try a new physical activity. Try an evening of tennis, start a family jogging challenge or have a family basketball game. This is also a popular time of year for turkey trots and fun runs. You never know what your kids may enjoy and this is the perfect time to expose them to new things.
- **New Outdoor Games** – How about Corn hole, Frisbee golf or backyard croquet? An organized game can be new and exciting and will keep everyone wanting more!
- **Involve Others** – Involve your neighbors in fun fall activities! It is likely that they are looking for something similar. Backyard volleyball or kickball could be a fun neighborhood event. You can even host a bonfire and encourage the kids to run around or complete a fall-themed scavenger hunt for fall leaves, acorns and more.

Regardless of what activity you choose, it is important to keep kids active throughout the fall months. Limiting screen time is important so kids are encouraged to move more. Many kids struggle during the cooler months to stay active, so out-of-the-box activities can be a good plan. A few creative ideas can go a long way.



Steak Dry Rub

Recipe idea from AllRecipes.com

Ingredients:

- 3 Tbsp. kosher salt
- 3 Tbsp. smoked paprika
- 2 Tbsp. onion powder
- 2 Tbsp. garlic powder
- 2 Tbsp. dried oregano
- 2 Tbsp. coarsely ground black pepper
- 1 Tbsp. light brown sugar
- 1 Tbsp. ground cumin



Directions:

Mix kosher salt, smoked paprika, onion powder, garlic powder, oregano, black pepper, brown sugar and cumin together in a sealable container. Seal container and shake to mix. Cover meat with the spice blend and rub deeply into the meat. Allow meat to sit for 15-20 minutes before grilling. Cook the steaks for 4-6 minutes on each side.

Kids Corner continued on page 38

Peanut Butter Energy Balls

Recipe idea from *EatingWell.com*

Ingredients:

- 2 cups rolled oats
- 1 cup natural peanut butter or other nut butter
- ½ cup honey
- ¼ cup mini chocolate chips
- ¼ cup unsweetened coconut



Directions:

Combine oats, peanut butter (*or other nut butter*), honey, chocolate chips and coconut in a medium bowl, then stir well. Using a 1-tablespoon measuring spoon, roll the mixture into balls. Store in an airtight container in the refrigerator for up to five days or in the freezer for up to three months.

Pork with Sweet Potatoes

Recipe from *TasteofHome.com*

Ingredients:

- ½ cup all-purpose flour
- ½ tsp. salt
- ¼ tsp. pepper
- 1 pork tenderloin (about 1 lb.)
- 1 Tbsp. canola oil
- 2 medium sweet potatoes (about 1 lb.), peeled and cubed
- ½ cup dried cranberries
- 1 can (14 ½ oz.) reduced-sodium chicken broth
- 1 Tbsp. Dijon mustard
- 1 medium apple, sliced



Directions:

In a shallow bowl, mix flour, salt and pepper. Cut tenderloin into 12 slices, then pound each with a meat mallet to ¼-in. thickness. Dip pork in flour mixture to coat both sides, shaking off any excess flour. In a large skillet coated with cooking spray, heat oil over medium-high heat. Brown pork in batches and remove from pan. Add sweet potatoes, cranberries and broth to the same pan. Bring to a boil. Reduce heat and simmer, covered, 4-6 minutes or until potatoes are almost tender. Stir in mustard. Return pork to pan, then add apple and green onions. Return to a boil. Reduce heat and simmer, covered, 4-6 minutes or until pork and sweet potatoes are tender.

Have Fall Fun Inside!

Sometimes, the weather isn't perfect in the fall. What can you do when you're stuck inside and don't want to watch T.V.? Try these tips and tricks to ensure that your kids have fun and your family can take a break from digital devices.

Use Your Creative Side:

There are so many ways to use your creativity. Painting, modeling with clay and doing coloring books are easy ways to pass the time. Mix things up and decide to have a family art show or make a theme each night to make these activities more fun. You can also try painting leaves, making fall leaf mason jar luminaries or crafting greeting cards for loved ones. Or, think about taking it up a notch. Try something you haven't done before like making bracelets or scrapbooking.

Look for Other Activities:

T.V. and video games definitely aren't the only things to do inside. If you're looking for fun ways to pass the time, think about activities that will engage your family and spark their interests. Instead of doing the same indoor activities you do all the time, try these unique activities to spice things up:

- Make slime from pumpkin guts
- Try an online science experiment
- Write a play
- Play a board game
- Work on a challenging puzzle
- Create fall-themed decorations
- Plant an indoor herb garden
- Toast pumpkin seeds
- Create a list of things you are grateful for



Get Creative with Pumpkin Gut Slime!

