Dear Doctor: What is SADI-s?

Fashion at Every Size

The Power of Education, Connection and Action at OAC’s Your Weight Matters Convention

Weight-based Bullying in Children
Who said you have to choose?

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- Clinically proven.
- FDA cleared.

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Love your body or change your body.

Who said you have to choose?
Plenity expands in your stomach to help you feel fuller, eat less and lose weight.

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Who said you have to choose?

Rethink your weight journey.

Love your body or change your body.

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Hello Everyone,

Do you ever find yourself sort of frozen in your life? I do. Lately, I’ve been letting “perfection be the enemy of good.” I want to write a perfect magazine column for OAC’s members, but I can’t figure out exactly what to say. So I write nothing. I want to get all my personal paperwork organized, but the piles seem too big to overcome. So I don’t organize anything. I want to eat in a healthy way, but haven’t been able to do it consistently. So I give up.

Instead, I practice avoidance. I retreat into my favorite computer game or watch an entire TV series, thinking that’s just easier to do. I’m not sure why I think it’s easier because this frozen place isn’t comfortable for me. Putting things off ramps up my feelings of guilt, self-doubt and anxiety. And for me, those feelings often lead to more eating and, sometimes, to binge eating. It’s a vicious cycle.

As with so many things in my life, I think the years of weight bias I experienced are showing through here. Low self-esteem and high self-doubt resulted from those experiences. Despite all I’ve learned about weight bias, I go through periods where self-doubt leaves me unable to move forward. Anything short of perfection simply isn’t good enough.

The big question for me right now is, “How do we end this cycle?” Showing some self-compassion has helped. We don’t expect perfection from others, and we shouldn’t expect it from ourselves. We don’t have to be perfect to be worthy of compassion and care. I’ve also started plugging away by taking a few small steps. I’ve opened up to you in this column, put a few papers in organized piles, and stocked my fridge with fruit for snacks. None of it is perfect, but at least I’m not stuck in one place anymore. I feel my self-doubt beginning to ease and that I can build on these small successes.

Thinking about this cycle reminds me just how closely linked mental health is to our physical health, including weight management. That’s why OAC has created a new Mental Health Committee. Under the leadership of Board member Robyn Pashby, PhD, the committee will help OAC develop mental health education and programs geared toward people affected by obesity. Keep an eye out for those programs.

Remember, you are enough, just as you are, and you are not alone. Keep plugging away!
FREE Print Brochures and Guides Are Available to Request!

The OAC is proud to offer unbiased, science-based education to support individuals along their weight and health journey. To make these resources accessible to all, we’ve produced a wide variety of free print educational materials that are available to anyone who requests them. Our brochures include our Understanding Obesity Series with details on obesity, childhood obesity and treatment options. We also offer Weight Bias and Stigma resources as guides to weight bias in healthcare and the workplace. You can order these materials free of cost for yourself or a loved one, or in bulk for patients or your community. Just head to ObesityAction.org/Education-Support/Resources/Order-Print-Resources to request them!

The OAC Dedicates Childhood Obesity Awareness Month to Educating Children and Families and Ending Weight-Based Bullying

Each September, the Obesity Action Coalition (OAC) recognizes National Childhood Obesity Awareness Month. In 2022, the OAC dedicated the month to educating and supporting children affected by obesity and their families and fighting back against childhood obesity bullying. The OAC launched a month-long campaign aimed at raising funds to develop more robust initiatives that will educate families about obesity and excess weight, advocate to ensure children can access treatments, support children through their health journeys, and end weight bias once and for all. In the coming year, we will focus on childhood obesity by engaging parents, teachers, administrators and most importantly, students, in crafting our newest strategies. To learn more about childhood obesity and stay up to date on our efforts, visit ObesityAction.org/Education-Support/Learn-About-Childhood-Obesity.

Honoring the Legacy of Beloved Community Advocate and Board Member, Rob Portinga

This year, the OAC and our Community said goodbye to Rob Portinga, a remarkable obesity advocate, long-time volunteer and beloved Board Member. Due to his undeniable passion for our cause, Rob leaves behind a legacy that will forever impact this organization. Rob was celebrated in our Community for his positivity, dedication and for working tirelessly to connect people to our organization. He had the vision to bring the OAC to more people than ever and unite them in person while advancing the OAC’s mission.

During a celebration of life honoring Rob at this year’s Your Weight Matters Convention, the OAC introduced the Rob Portinga Memorial Scholarship Fund. Through this fund, we honor Rob’s legacy by ensuring everyone has the opportunity to develop the bonds that can only be found at the OAC’s in-person Convention.

The OAC believes in the quality, science-based weight and health education presented at our Convention. We pride ourselves on offering individuals the opportunity to make lifelong friendships with a supportive community. This designated fund will help to cover or offset in-person meeting expenses by awarding a scholarship grant to those with financial hardship.

Scholarship grants are fully funded by the generosity of donors – individuals committed to inviting others to access quality education and an unrivaled Community of support. If you wish to donate to celebrate and honor Rob’s legacy, please visit ObesityAction.org/ScholarshipFund.
At 34 years old, I found myself trapped in a body that wasn’t allowing me to live the life I wanted. I was stuck in an endless cycle of “diet-fail-repeat,” believing I had to execute the perfect diet and exercise program in order to lose weight and live the happy and healthy lifestyle I desperately wanted. Instead, I spent nearly 20 years starting a new diet on Monday only to “mess up” on Wednesday by eating off plan or skipping the gym.

Every “mess up” felt like a failure. I would go to bed at night and beat myself up for failing. I’d cry myself to sleep, promising to do better next time and planning to start over next Monday (or after vacation, or my birthday, or January 1st). Then I’d throw myself a food funeral and eat all of the food I was never going to eat again.

Much to my dismay, no matter which day I started over, I found myself “failing” again. The number on the scale got higher, my body continued getting larger, and my world became smaller and smaller. I reached 328 lbs. in 2011 and worried that if I didn’t do something drastic, I would need to be wheeled out of my house on a stretcher before my 40th birthday. I felt hopeless and helpless and wondered what was wrong with me.

A Learning Curve

After seeing a few friends quickly lose 100+ pounds with bariatric surgery, I decided to give it a try, too.

I thought that surgery was going to cure me of my “fatness.” I thought I’d be like my friends who seemingly lost weight overnight, barely had an appetite, and got violently ill if they ate carbs. I was wrong.
It took me almost an entire year to lose 100 lbs. (average of eight lbs. per month) and another 13 months to reach my goal weight of 165 lbs. Despite counting every calorie and doing Paleo, Keto, and CrossFit 5-6 days a week, it took me two years to lose 164 lbs. — and according to the BMI chart, I was still considered to have obesity.

At the time, I felt extremely frustrated and couldn’t understand why my body wasn’t responding the way I had hoped. What I came to realize was that during those two seemingly long years, through all of the trial and error with different ways of eating and maintaining my weight rather than gaining weight through months-long plateaus, I had created the mindset shift I never knew I needed.

The most powerful lesson I learned was that in order to make progress, I had to learn how to forgive myself, always.

A Mindset Change

It turned out that being happy and healthy had nothing to do with being “perfect.” In fact, just the opposite was true! It had everything to do with letting go of perfection and living what I call an imperfect life. The most powerful lesson I learned was that in order to make progress, I had to learn how to forgive myself, always.

Ate too much pizza? Forgive myself immediately and move on. Skipped the gym? Forgive myself immediately and move on.

By doing this, I didn’t have to wait for tomorrow or Monday, or for the next time the stars would magically align, so I could start over...again.

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
I didn’t have to throw any food funerals, beat myself up, or make empty promises that reinforced my belief that I was a failure. All I had to do was forgive myself, move on, and make the next choice. It’s crazy, but for whatever reason, we’re taught to forgive others and ask others for forgiveness — but we’re never taught to forgive ourselves. Or at least I wasn’t.

Learning to forgive myself is what finally allowed me to escape the cycle of “diet-fail-repeat” and start living a truly happy and healthy lifestyle.

Forgiveness

Learning to forgive myself allowed me to enjoy what I ate, whether it was a kale salad or pepperoni pizza, because I no longer had to abuse myself with negative self-talk for “messing up.” I didn’t have to throw myself a food funeral before starting over.