Idea from *CraftyMorning.com*

Making slime is an easy activity and it is fun for the whole family! This hands-on project is a great way to limit screen time and keep your kids occupied for hours.

What You Will Need:

- 1 airtight container
- 5 oz. bottle of clear glue
- ½ cup water
- ½ tsp. baking soda
- 1 Tbsp. contact solution
- Pumpkin seeds
- Pumpkin pie fragrance oil
- Orange food coloring
- Small bowl



Directions:

1. In a bowl, pour the entire bottle of clear glue.
2. Add ½ cup water, then add baking soda and stir.
3. Drop a few drops of orange food coloring into the bowl and stir.
4. Pour in some pumpkin seeds, then add a few drops of pumpkin pie fragrance oil.
5. Add 1 Tbsp. of contact solution to the bowl. The mixture will instantly begin to form and get sticky, but don't panic.
6. Mix the solution in the bowl until it starts to form the slime. Knead the slime until it is no longer sticky. Store in an airtight container.



Make This Fall One to Remember

It's your time to make memories with your kids this fall and enjoy quality family time. Remember, nothing needs to be perfect. Just focus on some out-of-the-box fun and try something new once in a while. Time goes fast, so make these moments with your kids last!

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.

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WHAT IS TELEMEDICINE AND HOW CAN I GET THE MOST FROM IT?

by Ted Kyle, RPH, MBA; and Craig Primack, MD, FACP, FAAP, FOMA

We are all coping with a lot of changes because of the COVID-19 pandemic. You may even be experiencing challenges with seeing medical professionals in their offices since the current healthcare landscape looks very different right now. Because of this, more and more providers are using telemedicine to meet with patients for routine visits.





WHAT IS TELEMEDICINE?

Telemedicine is an opportunity to visit with your healthcare provider or a medical professional through video conferencing or phone instead of an in-person office visit. Depending on the reason for your visit, medical professionals can offer advice, do check-ups or prescribe you with medication to treat any illnesses or symptoms you may be experiencing.

Some of the medical professionals you can connect with include:

- Physicians
- Surgeons
- Nurse practitioners
- Dietitians
- Physician assistants
- Mental health counselors



FACE-TO-FACE TELEMEDICINE

During your face-to-face telemedicine visit, you can talk with your provider in real-time using phone or video chat. They can ask you questions and you can describe how you're feeling, much like you would do in a regular office visit. Common platforms used for telemedicine video chats include:

- FaceTime
- Zoom
- Google Duo
- Skype

For telemedicine visits performed using video chats, you will typically need an internet-connected device that has a camera and microphone. This can be as simple as using any smartphone, mobile device, desktop or laptop computer.

Although appointments done via video chat may not be as personal as in-office visits, you can still see your provider and they can see you. However, while face-to-face telemedicine is a simple solution, especially in times like these, it is not HIPAA compliant. This means that while medical professionals and patients can use video chat to communicate, there is always a chance someone else could hear your private medical information.

TELEMEDICINE THROUGH MESSAGING

The other option you have through telemedicine is the ability to communicate with your provider using text messaging, virtual text chats or email. The flexibility of these options lets you send a message anytime you want so you don't have to wait until both of you are available. Your message might be a recorded video, voice message or even a text message – and your provider can retrieve it later and respond as soon as they are able to. Ideally, this option for telemedicine will use a system that's designed to protect your medical privacy.

Telemedicine continued on page 42



BENEFITS OF TELEMEDICINE

There are two major benefits that come with using telemedicine:

- **Saving Time:** Patients spend an average of two hours for a 20-minute in-person office visit, including travel and wait time. Telemedicine can give you options for visits right when you need them. Spending less time in a waiting room can also decrease your chances of possibly contracting an illness. Before COVID-19, telemedicine was used primarily for rural and specialty consultations because it saved so much travel and wait time. But now, due to COVID-19, telemedicine visits have increased because patients can see their providers and still protect their health by social distancing.
- **Saving Money:** Telemedicine also saves money, which makes it very convenient. It will usually eliminate the need to take time off work, drive anywhere, or find help for taking care of a child or elder for the duration of the appointment. A telemedicine visit can also be less expensive, or have no cost at all, depending on what insurance carrier you have.

LIMITATIONS OF TELEMEDICINE

Of course, there are also limitations to a telemedicine visit. These visits are usually best for routine medical appointments, surgical follow-up visits or minor illnesses. In a telemedicine visit, your provider cannot perform a physical exam that might be needed for a complete diagnosis. They might need to see you in-person to decide on the need for further testing. In addition, a good physical exam can help diagnose or narrow down medical conditions that are hard to diagnose over the phone or in a video chat.

TELEMEDICINE AND WEIGHT

If your telemedicine visit is specifically about your weight, weight loss or weight-related health conditions, it helps for you to have a home scale and a blood pressure device. You'll want to take measurements before you start your visit so you can share them with your healthcare provider. They will want to have this data when the visit begins.

Specifically, if you want a healthcare provider to help you manage your weight, you will want to work with a medical professional who understands the challenges. A good resource to help you find a qualified obesity care provider is the Obesity Action Coalition's Provider Locator at **ObesityCareProviders.com**. This resource offers a searchable and comprehensive list of healthcare providers with experience in treating obesity.

Some of the healthcare providers you can find through telemedicine include:

- Obesity medicine physicians
- Registered dietitian nutritionists
- Nurse practitioners
- Bariatric surgeons
- Psychologists

If you have struggled with losing weight in the past, it may help to begin with an ABOM-certified physician. ABOM stands for the American Board of Obesity Medicine. Certification as an ABOM diplomat means that a healthcare provider has specialized knowledge in obesity medicine. This certification distinguishes a physician as having achieved expertise in obesity care. Physicians and bariatric surgeons may hold this designation.

Common Conditions a Primary Care Provider May Treat Using Telemedicine:

- Allergies
- Asthma
- Cold and flu
- Diarrhea
- Infections
- Insect bites
- Rashes
- Respiratory infections
- Skin inflammations
- Sore throats
- Bladder infections
- UTIs
- Vomiting
- Sport injuries





Telemedicine Apps/Software:

- Doxy.me
- AMC Health
- Teladoc
- swyMed
- Mend
- MDLIVE
- LiveHealth
- PlushCare
- Doctors on Demand
- Express Care Virtual



CONCLUSION

Telemedicine is a great way to meet with a healthcare provider while saving time, money, and avoiding possible illnesses. All of these benefits are especially important to have during times like these. If telemedicine is an option for you and you have access to the appropriate devices, apps or software, try it out! It could save you an extra trip to the doctor's office.

About the Authors:

*Ted Kyle, RPh, MBA, founded his blog, **ConscienHealth**, in 2009. He is a pharmacist and healthcare innovation professional who works with health and obesity experts for sound policy and innovation to address obesity. Mr. Kyle serves on the Board of Directors for the Obesity Action Coalition (OAC), advises The Obesity Society (TOS) on advocacy issues and consults with organizations addressing the needs of people living with obesity. His widely-read daily commentary, published at **ConscienHealth.org**, reaches an audience of more than 10,000 thought leaders in health and obesity.*

*Craig Primack, MD, DACP, FAAP, FOMA, is certified in obesity medicine and has been practicing full time medical weight management since 2006. He is currently the president of the Obesity Medicine Association (OMA) and co-author of "Chasing Diets," a book about the science of medical weight loss published in 2019. Find out more about Dr. Primack and watch his video blog at **DoctorPrimack.com**.*