Learning to forgive myself helped me find joy in exercise, making it something I wanted to do rather than something I “should” do…and then beat myself up for not doing.

Learning to forgive myself allowed me to let go of unfair expectations that I had put on myself, my body and my life, which gave me the freedom to experiment with trial and error so I could figure out what worked for me and finally establish sustainable habits that met my needs.

Learning to forgive myself was the first step in creating the happy and healthy lifestyle I always wanted to live. Like I said, I used to lay in bed at night beating myself up for letting myself down. It was followed by empty promises I never kept, reinforcing my belief that I was a failure. This kept me in an endless cycle of diet-fail-repeat.

By forgiving myself in the moment, every time I let myself down, I’m able to take back my power. I can honor myself, my body and my goals with my next choice rather than waiting for another fresh start.

“Learning to forgive myself is what finally allowed me to escape the cycle of “diet-fail-repeat” and start living a truly happy and healthy lifestyle.”
An Exercise in Self-Love

This simple exercise in self-love freed me from relentless feelings of regret, guilt and shame that kept me stuck for so long. I know it will do the same for you.

Try it right now....

Take a deep breath.

Place your right hand over your heart.

Close your eyes and say, “I forgive myself.”

Allow yourself to feel uncomfortable (and probably a little emotional), knowing that you deserve to be forgiven, by you. Do this over and over again, every time that little voice creeps in and starts beating you up. It might feel uncomfortable at first, but that’s okay. It’s like this for most people.

If you feel resistance and think to yourself, “How do I just keep forgiving myself when I keep making the same mistake over and over again?” I’ll tell you... You just do! Not forgiving yourself doesn’t fix the “mistake.” It just makes you feel bad about yourself for making the supposed mistake, and that’s not productive. In order to move forward, make progress or create positive change, we must start from a place of love.


Forgive yourself, always.

“ By forgiving myself, in the moment, every time I let myself down, I’m able to take back my power.”

More about Andrea:

Andrea Matthes used her experiences to become a health coach for others looking to improve their health and change their mindset. Today, she helps her clients learn self-love, self-care and sustainable habits so they can live the live they’ve always dreamed of. You can learn more about Andrea and her story at ImperfectLife.com.

Do You Want to Share Your Story?

Whether you have a story about navigating obesity, facing weight stigma, or inspiring others, your voice is important. Visit the OAC’s story project at WeightoftheWorld.com to share yours today. Not sure what to say? Consider one of our question prompts to guide you.

If you would like your story to be featured in a future issue of Weight Matters Magazine, please email membership@obesityaction.org.
Summer has faded away and the holiday season is rapidly approaching. If you’re feeling some anxiety about the multitude of gatherings and food offerings heading your way, don’t worry! Keep in mind all the great health benefits that are in many of the ingredients which make up your favorite traditional dishes.

During fall, there are many holidays and observances around the world, including Chuseok, Diwali, Halloween/All Hallows’ Eve, and Thanksgiving. Each holiday has its own unique significance, traditional celebrations, and cultural dishes. It’s important to recognize the meaning behind each and highlight not just their cultural aspects but also their nutritional benefits.
Chuseok

Chuseok is the Korean Thanksgiving and harvest celebration that takes place each fall. Families prepare a huge feast with the intent of nourishing everyone, so these dishes have a lot of health benefits to offer. Wanja jeon is a customary dish made with ground meat and/or tofu, eggs and vegetables prepared similarly to a meatball. Carrots, onions, and scallions lend this dish a ton of antioxidants.

Another common dish, Toranguk, is a soup made with taro and beef, which is a good source of protein and high in vitamins and minerals. The high fiber content of taro can help with digestion and regulation of blood sugars due to its filling nature. Taro is also rich in zinc, an essential mineral that is necessary for the immune system and wound healing.

Wanja-Jeon Recipe:

**Ingredients:**

- 1 lb. ground meat (beef or pork)
- 4-6 oz. tofu
- ½ onion
- ½ carrot
- 2 scallions
- 3 eggs, beaten
- 2 tsp. minced garlic
- 1 tbsp. sesame oil
- ½ cup flour

**Directions:**

1. Chop all vegetables very finely.
2. Squeeze all liquid from the tofu and crush it into small crumbles.
3. In a large bowl, combine meat, tofu, vegetables and garlic. Mix well.
5. Create small balls with the meat and vegetable combination, then gently flatten.
6. Drench each ball in flour and then the egg.
7. Place balls into pan (in batches) and cook for about 2 minutes per side or until meat is cooked through.

*Holiday Foods continued on page 12*
Diwali

Diwali is the Hindu Festival of Lights, celebrating Lord Rama’s victorious return to his family. Common dishes prepared include:

- **Samosas** (made with peas, potatoes, and a combination of herbs and spices)
- **Aloo Bonda** (made with chickpea and rice flours, potatoes, masala, aloo, onions and ginger)
- **Moong Dal Halwa** (made with lentils and ghee)

The different spices used in these dishes are full of antioxidants. They include chili powder, cilantro, coriander seeds, cumin, ginger and masala. Like taro, coriander seeds are a good source of zinc, copper and iron, which help your red blood cells and improve heart health. Cumin has been used for centuries as an aid for various digestive and liver issues, as well as to prevent and treat different infections. Masala has anti-inflammatory properties and can benefit the skin as well as prevent bloating and other gastrointestinal ailments.

Halloween/All Hallows’ Eve

A version of Halloween/All Hallows’ Eve is recognized amongst many cultures and religions at the close of October. Ancient Romans celebrated this time as a harvest festival where fruits were given to their goddess, Pomona. Celtic culture tries to keep bad spirits away by wearing masks, while many Christians honor their Saints and the souls of loved ones who have passed on November 1st and 2nd.

Here in the U.S., we typically think of bobbing for apples, carving pumpkins, and consuming large amounts of candy, of course. Candy consumption may not provide the most health benefits, but apples and pumpkins are great holiday foods. Apples are high in fiber, vitamin C and potassium. The particular type of fiber found in apple peels, insoluble fiber, helps reduce constipation and can also help lower cholesterol. Vitamin C helps your body absorb iron and is an antioxidant, while potassium helps regulate blood pressure, muscle contraction, and fluid balance. There is a reason the saying “an apple a day keeps the doctor away” continues to live!

Pumpkin is also a good source of vitamins A and C, magnesium, and has high water content. Vitamin A is key in maintaining eye health and immune function, while magnesium plays a significant role in heart health and muscle function. Don’t throw those pumpkin seeds away, either! They are full of protein and heart-healthy fats.
Thanksgiving

Thanksgiving is a holiday well known to revolve around feasting and honoring the Native Americans who shared their resources and knowledge with the Pilgrims. Some of the most common dishes prepared include cranberry sauce, sweet potato casserole, and of course, turkey. Cranberries have long been thought to help prevent urinary tract infections and minimize symptoms while also potentially preventing ulcers and gum disease. Native Americans used these on wounds and as a preservative. The vitamin C in cranberries also helped prevent scurvy during these times, particularly for sailors.

Sweet potatoes are nutrient-packed and high in vitamins A, B-6, C and E. They also contain good amounts of calcium and potassium. Vitamin B-6 is important for brain and nervous system function and vitamin E protects cells from free radicals. Cinnamon is used in the preparation of sweet potato casserole and several other Thanksgiving dishes and has its own health advantages. It, too, reduces inflammation which is linked to several different chronic diseases, such as cardiovascular disease and type 2 diabetes. Studies have shown it can help lower total cholesterol (LDL – the “bad” cholesterol) and triglycerides.

Last but not least, the main character at Thanksgiving dinner is the turkey. Turkey is a low-fat protein option. It also contains selenium and many B vitamins, including B-6 and niacin, which are vital to turning your food into energy. Tryptophan is a source of niacin, and this amino acid is frequently blamed for the post-meal nap. While tryptophan is no higher in turkey than in most other meats, it is essential to the production of serotonin and melatonin in the body. Selenium may reduce the risk of cancer and help the production of DNA and healthy thyroid hormones.

Conclusion

All of these foods provide a huge variety of nutrients and can benefit your health throughout the fall season and year-round – and there’s so much we didn’t cover! Let go of the guilt that is so often associated with holidays. Celebrate health and happiness with your loved ones.