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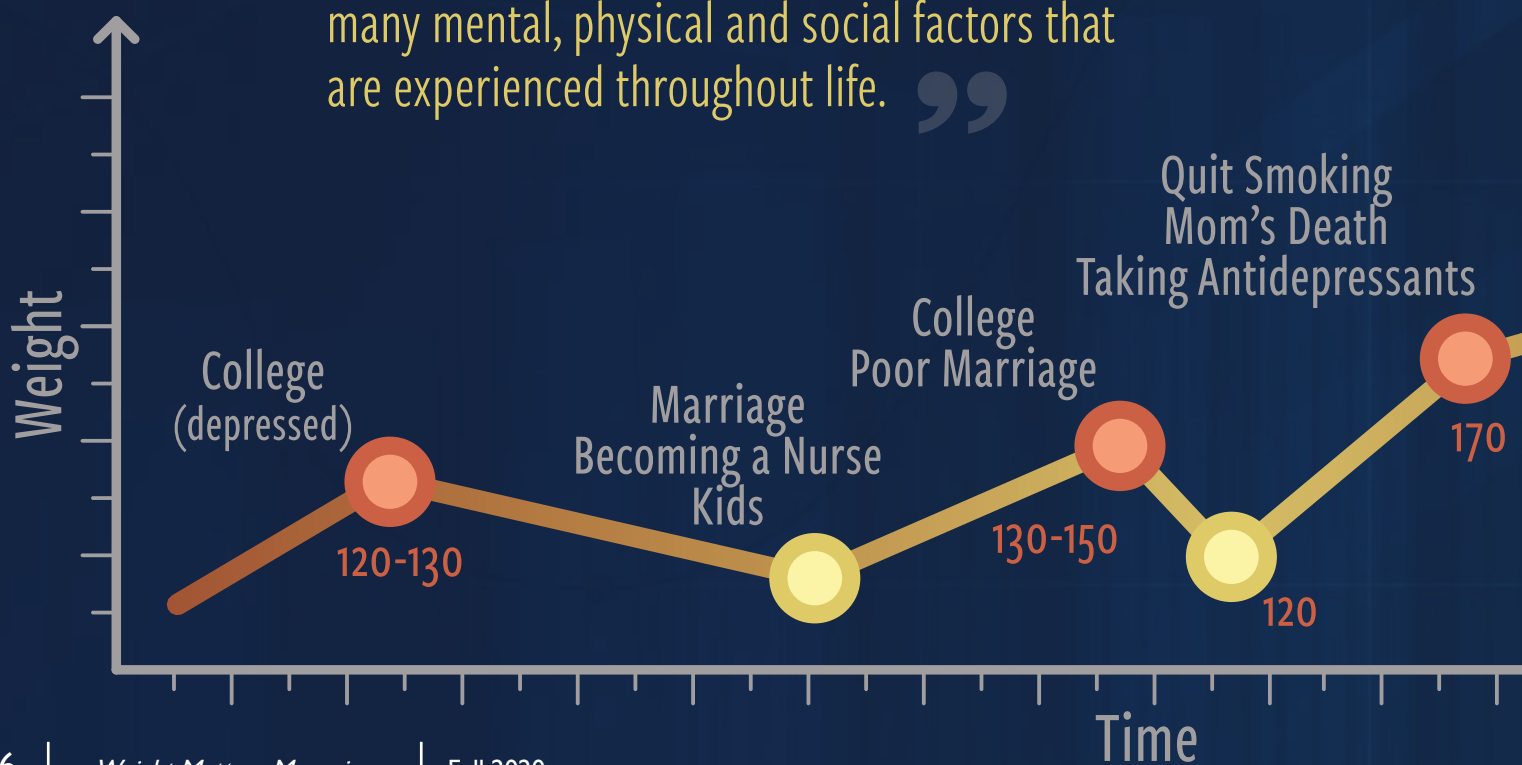
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Understanding LIFE EVENTS and How They Affect Your Weight

by Robert Kushner, MD

Have you ever wondered why you weigh what you do? Is your weight inherited from your parents? Is it because you don't like to exercise or that you eat too many calories? Is it due to the stress of your job? We now know that body weight is determined by multiple factors - some that can't be changed, like genetics, and many more that can be changed, like our behaviors and the decisions we make.

“The life course perspective suggests that one's weight trajectory is due to the combination of many mental, physical and social factors that are experienced throughout life.”



The Life Course Perspective

The life course perspective is a theory used in the social sciences that looks at how a person grows and changes over time. This perspective suggests that one's weight trajectory is due to the combination of many mental, physical and social factors that are experienced throughout life. When we reflect on these factors, as well as how we react to them, we can gain a deeper understanding of our weight and determine ways to address or treat it.

One method you can use to identify the important periods in your own life is to make a 'Weight-Life Events Graph' like the one below. After drawing a vertical line for Weight and a horizontal line for Time, you can then graph your weight, marking the life events and diet attempts that may have contributed to your current weight.

In this example, the person who created the graph identified multiple events over her life that she considers to be related to her weight, beginning with college and ending with living alone. The next step in the reflection process is to learn how to interpret the graph.



Understanding Life Events

Life events that influence weight can be categorized into four general factors:

Biological

Biological events affect our underlying physiology and metabolism which influence:

- **Appetite**
- **How we burn calories**
- **How we store fat**

We all experience biological changes with aging that include loss of muscle mass and a gradually slowing metabolism. Two common biological events in a woman's life that may cause changes in weight or body shape are pregnancy and menopause.

Discontinuing the use of tobacco may also lead to weight gain by lowering metabolism, which means that less calories from food are being burned. Not getting enough sleep can also lead to weight gain by affecting your appetite and nervous system, increasing insulin resistance and changing your circadian rhythm (*an internal process that regulates your body's natural sleep-wake cycle*).

Other medical problems that can contribute to weight gain include:

- **Hypothyroidism** – A condition in which your thyroid gland doesn't produce enough of certain crucial hormones.
- **Polycystic Ovaries (PCOS)** – A hormonal disorder that is common among women of reproductive age.
- **Cushing's Disease** – Occurs when your body is exposed to high levels of the hormone cortisol (steroids) for a long time.
- **Hypothalamic Obesity** – This can cause damage to the eating center of the brain and may cause sudden, quick and dramatic weight gain.

Another common cause in this category is unintentional weight gain resulting from prescribed medications. The most frequent offenders are drugs prescribed for:

- **Diabetes** (Insulin and Sulfonylureas)
- **Depression** (Paroxetine and Mirtazapine)
- **Schizophrenia or bipolar disorder** (Olanzapine, Clozapine, Divalproex sodium)
- **Inflammatory diseases** (Prednisone)

Life Events continued on page 48

Social & Habitual

College, marriage, raising children, jobs, commute time, retirement, family holidays, neighborhood environment and income level are just some of the examples of social and habitual factors that either encourage or hinder healthy eating and physical activity. For most of these events, overeating or changes in eating habits are either closely related to the occasion or happen as an unintended consequence.

This category also includes an environment where large volumes of ultra-processed, high-calorie, enticing foods are available 24/7 at the same time that physical activity has been engineered out of our daily lives. For many people, food deserts (*areas where access to food is scarce*) and limited access to safe leisure-time activities (*like going on a neighborhood walk*) contribute to the differences we see in obesity among minority populations.

Psychological

It is not necessarily the events in our lives that change our weight, but how we interpret and react to them. In other words, it's all about how you cope with changes and perceive the stresses of life.

Whereas positive coping styles include self-help strategies (*such as problem-solving, seeking out social support and emotional expression to deal with stress*), negative coping styles are characterized by disengagement (*like vegging out on the couch*), avoiding the problem, wishful thinking, social withdrawal and self-criticism.

Negative coping is also associated with more anxiety, depression, loneliness, stress eating and weight gain. Learning more adaptive strategies to address stressful life events is an important goal to have with weight management.

Along with low self-esteem and body dissatisfaction, the psychological category also includes other factors:

- **Binge Eating Disorder** – A serious eating disorder in which a person frequently consumes unusually large amounts of food, is unable to stop eating, and feels guilty or embarrassed by the behavior.
- **Adverse childhood experiences (ACE)** – Traumatic events occurring before age 18 that include all types of abuse and neglect as well substance use, divorce and domestic violence.
- **Weight discrimination** – A problem in society that can lead to internalized weight bias. In other words, we take on the stigmatizing attitudes of others that are based on social stereotypes which can have damaging psychological effects. These effects can include reduced quality of life, symptoms of depression and anxiety, low self-esteem, poor body image and behavioral problems such as disordered eating behaviors and avoiding exercise.



Cognitive Factors that Influence Weight Change

Weight gain:

- **Dichotomous thinking** – The tendency to think in terms of polar opposites, such as ‘good or bad’ or ‘black or white.’
- **Dissatisfaction with weight achieved** – Concern about weight or shape.
- **Novelty seeking** – A personality trait associated with impulsive decision making, extravagance in approach to reward cues, quick loss of temper, and avoidance of frustration.
- **Lower persistence** – Ability to follow a course of action despite difficulty or opposition.
- **Lower self-directedness** – Ability to regulate and adapt behavior to the demands of a situation in order to achieve personally chosen goals and values.

Weight loss:

- **Conscientiousness** – The degree to which we control, regulate and direct our impulses.
- **Vigilance** – Keeping careful, devoted attentiveness and watch over our behaviors.
- **Self-efficacy** – The belief we have in our own abilities, specifically our ability to meet the challenges ahead of us and reach our goals.
- **Self-regulation** – Controlling our behavior, emotions and thoughts in our pursuit of long-term goals.

Cognitive

The last category of factors that impact body weight are cognitive – the conscious actions we take that are related to thinking, reasoning, remembering, perceiving and judging. Some of these attributes are characteristics of our personality that are associated with a tendency to gain or lose weight.

These underlying attributes will not turn up on a 'weight-life events graph,' but they often help to explain the reason for why we gain weight or lose it.