About the Author:
Emily L. Thevis, MBA, RDN, CSOWM, CDCES, received her Bachelor of Science in Nutritional Sciences from Louisiana State University in 2011, and recently graduated in December 2021 with her Master’s in Business Administration with a concentration in Healthcare Administration Systems. She is a Certified Specialist in Obesity and Weight Management, as well as a Certified Diabetes Care & Education Specialist. Her professional passion lies in bariatric surgery, though she has transitioned into being a physician liaison with the General Surgery, Heart & Vascular, Oncology, and GI service lines for Memorial Hermann in Houston, Texas.
I’ve worn nearly every size on the average woman’s clothing rack. From a size 4 to size 28, a lifelong journey with obesity made me hyper-aware of which stores included all body sizes in their brick-and-mortar locations and online shelves. As a child, I was shopping in women’s sizes by middle school, but the choices were limited when it came to “hip” pieces.

As you look to rebuild or add to your wardrobe, I’ve assembled a list of places you can look to find style in every size. While many readers are familiar with favorites like Lane Bryant, Torrid and Ashley Stewart, I’ve worked to include brands that you might not have heard of and could be added to your rotation.

I also want to add that many brands are gendered, but I’ve tried to include brands that have diversity in models and options for individuals who identify as non-binary. There are many great companies that didn’t make the list and I encourage you to share those within your social networks.
Get Inspired

Need to be inspired before you shop? Try following some online influencers to get your fashion flow moving, such as:

- Gabifresh - Instagram.com/GabiFresh
- Sierra Holmes - Instagram.com/EclecticKurves
- Emily Ho - Instagram.com/Authemmie
- Alysse Dalessandro - Instagram.com/ReadyToStare

Rebuilding or Creating a Capsule Wardrobe

Sometimes we need to add in basics or build a capsule wardrobe (a core group of interchangeable pieces), but we don’t know where to start or who will sell our sizes. Below is a group of brands that are great for rebuilding or creating your capsule wardrobe.

- Universal Standard - UniversalStandard.com
  Sizes 00-40 (7X). Their items are full of high-quality basics for around the house or in the office. Each piece I’ve received not only feels great but holds up after considerable use. Tip: Take a look at their unique size chart to ensure you’re purchasing the proper size.

- Girlfriend Collective - Girlfriend.com
  Don’t let the name fool you! This eco-friendly brand sells women’s and men’s sizes up to 6XL. Not only do these basics look great, but the company is very eco-friendly. Their packaging is 100% recycled and recyclable, and their clothes are made from recycled materials such as fabric scraps and post-consumer water bottles.

- Cato - CatoFashions.com/Plus-Sizes
  Women’s sizes 2 to 28 (with select styles up to 32). They have mid-range prices for everyday wear and plenty of options in short length, too.

- Ulla Popken - UllaPopken.com/en
  Women’s sizes up to 32 with select styles up to 38 (6X/7X). This brand doesn’t sacrifice style for size.

- Copper Union Apparel - CopperUnionApparel.com
  Women’s sizes up to 38 (7X). This website has tons of fun pieces to choose from!

- Smart Glamour - SmartGlamour.com
  With sizes XXS to 15X, this online site has you covered. They even have a ‘shop by model’ feature where you can click on pictures of similar body styles and customization options, such as adding pockets to a skirt (they know what we really want!).

Fashion continued on page 16
Undergarments with Extended Sizes You Might Not Know About

While many of us know about Cacique (Lane Bryant) or Hanes extended sizes, there are also many truly size-inclusive brands that focus on undergarments and sleepwear.

- **TomboyX - Tomboyx.com**
  With sizes XS to 6X, this undergarment brand started as a place where people could wear ‘underwear that anybody can feel comfortable in, regardless of where they fell on the size or gender spectrum.’

- **Curvy Couture - CurvyCouture.com**
  This online store has bras up to 4XL or 46G.

- **Parade - YourParade.com**
  With men’s and women’s underwear sizes up to 3XL, this brand has real bodies to model and gives back 1% of profits to nonprofit organizations that predominantly support black women.

- **ThirdLove - ThirdLove.com**
  With more than 60 bra sizes, this brand even sells half-cup sizes up to 44H and underwear size XS to 3X.

Best ‘I Didn’t Know They Sold My Size!’

Many brands now carry extended sizes online, including the couple I’ve listed below. In many cases, a ‘factory’ or outlet version of these brands is a great place to start if you want to try sizes without shelling out massive amounts of money. Brands like Banana Republic, American Eagle, and Abercrombie and Fitch all carry up to size 24 women’s sizes when even a decade ago, they were exclusively advertising to smaller bodies.

- **J Crew Factory - Factory.JCrew.com**
  A lower price point than the traditional J Crew, J Crew Factory has classic preppy styles, many of which go to a women’s size 24. Tip: Get on the mailing list to watch for clearance steals. They often run sales of 50% to 70% extra off of those prices. I often find my basic tanks and tees for under $10, which beats most big box stores.

- **Anthropologie - Anthropologie.com/New-Plus-Size-Clothing**
  While Anthropologie has been around since 1992, they extended their brand to include up to size 26W in 2019. These items hit a higher price point than the average shop for extended sizes, but they often have excellent sales and are great for everything from a beautiful dress to high-quality suit jackets.
Night Out Outfits

A special event, hot date or celebration sometimes calls for places with truly beautiful options. Below are a couple that have many of the basics for casual wear and work wear but also have some unique shapes and styles for a variety of body sizes.

- ELOQUII - Eloquii.com
  With all options up to sizes 26/28 and some styles in 30/32, this site has the perfect selection for a classic black dress or a show-stopping bright pink number. It also offers unlimited rental if you want options flowing in and out!

- CityChic Online - CityChicOnline.com
  Sizes 12-24. This shop has casual dresses, dresses in bold colors, cocktail dresses, and others from traditional black dresses to evening gowns.

“\nIn many cases, a ‘factory’ or outlet version of these brands is a great place to start if you want to try sizes without shelling out massive amounts of money. ”

*Fashion continued on page 18*
There are Options for People of All Sizes

No matter the reason you’re looking to shop, these are just some of the places working to include options for people of all sizes. When I look at my closet, I see various sizes that all fit the same, so I focus less on the label size and more on how I feel when I’m wearing it. Buy the items that make you feel comfortable and confident – and work it!

About the Author:
Amber Huett-Garcia, MPA, is an emeritus member of the National Board of Directors for the Obesity Action Coalition (OAC) after serving nine years on the national board, including two years as its chair. She’s a metabolic surgery patient and is currently maintaining a 245 lb. weight loss. Currently, Amber serves as the Director of Business Development at Lemonada Media, a national podcast network, and resides in Memphis, Tenn.

Semi-Inclusive Sizes

Sometimes we need a piece that won’t get much use, so we don’t want to spend a lot of money, aka ‘fast fashion’ quality. I want to point out that many of the fast fashion brands are not truly inclusive if you’re a women’s size 24 or larger, or larger than a men’s 44. I want to point out that many of the fast fashion brands are not truly size-inclusive if you’re a women’s size 24 or larger, or larger than a men’s 44.

- SHEIN Curve - Shein.com/PlusSize
  With sizes for men and women up to 4XL (size 20), you can add some trendy pieces without breaking the bank. Tip: The size is more junior in many pieces, so you often need to size up. Look at the user-submitted photos and reviews, which are incredibly helpful for knowing how each piece varies. You might be a 2XL in one piece and a 4XL in another!

- Forever21 - Forever21.com
  With up to size 3X for women and XXL for men, you can often find clearance steals or sales that make purchasing that dress that will be in style for a year worth it. Note: The sizing runs more like junior sizes and a 3X is closer to a 20-22.

- ASOS - Asos.com/Us/Women
  Women’s sizes up to 24 and men’s sizes up to 4XL. Be sure to look at the product descriptions, models, and size charts to choose the best size.
The OAC has a new educational resource tool to help you with your journey with weight and health! We are excited to unveil our brand new public resource, the OAC Resource Library!

The library features a wealth of information on topics such as, nutrition strategies, the science of obesity, bariatric surgery, weight bias, exercise, and more. From resource articles to videos to guides, the OAC Resource Library is a true testament to the unparalleled science-based education that the OAC is known and respected for.