For example, struggling to maintain weight loss after participating in a weight loss program may be partly due to challenges with sticking to plans. Or, someone with the continuous need to seek out novelty may be more likely to try one new diet after another, even if they experience early success. Another person who needs frequent and ongoing accountability from a program in order to stay on track may have lower self-directedness.

These attributes should not be considered as character faults, but rather as factors that may lead us to think or behave a certain way in a given situation. It is important for all of us to recognize whether we identify with any of these attributes and their effects on our ability to reach our goals – even those that aren't weight-related. Under the guidance of a health care professional or even a self-help book, we can learn to change negative or sabotaging ways of thinking in order to find personal success.

A Guide to Targeted Treatment

Constructing your own 'Weight-Life Events Graph' and deciphering its meaning can help you learn from the past and then move forward. It can also help you achieve greater self-awareness and understanding of your weight, which can then help you reduce self-blame, increase self-compassion and have a more targeted approach to weight management.

About the Author:

Robert Kushner, MD, is Medical Director of the Center for Lifestyle Medicine at Northwestern Medicine in Chicago; Professor of Medicine and Medical Education at Northwestern University Feinberg School of Medicine; Past President of The Obesity Society (TOS), a founder of the American Board of Obesity Medicine (ABOM) that certifies physicians in the care of patients with obesity; and Co-chair of the annual Obesity Action Coalition (OAC) Your Weight Matters Convention. For more about Dr. Kushner, visit DrRobertKushner.com and take his Six Factor Quiz online.

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Moovin' & Groovin'

– Simple and Easy Ways to Stay Active

by Roger Adams, PhD, CISSN, ACE-CPT

The term 'exercise' can be interpreted many different ways when we apply it to ourselves and expectations of what it means. What's most important is that we focus on increasing activity levels for a healthier and happy life.

While many people have their own definitions of what getting exercise means, we know that exercise is a key part of good health. While there may not be a perfect exercise or an exact amount that each person needs, we know it is impossible to truly be healthy without physical activity. So, in this article, we're going to explore simple ways to incorporate more physical activity into your daily life and make it a habit you'll want to stick with for the long haul.

Quick Activity Tips

Having a hard time fitting physical activity into your busy schedule? Try these easy activities to keep moving:

- ✓ Stand up more often
- ✓ Spend more time in your garden or create one
- ✓ Have a dance party with friends and family
- ✓ Practice yoga or other meditation-based activities, like Pilates
- ✓ Go on a walk during your lunch break



The “Three-legged Stool”

I created the “three-legged stool” analogy to paint a picture of the core pillars of health which include nutrition, exercise and sleep. I use this analogy to explain to patients that if any of these three things is missing, the stool will fall over. For example, without exercise, our health is compromised. The stool will fall over, making it impossible for anyone to sit down.

Too often, we know that we need to exercise but we just don't make the effort. A regular exercise program may be hard to follow during days packed with work and home commitments. For some, regular exercise may not be physically possible, and for others, they may suffer from choice paralysis – having too many choices and not knowing where to begin. If you are having trouble keeping the exercise leg of your stool steady, it's time to simplify and master achievable goals.

When a client of mine has trouble incorporating regular exercise into their program, I ask them to step back and focus on simply increasing any activity they currently do in their normal routine. By refocusing a client on activity rather than 'exercise,' which may be causing them stress, we can begin making progress and transform how they view physical activity. Rather than seeing it as something extra they have to fit in, we look for ways to increase opportunities for activity.

What if Most of My Lifestyle is Sedentary?

If you have a sedentary office job or you work from home and spend most of your work day on conference calls, you can boost your activity level by inserting activity breaks in small amounts. This will help you break up your day, keep your mind clear and focused, burn calories and lower your risk of developing a chronic disease.

Here are some simple ways to add activity and movement into a normally sedentary work day:

If You're at the Office:

- Park further away from the office to get in more steps.
- Use the stairs instead of the elevator if possible.
- Rather than emailing your coworker, get up and go visit them.
- Take at least 15 minutes out of your lunch break and use it to walk outside or indoors.
- Set reminders to get up and stretch your legs.



If You're at Home:

- Schedule a daily break to take a walk away from your work space.
- Set reminders to get up each hour and do a few household chores.
- Turn a conference call into a walking meeting by putting in your headphones and taking your mobile device out on a walk with you.
- Pick your favorite song and have a dance break.
- If you normally spend 20 minutes in the morning driving to work, get up and spend that 20 minutes walking or stretching.



Even though work takes up a large amount of time on any given day, it's not the only thing responsible for our sedentary lifestyles. Far too often, we spend our non-working time watching T.V. or scrolling endlessly on our phones. Adding active time to any part of your day can help balance your three-legged health stool and increase your physical activity levels.