Ready to explore OAC’s Resource Library?
Visit: ObesityAction.org/Library
The Power of Education, Connection and Action at OAC’s Your Weight Matters Convention

by Kendall Griffey, OAC Staff; and Chrystal Jones, OAC Staff

For over ten years, the Obesity Action Coalition (OAC) has hosted the annual Your Weight Matters Convention for individuals to come together and learn about obesity. This year, the OAC brought two unique educational events to the Convention umbrella – YWM-Virtual (online) and YWM-Engage (in-person) – each designed to meet the diverse needs of the OAC’s Community.

Passionate obesity advocates from across the world came together for these two inspirational events packed with top-notch education, hands-on tools and resources, and a community of unwavering support. At YWM2022, attendees had the opportunity to gain a further understanding of the complex, chronic disease and how to share their lived experiences to make meaningful change for people with obesity. YWM2022 was the OAC’s most immersive Convention experience yet, focusing on Education, Connection and Action!
**Education**

Both Convention events featured expert speakers with backgrounds ranging from obesity medicine to mental health. This year, YWM2022 shifted its focus to prioritizing mental health by teaching attendees how to overcome shame and blame, challenge internalized weight bias and build a support system. Because negative self-talk often stems from weight stigma presented by the media, healthcare professionals and even family and friends, it is crucial to focus on our own mental health to reverse the internalized bias. Attendees learned that external weight stigma contributes to misunderstanding obesity and the science behind it, along with how vital it is to challenge weight bias in all its forms.

YWM2022 also explained the genetics of obesity, clarified hunger and cravings, simplified sleep health and provided a new perspective on weight maintenance. Attendees gained a better understanding of what the future of obesity holds and how we can better define the disease rather than solely focus on body mass index (BMI). A key takeaway was that if we can overcome bias about obesity and ourselves, we can better understand the disease and open doors to new ways to treat it.

Attendees walked away feeling energized, motivated and inspired with new tools to apply to their everyday lives.

**Action**

YWM2022-Engage brought advocacy to the forefront of the OAC’s in-person training program. Attendees spent the first day learning about the many hurdles that people with obesity face and the second day learning how to be a leader for change. During the training, participants got in-depth knowledge of OAC’s core advocacy issues, learned how to talk about obesity and practiced sharing their lived experiences. Most importantly, attendees learned how to use these skills in ways that can shift the balance of power to expand access to obesity care and stop weight bias. OAC’s advocates are empowered to use their voices together to demand dignity, respect and a better world for people with obesity.

**Connection**

YWM2022-Virtual and YWM2022-Engage aimed to change the narrative around obesity and advocate for a better world that respects people with the disease. People affected by obesity from around the world joined together to watch educational sessions, discuss weight and health topics and participate in social events. Many participants were first-time Convention attendees learning the value of science-based education and support systems.

The most profound moments of the events were the ones in which individuals shared their lived experiences. Speakers shared their stories and encouraged attendees to use the virtual chat feature and stand up to the microphone to share theirs. We saw brand-new and returning Convention attendees share their stories of health challenges and weight bias, what brought them to the event and how they will advocate for the cause in the future.

YWM2022 became a space for attendees to be vulnerable, open and brave. Participants shared their struggles and heartache but found empathy and trust with one another. Attendees learned first-hand that having a network of support and compassion helps minimize feelings of shame. YWM2022 became a safe space for a Community like none other — a place where everyone can be treated with dignity and respect, without fear of judgment, and knowing every person in the room understands their pain and challenges.
What is SADI-s?

SADI-s (Single anastomosis duodenal-ileal bypass with sleeve gastrectomy), or Loop DS, is a newer type of bariatric procedure that can help patients with severe obesity lose weight and manage their health. Understanding a new bariatric surgery technique can be difficult, so it’s important that you have all of the tools and resources available to fully understand what SADI-s is and if it’s something you might want to consult your bariatric surgeon about.

First, let’s look at some key terms that will explain what happens with the SADI-s procedure compared to other bariatric operations.

**Terms to Know**

The word “anastomosis” simply means “connection.” It’s just a technical word. The name of the connection is just describing what is connected (continue reading for more on this).

The word “gastric” always refers to the stomach itself — the large, muscular, baggy storage and mixing area where food is held and broken down until it is slowly emptied through the muscular pylorus (or pyloric valve) at its lower end. Below the stomach is the small intestine, or small bowel, that is responsible for absorbing most nutrients.

The small bowel has three parts that describe their location, and each have partially specialized functions.

- The “duodenum” is the first small segment of your small bowel that is firmly “attached” to the back part of the abdominal cavity in a C shape. It is less than a foot long.
- The “jejenum” and “ileum” are the next two parts of the small bowel before the liquid remnants and waste from the digestive process are emptied into the colon, or large bowel. This is where fluid is reabsorbed and where stool (poop) is formed. Together, the jejunum and ileum are about 20-33 feet long (or 600-1,000 centimeters).
What Does Surgery Actually Do?

Almost every weight-loss operation modifies the stomach in some way. The main goal of bariatric surgery is to alter the hunger and fullness signals to your brain. Any type of bypass operation alters the stomach by causing food to “jump around” a segment of the small bowel, resulting in further changes to the hunger signals. No current operation removes the small bowel; they just alter how much of the bowel gets food. The parts of the bowel that are bypassed will still function and aid the digestive process. No current operation makes any direct change to the large bowel (colon).

What is Bypass?

The two main differences between bypass operations are where the connection is made and how much of the small bowel will see food.

**Roux en Y Bypass**

The RYGB/Gastric Bypass (or Roux en Y gastric bypass/RYGB) and OAGB/Mini/One Anastomosis Gastric Bypass both connect the stomach directly to the jejunal part of the small bowel. This is called the gastro-jejunal anastomosis/gastrojejunostomy.

Both operations divide the stomach into an upper and lower section. The upper part is the gastric pouch, where food goes on its way to the small intestine. When patients eat a meal, not much food will stay in the pouch for long. However, this varies by patient, and it’s not clear what role this plays in weight-loss. The lower part of the stomach is the gastric remnant, which no longer sees food ever again. The RYGB makes a very small pouch to limit acid and reduce the risk of ulcers. The OAGB removes the fundus part of the stomach while shaping the connection point.

**Duodenal Switch Operations**

Duodenal Switch operations (including SADI-s) do not divide the stomach into upper and lower parts. Instead, they create a narrow sleeve-shaped stomach by removing the outer “greater curvature” part, including the distinctive fundus (see illustration). Food still goes through the pylorus into the first inch or so of the duodenum. The DS operations all divide the duodenum very close below the pylorus, and connect into the lower part of the small bowel, creating a Duodeno-Ileostomy, or Duodeno-ileal anastomosis. The original version is still often performed, and divides the upstream ileum to reconnect it further downstream on the lower ileum (Ileo-ileostomy, or Ileo-ileal anastomosis).

How Does Limb Length Matter?

In general, the shorter the amount of bowel that sees food (total alimentary limb length/TALL), the better the weight-loss results. However, it also increases the risk of diarrhea, gas and malnutrition. Those side effects are occasionally from calories, but are more often from minerals and vitamins that can lead to anemia and a higher risk of bone fractures/osteoporosis. Very rarely do side effects include vision issues with Vitamin A, bleeding issues with Vitamin K, nerve/brain problems or others.

Dear Doctor continued on page 27
When it comes to LOSING WEIGHT AND KEEPING IT OFF

“We’ve always had the WILL. Now we have another WAY.”

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

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

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

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

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

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

Do not use Saxenda® if you or any of your family have ever had MTC, or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

Who should not use Saxenda®?
Do not use Saxenda® if:
• you or any of your family have ever had MTC or if you have MEN 2
• you have had a serious allergic reaction to liraglutide or any of the ingredients in Saxenda®. See symptoms of serious allergic reactions in “What are the possible side effects of Saxenda®?”
• you are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby

Before taking Saxenda®, tell your health care provider about all of your medical conditions, including if you:
• are taking certain medicines called GLP-1 receptor agonists
• have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
• have or have had problems with your pancreas, kidneys or liver
• have or have had depression or suicidal thoughts, or mental health issues
• are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your health care provider should decide if you will use Saxenda® or breastfeed

Tell your health care provider about all the medicines you take, including prescription, over-the-counter medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your health care provider if you take diabetes medicines, especially insulin and sulfonylurea medicines.
Managing your weight long term requires more than willpower alone

Saxenda® can help you lose weight and keep it off

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

Important Safety Information (cont’d)

How should I use Saxenda®?

- Read the Instructions for Use that comes with Saxenda®
- Inject your dose of Saxenda® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your health care provider. Do not inject into a vein or muscle
- Change (rotate) your injection site within the area you choose with each injection to reduce your risk of getting lumps under the skin (cutaneous amyloidosis). Do not use the same site for each injection

What are the possible side effects of Saxenda®?

Saxenda® may cause serious side effects, including:

- inflammation of the pancreas (pancreatitis). Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your stomach area (abdomen) to your back
- gallbladder problems. Saxenda® may cause gallbladder problems, including gallstones. Some gallbladder problems need surgery. Call your health care provider if you have any of the following symptoms: pain in your upper stomach (abdomen), fever, yellowing of your skin or eyes (jaundice), or clay-colored stools
- increased risk of low blood sugar (hypoglycemia) in adults with type 2 diabetes who also take medicines to treat type 2 diabetes such as sulfonylureas or insulin
- risk of low blood sugar (hypoglycemia) in children who are 12 years of age and older without type 2 diabetes
- Signs and symptoms of low blood sugar may include: shakiness, sweating, headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heartbeat, and feeling jittery. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®
- increased heart rate. Saxenda® can increase your heart rate while you are at rest. Your health care provider should check your heart rate while you take Saxenda®. Tell your health care professional if you feel your heart racing or pounding in your chest and it lasts for several minutes
- kidney problems (kidney failure). Saxenda® may cause nausea, vomiting, or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure, which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. Call your health care provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth
- serious allergic reactions. Stop using Saxenda® and get medical help right away if you have any symptoms of a serious allergic reaction including swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, or severe rash or itching
- depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your health care provider right away if you have any mental changes that are new, worse, or worry you

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

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

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

Ask your health care provider about FDA-approved Saxenda®
Saxenda® (liraglutide) injection 3 mg

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

Rx Only
This information is not comprehensive. How to get more information:
• Talk to your healthcare provider or pharmacist
• Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling
• Call 1-844-363-4448

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

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

Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, SAXENDA® and medicines that work like SAXENDA® caused thyroid tumors, including thyroid cancer. It is not known if SAXENDA® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

Do not use SAXENDA® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

What is SAXENDA®?
SAXENDA® is an injectable prescription medicine used for adults with obesity or overweight (except those who also have weight-related medical problems) and who are 12 to 17 years of age with a body weight above 132 pounds (60 kg) and obesity to help them lose weight and keep the weight off.

SAXENDA® should be used with a reduced calorie diet and increased physical activity. SAXENDA® and VICTOZA® have the same active ingredient, liraglutide, and should not be used together or with other GLP-1 receptor agonist medicines.

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

It is not known if SAXENDA® is safe and effective in children aged 12 to 17 years with type 2 diabetes.

Who should not use SAXENDA®?
Do not use SAXENDA® if:
• you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
• you have had a serious allergic reaction to liraglutide or any of the ingredients in SAXENDA®.
• you have had severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
• you have or have had depression or suicidal thoughts, or mental health issues.
• you are breastfeeding or plan 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:
• are taking certain medicines called GLP-1 receptor agonists.
• have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
• have or have had problems with your pancreas, kidneys or liver.
• have or have had depression or suicidal thoughts, or mental health issues.

Tell your healthcare provider if you have diabetes medicines, especially insulin and sulfonylurea medicines. Tell with your healthcare provider if you are not sure if you take any of these medicines.

How should I use SAXENDA®?
Inject your dose of SAXENDA® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. Do not inject into a vein or muscle.

Change (rotate) your injection site within the area you choose with each injection to reduce your risk of getting lumps under the skin (cutaneous amyloidosis). Do not use the same site for each injection.

If you take too much SAXENDA®, call your healthcare provider right away. Taking too much SAXENDA® may cause severe nausea, severe vomiting, and low blood sugar (hypoglycemia).

What are the possible side effects of SAXENDA®?
SAXENDA® may cause serious side effects, including:

• See “What is the most important information I should know about SAXENDA®?”
• Inflammation of the pancreas (pancreatitis). Stop using SAXENDA® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your stomach area (abdomen) to your back.
• Gallbladder problems. SAXENDA® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
  • pain in your upper stomach (abdomen) • yellowing of your skin or eyes (jaundice)
  • clay-colored stools
• Increased risk of low blood sugar (hypoglycemia) in adults with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus such as sulfonylureas or insulin.
• Risk of low blood sugar (hypoglycemia) in children who are 12 years of age and older without type 2 diabetes mellitus
  • Signs and symptoms of low blood sugar may include:
    • shakiness • weakness • hunger • sweating
    • dizziness • fast heartbeat • headache • confusion
    • feeling jittery • drowsiness • irritability
• 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®.
• Kidney problems (kidney failure). SAXENDA® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.
• Serious allergic reactions. Stop using SAXENDA®, and get medical help right away if you have any symptoms of a serious allergic reaction including:
  • swelling of your face, lips, tongue, or throat
  • problems breathing or swallowing • fainting or feeling dizzy
  • severe rash or itching • very rapid heartbeat
• Depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

The most common side effects of SAXENDA® in adults include:
• Nausea • injection site reaction • tension (fatigue)
• Change in enzyme (lipase) levels in your blood • diarrhea • low blood sugar (hypoglycemia) • dizziness
• Constipation • headache • stomach pain
• Vomiting • upset stomach (dyspepsia)

Additional common side effects in children are fever and gastroenteritis. Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of SAXENDA®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

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

Manufactured by: Novo Nordisk A/S, DK-2860 Bagsvaerd, Denmark
More detailed information is available upon request.
Available by prescription only.
For information about SAXENDA® go to www.SAXENDA.com or contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536
1-844-363-4448
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This Medication Guide has been approved by the U.S. Food and Drug Administration
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In most Gastric Bypass operations, the amount of small bowel “in use” is 90%, though a few centers do a long limb version that leaves 50-60% in use. In Duodenal Switch operations, it was common early on to leave only 20-30% “in use.” Now, the most common is 30-40% use (250-350 cm) to allow for better vitamin/mineral absorption and to minimize changes in bowel movement. This adjustment does not seem to affect overall weight-loss much at all.

Why Have Approaches Changed?
Side effects of RYGB gastric bypass are often severe and sudden, such as ulcer or bowel obstruction. More patients also experience weight regain at 5-15 years than we had hoped.

The Sleeve Gastrectomy (or Vertical Sleeve Gastrectomy/VSG) is simply the upper part of a DS or SADI-s. The duodenum is not divided, and there is no bypass. All food goes through the entire small bowel. The Sleeve was originally used as a partial step for sicker or heavier patients to plan a later stage for the lower part of DS/SADI-s, but it became a stand-alone procedure for many. It has become more popular now than RYGB, but it’s not strong enough in the long term for about one-fifth of patients.

The most common side effects of any bypass/bowel shortening operations are challenges with vitamin absorption, loose bowel movements (dumping), blockages (small bowel obstructions) from an internal hernia or a band of scar that the bowel twists around, or from telescoping (intussusception) at the connection of a Roux en Y (end to side) technique. Significant scarring is much less common today now that small incision laparoscopy is almost always used. Daily diarrhea is rare, but does occur in a small group of patients. Occasional diarrhea is usually easily treated by avoiding certain foods. It can also be the result of Irritable Bowel Syndrome (IBS) that the patient had before surgery.

Surgeons are always cautious with “change” for good reason. However, SADI-s has been investigated for more than 10 years. It has fewer complications than RYGB, with better weight-loss and diabetes results. Many surgeons are also inexperienced with dividing the duodenum, which is a difficult area to safely dissect. Additionally, insurance restrictions are known for resisting the adoption of new techniques, despite what the insurers insist. Patients may easily get confused by complex terms and by an ever-evolving field.

The Good Parts of SADI-s
In SADI-s, we almost never see ulcers or bowel obstruction. SADI-s avoids the second anastomosis that can cause real mischief, compared to the original DS, and has very similar weight-loss outcomes.

The shorter length of “in use” small bowel offers a measurable increase in the amount of weight lost, in resistance to weight regain, and in the control of diabetes. Most patients don’t have diarrhea, but a very small number do go back for a brief operation to lengthen the amount of bowel that the food goes through (usually by about 10%, or three feet/one meter).