Active Household Activities

Try to complete some of these household activities to get moving throughout the day:

- ✓ Gardening or yard work
- ✓ Snow shoveling or leaf raking
- ✓ Washing your car
- ✓ Housework – especially vacuuming and sweeping
- ✓ Walking your dog
- ✓ Do-it-yourself (DIY) home projects like painting and sanding



Don't Let Exercise Overwhelm You

If you feel overwhelmed when thinking about how to add more exercise into your life, remember that you're probably already doing things that are considered active. So, go ahead and get started by trying to focus on how you can increase your physical activity frequency, duration and quantity. Keep it simple and start with activities that are easy to add to your everyday life. Don't force it – just look for opportunities that are around you.

After a few weeks, you will likely notice that you are moving more, sitting less and having more energy. You might even be ready to add exercise into your daily routine. As you refine your schedule of daily activities, you will be able to add a few minutes here and there. By the end of the day, you will have logged quite a bit of activity without “working out” or stepping foot into a gym.

Remember that increasing daily physical activity isn't meant to replace exercise, but it will help you:

- ✓ Regulate your metabolism
- ✓ Improve insulin and glucose control
- ✓ Keep joints mobile
- ✓ Strengthen your legs
- ✓ Balance your energy
- ✓ Keep your house and yard tidy

Conclusion:

Regarding exercise and fitness, it's okay to steadily work yourself up to a regular exercise plan or program. A good medium-size goal is to gradually increase your physical activity. We may not all have hours to spend working out, but we can invest quality active minutes throughout the day to add value to our lives and health. Whether you choose to exercise or simply focus on increasing your active time, your main goal should be to incorporate movement during the day and increase your physical activity.

About the Author:

Roger Adams, PhD, CISSN, ACE-CPT, is the owner of eatrightfitness, an evidence-based private practice focusing on weight loss and sports performance nutrition, located in the greater Houston area. He has more than 20 years of experience working with clients in-person and remotely to achieve better health and fitness. Additionally, Dr. Adams speaks at business seminars, health fairs and non-profit organizations about the ever-changing field of nutrition and fitness.



OBESITY MEDICATIONS COMING DOWN THE PIPELINE:

What You Need to Know

by Sindhura Kolli, MD; and Holly F. Lofton, MD

While there are currently five approved medications for weight loss and a handful of diabetic medications that can cause weight loss indirectly, the pharmaceutical industry continues to perfect new and upcoming weight loss medications, known as “medications in the pipeline.”

MEDICATIONS IN THE PIPELINE:

Like with all weight loss medications, these new medications work best with a healthy, balanced diet and a regular exercise plan for best results. They work by causing patients to feel full earlier, prevent overeating, or correct the genetic disease that may be causing obesity. Weight loss medications are for those with a Body Mass Index (BMI) of 30 or above, or a BMI of 27 with a weight-related medical condition such as diabetes, high blood pressure or obstructive sleep apnea.

These pipeline medications can treat rare genetic diseases which can cause obesity, help manage diabetes while helping with weight loss, and can also help with weight loss alone.

These new upcoming weight loss medications include:

- Semaglutide
- AM833
- Setmelanotide
- RM-853
- Tirzepatide
- Metreleptin (Myalept)



A CLOSER LOOK

Let's learn more about the weight loss medications mentioned previously, including what they do, who they benefit, and their potential risks.

SEMAGLUTIDE

For those familiar with weight loss medications, this class is definitely recognizable. Semaglutide slows down the emptying of our stomach so food stays in it longer. This makes us feel full earlier and therefore eat less. It's a weekly injection that is mainly used to treat diabetes but has the added benefit of causing weight loss. Early data shows that generally, people in research studies lost 17.6% of their weight while taking it. Side effects may include nausea, vomiting and stomach pain. Rarely, this medication may irritate the pancreas or cause low blood sugar. This can make you feel dizzy and confused.

AM833

AM833 is in the very early stages of development. It is also a weekly injection. AM833 works by causing us to eat fewer calories by mimicking a hormone called amylin. Amylin slows the movement of food from the stomach into the intestines and enhances the feeling of fullness. Early data shows that this medication caused people in research studies to lose 10.8% of their weight. Side effects of this medication may include nausea and vomiting.