How Can a Patient and Their Surgeon Decide?
Most surgeons in the U.S. still do not perform SADI-s, and many are very early in their experience. This is a skill that takes time to learn, so many feel safest doing Sleeve Gastrectomies in their early cases that can get upgraded at a later point. The previous weight lost with the Sleeve makes the staged operation much easier, and probably safer. A patient who wants to discuss SADI-s should make sure the surgeon has done a reasonable number of procedures, as it’s not uncommon for surgeons to dismiss all operations that bypass more than a short amount of bowel for resulting in severe diarrhea. That is not the case, but it’s still commonly heard.

Conclusion
We no longer perform primary gastric bypass surgeries in my medical group. My partner, Dan Cottam, MD, is a leader in the field of SADI-s in the United States. The ulcers, bowel obstructions, and variable weight outcomes were unacceptable in our view. We do use it occasionally in very rare, complex cases such as a revision surgery. While there is a modest number of patients who want a later “upgrade” from Sleeve to SADI-s, this is fairly easy and safe in our overall experience. We are also supporters of the new medication classes that can help manage the disease of obesity even after surgery.

Final Note to Patients with Gastric Bypass
Do not look to convert to SADI-s or DS. There is now a good amount of research that shows the TALL approach to adjusting the amount of bowel “in use” is much safer and likely just as effective. The complications mostly came from altering the already divided stomach with no real benefit. We only change the stomach if there is an ongoing problem such as chronic ulcers or fistula, or large and problematic hiatal hernias.

About the Author:
Walter Medlin, MD, FACS, ASMBS, is a bariatric surgeon in Salt Lake City, Utah and Lehi, Utah. He had a Gastric Sleeve in 2008 and enjoyed very good results, but “upgraded” to SADI-s in 2020 after a heart attack to better manage his blood pressure with age. He was slightly unlucky here and had a “limb-lengthening” surgery a year later for an irritable bowel, which was effective. Dr. Medlin now also takes medication to maintain his weight.
As a person living with the chronic disease of obesity, I have been at the receiving end of weight-based bias and stigma. This has negatively impacted my mental health, self-image, and self-worth. As a parent of children affected by obesity, I would do anything to protect them from similar negative experiences and feelings. The challenge is that we can’t be with them 24/7, nor can we bubble-wrap them or close their eyes and cover their ears to the world around them.
What we do know is that kids affected by obesity or who struggle with weight often face weight-related stereotypes, social exclusion, and discrimination. Dealing with these challenges can contribute to depression, anxiety, low self-esteem and poor body image. Additionally, we know that children with obesity suffer from a lower health-related quality of life. Studies show that children and adolescents with obesity report a quality of life that is comparable to children who are diagnosed with cancer and are receiving chemotherapy. According to NationWideChildrens.org, despite a rise in public awareness and zero-tolerance policies in many schools, weight-related bullying is a common experience for many kids who struggle with weight.

This is particularly true for cyberbullying, as children and adolescents spend more time interacting with others on online gaming platforms and social media apps. Online bullying and body shaming are more frequent now than ever before because social media platforms allow people to remain anonymous and/or say things they would never say to a person's face. To learn more about cyberbullying, please visit StopBullying.gov.

**What Are Potential Signs That Our Kids May Be Experiencing Weight-Based Bullying?**

Weight-related bullying can lead to an increase in negative feelings, including:

- Anxiety
- Depression
- Irritability
- Low energy
- Fatigue
- Difficulty sleeping
- Isolation
- Lack of interest in previously enjoyed activities

Some of these children eventually dread going to school and are more likely to skip class. According to research, youth who are teased about their body weight are also likely to avoid physical activities at school, like gym class or sports, often because these are settings where they feel embarrassed and vulnerable to teasing. This can often lead to emotional eating, further weight gain, increased bullying, and a cycle that starts all over again.

Females tend to be more vulnerable to the negative impact of weight-related bullying due to the importance of body image often placed on their self-esteem and self-worth (especially with the unrealistic beauty standards that are promoted on social media). What is most concerning is the relationship between bullying and suicide, especially in youth with obesity. According to NationWideChildrens.org and HealthyChildren.org, kids who are affected by obesity that are victims of weight-related teasing or bullying are two to three times more likely to report thoughts of suicide or to engage in self-harming behavior, such as cutting. This is an alarming statistic.

**How Do We Help Our Kids Recognize That They’ve Experienced Weight-Based Bullying?**

Kids will know that they have been teased and bullied about their weight if it is verbal or written because this is the most obvious form of bullying. Words will hurt whether they are hearing them out loud from classmates or reading comments on social media. Encourage your kids to share any instance of verbal or written weight-related bullying with you.

Children are less likely to recognize weight-based bias if it comes from the adults in their lives (teachers, coaches, counselors, other parents, doctors, family members, etc.). This is where you can step in as an adult and stand up to this less obvious form of weight-based bullying by calling it out when you see it.

*Bullying continued on page 30*
What Can We Do as Parents to Help Our Children When They’ve Been Bullied Because of Their Weight?

My strongest suggestion is to find a supportive pediatric medical team that specializes in the treatment of both the physical and psychological effects of obesity for the child(ren) and family. Thanks to HealthyChildren.org, these are additional tips that I have found incredibly useful with my own kids.

- Emphasize that no one deserves to be teased. Regardless of whether it is because of weight, skin color, or any other reason, bullying is never okay.
- Tell an adult. Encourage your child to talk to a trusted teacher or coach at school.
- Stay in a group. Help them to identify at least one other friend they can be with when they walk the school hallways, sit in the cafeteria, or take the bus.
- As much as they possibly can, they should not react to the taunting. If the school bully sees them becoming anxious or even start to cry, the teasing may get worse. Encourage your child to maintain their composure, turn around, and walk away.
- Let your child’s teacher know about the bullying. The teacher may be able to step in and put an end to it. If the teasing continues, ask the school principal or your child’s school counselor to get involved. Your child may be embarrassed to have you talk to the principal, but you can’t afford to let them be mistreated any further. Many schools now have anti-bullying policies, but weight-based teasing isn’t always on the radar. It is generally better to let the teacher and principal handle the situation rather than contacting the bully or the bully’s parents yourself.
- Convince your child to try bonding more closely with the friends they do have at school. If they hang out with a group on the playground or in the lunchroom, they are less likely to be singled out for mistreatment.
- Don’t forget about computers and phones. Weight-based bullying through social media is very hurtful. Monitor your child’s social media activity and take any cyberbullying against them seriously.
- Find activities outside of school that your child can participate in, where they can develop a new friend group that may be less inclined to tease.
- Spend time with your child and treat them as an important person. Help maintain your child’s self-esteem by demonstrating respect and acceptance and telling them often, “I believe in you.”
- Reinforce your child’s strengths and admirable qualities that have nothing to do with body weight.

Females tend to be more vulnerable to the negative impact of weight-related bullying due to the importance of body image often placed on their self-esteem and self-worth (especially with the unrealistic beauty standards that are promoted on social media).

Conclusion

As parents, we will always do our best to protect our children from everything, especially weight-based bullying. If your child is affected by obesity and is experiencing bullying, these tips can help you teach your child how to stand up to bullies and help you protect them as best as you can.

About the Author:
Kristal Hartman is a proud member of the Obesity Action Coalition (OAC) and is honored to serve as the Co-Chair on the OAC National Board of Directors. Kristal Hartman is also the Co-Chair of the Convention Committee and serves on the Executive Committee and the Long-range Planning Committee. She had gastric sleeve surgery in August 2014, and it was the hardest and best decision she ever made for herself. She is passionate about her work in Biomarker and Genetic Research for Precision Medicine in Oncology, Obesity, and other Chronic Diseases.
The Obesity Action Coalition presents

Robotic Surgery: The Future of Obesity Care

An OAC Health Talk with Walter Medlin, MD, ASMBS

Thursday, November 17th at 7 pm ET.
LIVE on our YouTube Channel: YouTube.com/ObesityAction

Living in an era of ongoing improvements in science and technology is exciting, especially when we see advances like robotic surgery. In the OAC’s upcoming Health Talk, you’ll hear from bariatric surgeon Walter Medlin, MD, ASMBS, who will teach you about robotic surgery: what it is and how it works. Dr. Medlin, a bariatric patient himself, will also explain the pros and cons of the robotic option. Tune in to find out what the future holds for obesity care and bariatric surgery!

About OAC Health Talks

OAC Health Talks are short educational videos that dive deep into specific health topics that we know our community cares about. They are designed to connect you to trusted health experts who lean on science to provide straightforward, practical answers and insight. Our Health Talks provide an open space that supports conversation, engages viewers in specific and relevant health topics, and lets you connect with peers while watching.

Sign up for this FREE educational opportunity at ObesityAction.org/HealthTalks.
You’ve set a goal to start exercising and even invested in a fitness membership, but every time you plan to head to the gym, you talk yourself out of it. If this sounds familiar, you’re not alone. Many people experience gym anxiety.
This anxiety often stems from a feeling of uncertainty. Whether you don’t know what to expect when you walk in or have no idea what you should be doing, the unknown can be a barrier to starting. Furthermore, for some, there’s a compounding fear of making a fool of oneself when trying something new. Beyond uncertainty, you might have a fear of being in crowds or having to see yourself in the mirrors that line the walls of most gyms.

Often, we are told to “just get over it and go.” While this advice typically comes from a positive place of encouragement, it doesn’t deal with the underlying fears that are associated with going to the gym. It’s important to find ways to break through your gym anxiety so that you can feel comfortable and at home in the gym.

**Find a Gym That Fits Your Style**

A great starting point is finding a gym that works with your personal preferences. Once you look beyond the well-known gyms in your area, you may discover there are many other options within a few miles of your home. If you don’t like crowds, you may benefit from joining a small, 24-hour gym that allows you to come and go as you please. On the other hand, if you don’t like the idea of independent workouts, you may enjoy a gym that has a built-in community, such as a prominent senior program.

Brandon Raghu, CPT, Life Time Personal Training Manager, suggests joining fitness coffee clubs, walking groups and group fitness classes to start. “Post-COVID, we’ve seen that most people succeed by joining communities,” he says.

**Gain Confidence Through Education**

To overcome the fear of not knowing what to do, seek out education. Many people have an unrealistic expectation that they should be fitness experts when they start working out. Just like any new hobby, you’ll need time to learn the basics and practice what you’ve learned before you become proficient. The pressure to be or look like other gymgoers often keeps people from starting. It helps to keep in mind that those gym ‘experts’ were also beginners at one point.

How can you learn more? Most gyms have fitness professionals who can teach you how to use their equipment. They may also offer free introductory training sessions. Many gyms offer free group fitness classes as well. If you’re new to group fitness, come early to a class and let the instructor know you’re new. “Most fitness professionals are really good at subtly modifying their movements during class, so they are accessible to everyone,” Raghu says.
What is CONTRAVE?
Along with diet and exercise, CONTRAVE is a prescription weight-loss medicine that may help some adults with a BMI > 30 kg/m² (obese) or with a BMI of 27 kg/m² (overweight) with at least one weight-related medical problem such as high blood pressure, high cholesterol, or type 2 diabetes, lose weight and keep the weight off.

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

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

CONTRAVE is not approved to treat depression or other mental illnesses, or to help people quit smoking (smoking cessation).

**IMPORTANT SAFETY INFORMATION**
CONTRAVE can cause serious side effects including:
Suicidal thoughts or actions: One of the ingredients in CONTRAVE is bupropion. Bupropion has caused some people to have suicidal thoughts or actions or unusual changes in behavior, whether or not they are taking medicines used to treat depression. Bupropion may increase the risk of suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.

If you already have depression or other mental illnesses, taking bupropion may cause it to get worse, especially within the first few months of treatment.

While taking CONTRAVE, you or your family members should pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when you start taking CONTRAVE or when your dose changes.

Stop taking CONTRAVE and call a healthcare provider right away if you or your family members notice any of the following symptoms, especially if they are new, worse, or worry you: thoughts about suicide or dying; attempts to commit suicide; depression; anxiety; feeling agitated or restless; panic attacks; irritability; aggression, anger, or violence; acting on dangerous impulses; an extreme increase in activity and talking; other unusual changes in behavior or mood; trouble sleeping.

CONTRAVE is not approved for use in children under the age of 18.

Do not take CONTRAVE if you have uncontrolled high blood pressure; have or have had seizures; use other medicines that contain bupropion such as WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, APLENZIN and ZYBAN, have or have had an eating disorder called anorexia or bulimia; are dependent on opioid pain medicines or use medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or use medicines called sedatives (these make you sleepy), benzodiazepines, or anti-seizure medicines and stop using them all of a sudden; are taking or have taken medicines called monoamine oxidase inhibitors (MAOIs) in the past 14 days; or are allergic to any of the ingredients in CONTRAVE.

Tell your healthcare provider about all of your medical conditions including if you have: depression or other mental illnesses; attempted suicide; seizures; head injury; tumor or infection of brain or spine; low blood sugar or low sodium; liver or kidney problems; high blood pressure; heart attack, heart problems, or stroke; eating disorder; drinking a lot of alcohol; prescription medicine or street drug abuse; are 65 or older; diabetes; pregnant or planning to become pregnant; or breastfeeding.

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

CONTRAVE may cause serious side effects, including:
- Seizures. There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who take higher doses of CONTRAVE, have certain medical conditions, or take CONTRAVE with certain other medicines. Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.
Everyone has different challenges when it comes to weight loss. Don’t let stress eating sabotage your success.

Ask your doctor how CONTRAVE can help you lose weight and keep it off.

Scan the QR Code to Pay $99 or Less* + Free Shipping† for CONTRAVE.

*The price of CONTRAVE is $99 per month with free shipping through the CurAccess Program. If your insurance covers CONTRAVE, it may cost less. CurAccess Program is offered by our partner pharmacies. Subject to patient eligibility.
†Free shipping through the CurAccess Program is offered by a third-party partner.

IMPORTANT SAFETY INFORMATION (cont’d)

- Risk of opioid overdose. Do not take large amounts of opioids, including opioid-containing medicines, such as heroin or prescription pain pills, to try to overcome the opioid-blocking effects of naltrexone. This can lead to serious injury, coma, or death.

Get emergency medical help right away if you take opioids and you:

- have trouble breathing
- become very drowsy with slowed breathing
- have slow, shallow breathing
- feel faint, very dizzy, confused, or have unusual symptoms

- Sudden opioid withdrawal. People who take CONTRAVE must not use any type of opioid including street drugs, prescription pain medicines, cough, cold, or diarrhea medicines that contain opioids, or opioid dependence treatments, for at least 7 to 10 days before starting CONTRAVE. Using opioids in the 7 to 10 days before you start taking CONTRAVE may cause you to suddenly have symptoms of opioid withdrawal when you take it. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before a medical procedure or surgery.

- Severe allergic reactions. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction: rash, itching, hives, fever, swollen lymph glands, painful sores in your mouth or around your eyes, swelling of your lips or tongue, chest pain, or trouble breathing.

- Increases in blood pressure or heart rate. Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking, and while you take CONTRAVE.

- Liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems: stomach area pain lasting more than a few days, dark urine, yellowing of the whites of your eyes, or tiredness. Your healthcare provider may need to stop treating you with CONTRAVE if you get signs or symptoms of a serious liver problem.

- Manic episodes. Bupropion can cause some people who were manic or depressed in the past to become manic or depressed again.

- Visual problems (angle-closure glaucoma). Signs and symptoms may include: eye pain, changes in vision, swelling or redness in or around the eye. Talk with your healthcare provider to find out if you are at risk for angle-closure glaucoma and to get treatment to prevent it if you are at risk.

- Increased risk of low blood sugar in people with type 2 diabetes mellitus who also take medicines to treat their diabetes (such as insulin or sulfonylureas). You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea. These are not all of the possible side effects of CONTRAVE.

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.

Please see the Brief Summary of Prescribing Information on the adjacent page.