SETMELANOTIDE

This medication is a daily injection for people affected by rare genetic diseases known as Bardet-Biedl Syndrome or Alstrom Syndrome and a few others. These disorders typically cause early childhood weight gain, diabetes and uncontrollable hunger. The excess weight is difficult to tackle with diet and exercise alone. Setmelanotide is a medication meant to repair these genetic deficiencies. We hope that by repairing them, patients will experience less hunger and weight loss while increasing the amount of calories they burn while performing normal daily activities. Side effects may include darkening of the skin.

RM-853

RM-853 is an oral medication that is meant to block a hormone called Ghrelin. Ghrelin can cause us to feel uncontrollable hunger and overeat. It can also cause diabetes and another genetic disorder known as Prader Willi Syndrome (PWS) that also causes childhood obesity. RM-853 is meant to prevent and fix all of these diseases. It is still in the very early stages of development, so we still don't know the side effects of this medication.

Obesity Medications continued on page 54



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mindful eating



TIRZEPATIDE

This medication is a weekly injection that causes weight loss by imitating two hormones our body normally produces. It turns the sugar we eat into energy our muscles can use instead of storing it as fat. It also slows down the emptying of our stomach so food stays in it longer and we end up eating much less. Tirzepatide decreases the feeling of hunger that our brain sends to us which causes us to eat. It will also increase the number of calories you burn while doing your normal daily activities. Research studies found that patients lost about 12 lbs. over 12 weeks. Side effects may include nausea, vomiting and diarrhea.

METRELEPTIN

Metreleptin, also known as Myalept, is a medication in the pipeline that is made to replace leptin. Leptin is a hormone that tells our brain we are full. When it is absent, we overeat and gain weight. This medication is intended for those who have a genetic disease which causes leptin to be absent. Metreleptin will consist of a daily injection that is approved for all ages. Some side effects may include infections, diabetes and a cancer known as lymphoma.

CONCLUSION

While some of these medications are made to tackle issues like diabetes and rare genetic disorders, they also carry hopes of treating the possible weight gain that can happen as a result.

There is no one perfect drug to treat obesity because there are many different reasons for why it occurs. Creating different medications allows people to have options and to be able to target the cause of their weight gain. It is important that medical and pharmaceutical fields recognize these challenges and continue developing medications that work in a variety of ways to help all different types of people achieve their weight and health goals.

About the Authors:

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Holly F. Lofton, MD, is a Clinical Associate Professor of Medicine and Surgery at NYU Langone Health where she has served as Director of the Medical Weight Management Program at NYU Langone Health since 2012. In 2016, she became a founding member of the NYU Comprehensive Program on Obesity and leads the Education and Clinical Access divisions of the program. She is also the Program Director of NYU Langone Health's Clinical Obesity Medicine Fellowship.

IMPORTANT SAFETY INFORMATION

Lomaira™
(phentermine HCl)
8 mg tablets

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

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

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

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

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

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

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

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

For more information and Full Prescribing Information, visit www.lomaira.com.


LomairaTM _{IV}
(phentermine HCl)
8 mg tablets

#1 Prescribed
Weight-Loss
Medication For
Nearly 60 Years*

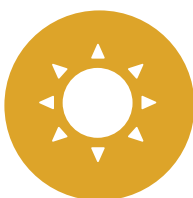
Phentermine
HCl is the active
ingredient in
Lomaira.*

Why Wait To Lose Weight?



Patients pay no
more than 50¢
per tablet.

Lomaira is a **low dose (8mg)** of phentermine HCl, taken **30 minutes** before meals.



Can be taken up to 3x a day.

Find more resources at www.lomaira.com

Dosage should be individualized to obtain an adequate response with the lowest effective dose. The usual adult dose is one tablet three times a day, 30 minutes before meals. This tablet is scored to facilitate administering 1/2 of the usual dosage for patients not requiring the full dose. Phentermine hydrochloride is not recommended for use in pediatric patients 16 years of age or younger. Late evening medication should be avoided because of the possibility of resulting insomnia.

Daily Dose Tracker App



Download on the
App Store

Available on the Android
App Store

INDICATION

Lomaira is an appetite suppressant used for a short period of time (a few weeks) for weight loss and should be used together with regular exercise and a reduced-calorie diet. Lomaira is for adults with an initial BMI of 30 or more or 27 or more with at least one weight-related medical condition such as controlled high blood pressure, diabetes, or high cholesterol. The limited usefulness of this drug class, including Lomaira, should be measured against possible risk factors inherent in their use.



FEEL GOOD ABOUT GREAT TASTE

30g
PROTEIN

160
CALORIES

1g
SUGAR



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