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What is the most important information I should know about CONTRAVE?
CONTRAVE can cause serious side effects, including:
- Suicidal thoughts or actions. One of the ingredients in CONTRAVE is bupropion. Bupropion has caused some people to have suicidal thoughts or actions or unusual changes in behavior, whether or not they are taking medicines used to treat depression. Bupropion may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment. If you already have depression, or other mental illnesses, taking bupropion may cause it to get worse, especially within the first few months of treatment. Stop taking CONTRAVE and call a healthcare provider right away if you, or your family member, have any of the following symptoms, especially if they are new, worse, or worry you:
  - thoughts about suicide or dying
  - attempts to commit suicide
  - new or worse depression
  - new or worse anxiety
  - feeling very agitated or restless
  - panic attacks
  - new or worse irritability

While taking CONTRAVE, you or your family members should:
- Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when you start taking CONTRAVE or when your dose changes.
- Keep all follow-up visits with your healthcare provider as scheduled. Call your healthcare provider between visits as needed, especially if you have concerns about symptoms.
CONTRAVE has not been studied in and is not approved for use in children under the age of 18.

What is CONTRAVE?
CONTRAVE is a prescription medicine used with a reduced calorie diet and increased physical activity that may help some obese or overweight adults, who also have weight related medical problems, lose weight and keep the weight off. It is not known if CONTRAVE changes your risk of heart problems or stroke or of death due to heart problems or stroke.

It is not known if CONTRAVE is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
CONTRAVE is not approved to treat depression or other mental illnesses, or to help people quit smoking.

Do not take CONTRAVE if you:
- have uncontrolled hypertension.
- have or have had seizures.
- use other medicines that contain bupropion.
- have or have had an eating disorder called anorexia or bulimia.
- are dependent on opioid pain medicines or use medicines to help stop taking opioids, or are in opiate withdrawal.

Before taking CONTRAVE, tell your healthcare provider about all of your medical conditions, including if you:
- have or have had depression or other mental illnesses. (such as bipolar disorder)
- have attempted suicide in the past
- have or have had seizures
- have had a head injury
- have had a tumor or infection of your brain or spine
- have had a problem with low blood sugar or low levels of sodium in your blood
- have or have had liver problems
- have high blood pressure
- have or have had a heart attack, heart problems, or have had a stroke
- have kidney problems
- are diabetic taking insulin or other medicines to control your blood sugar
- have or have had an eating disorder

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works, causing side effects.

How should I take CONTRAVE?
- Take CONTRAVE exactly as your healthcare provider tells you. Your healthcare provider will change your dose if needed.
- Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.

What should I avoid while taking CONTRAVE?
- Do not drink a lot of alcohol while taking CONTRAVE. If you drink a lot of alcohol, talk with your healthcare provider before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your chance of having a seizure.

What are the possible side effects of CONTRAVE?
CONTRAVE may cause serious side effects, including:
- See “WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT CONTRAVE?”
- Seizures. There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who:
  - take higher doses of CONTRAVE
  - have certain medical conditions
If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.
- Risk of opioid overdose. One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. Do not take large amounts of opioids to try to overcome the opioid blocking effects of naltrexone. This can lead to serious injury, coma, or death. If you have used opioid street drugs or opioid-containing medicines in the past, using opioids in amounts that you used before treatment with naltrexone can lead to overdose and death. You or someone close to you should get emergency medical help right away if you:
  - have trouble breathing
  - become very drowsy with slowed breathing
  - feel faint, very dizzy, confused, or have unusual symptoms

Sudden opioid withdrawal. People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before a medical procedure or surgery.

Severe allergic reactions. Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction:
- rash
- itching
- hives
- fever
- swollen lymph glands

Increases in blood pressure or heart rate. Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking, and while you take, CONTRAVE.

Liver damage or hepatitis. One of the ingredients in CONTRAVE, naloxone, can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:
- stomach ache pain lasting more than a few days
- dark urine

Manic episodes. One of the ingredients in CONTRAVE, bupropion, can cause some people who were manic or depressed in the past to become manic or depressed again.

Visual problems (angle-closure glaucoma). One of the ingredients in CONTRAVE, bupropion, can cause some people to have visual problems. Signs and symptoms of angle-closure glaucoma may include:
- eye pain
- changes in vision

Increased risk of low blood sugar in people with type 2 diabetes mellitus who also take medicines to treat their diabetes. Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

The most common side effects of CONTRAVE include:
- headache
- constipation
- nausea
- bitter taste
- vomiting

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

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Brentwood, TN 37027

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CON-1295-001 02/2022
Join a Group Fitness Class

Group fitness classes often repeat weekly with the same instructor, giving you time to get comfortable with the format and progress at your own pace. It also gives you a chance to learn the instructor’s style or to seek out another class that better fits your style. Furthermore, the same students often attend a class week after week, giving you the opportunity to make in-gym friendships. Over time, you may end up with a group of accountability buddies who will motivate you during class and expect to see you weekly.

Start Small and Progress at Your Own Pace

Starting small is crucial to any sustainable fitness plan. For someone new to the gym, your first goal may be to just enter the gym for 10 minutes a couple of days per week. The act of walking in and spending a little time in the building can help build confidence and establish a routine. Over time, you can build up to 30 minutes per session and eventually one hour. Remember, it’s important to get out of your comfort zone to succeed. “What I really encourage people to do is pick something you are comfortable with and do that every day for 30 days. Then slowly find something new; don’t try to experience everything at once,” Raghu says.

What to Do If You Can’t Get Over Your Gym Anxiety

Everyone’s fitness journey has its own pace, and maybe you’re not quite ready for the gym. If that’s you, there are many options for fitness that won’t require you to get a fitness membership. When seeking out exercises that will suit you, always turn inward. The quickest way to get anxious about fitness is to copy the workout your friend, coworker or spouse is doing. If you absolutely hate the idea of running but continue to join your best friend for her morning runs, that’s a sure way to burn out on fitness.

Find what you love! As with anything, this may take some trial and error. Start by journaling for a few minutes about what fitness means to you. Ask yourself some questions: What type of movement doesn’t feel like exercise? What brings me joy? Do I enjoy working out alone or with a group? What do I need to stay accountable? What barriers will I have to work through? Once you have these on paper, jot down two or three forms of exercise that may suit your individual needs and go out and try them!

Whether you decide to join the gym or find other forms of exercise, be kind and gentle with yourself. Every new hobby takes practice and time and should start without the intention of a specific outcome. Fitness is no different. When you stop expecting specific results and start enjoying the self-care and process of moving your body, that’s when you can truly fall in love with exercise.

About the Author:
Yelena Kibasova, NETA-GEI, is a 14-year bariatric post-op patient, certified fitness instructor and professional writer. She has spoken at numerous obesity-related conferences over the years, including ObesityHelp, Obesity Action Coalition (OAC) and Weight Loss Surgery Foundation of America (WLSFA). She is passionate about fitness for all levels and sustainable weight maintenance plans that combine physical, mental and social well-being. She coaches clients on habit transformation for weight-loss and regain. You can visit her website, MoreThanMyWeight.com, to learn more about her.
Confused about whether you should choose a sugar substitute and what option may be better for you?

People often start replacing sugar with sugar substitutes during weight-loss interventions, after a diagnosis of diabetes, or simply because they think it will be a better choice for them. With conflicting information online from health experts and influencers and the variety of sweetener options available at the grocery store, it’s not a surprise many people are confused about what sugar substitute to choose.
Sugar substitutes are not all created equal and come in a variety of textures and chemical compositions. The most commonly available sugar substitutes are artificial and natural sweeteners. Artificial sweeteners typically offer minimal calories and are created synthetically; however, they can also be made from natural substances like herbs. Natural sweeteners normally come from natural sources and are often minimally processed.

It's important to evaluate the pros and cons of both artificial and natural sweeteners before deciding which is better for you and your health.

**Artificial Sweeteners**

Artificial sweeteners offer a minimal-calorie manufactured alternative to traditional caloric sugars such as table sugar and high fructose corn syrup. They can be used in a variety of recipes and products, including beverages, baked goods, snack foods, candy, canned goods and dairy products. The usage of artificial sweeteners has significantly increased over the past decade and is expected to continue to be on the rise. Artificial sweeteners make up a large percentage of the sugar substitute market. While artificial sweeteners continue to be popular among many, others still question whether they offer a health benefit.

Examples of Artificial Sweeteners Available:

- Acesulfame Potassium (Sunett® and Sweet One®)
- Aspartame (NutraSweet® and Equal®)
- Neotame (Newtame®)
- Saccharin (Sweet Twin®, Sweet’N Low®, and Necta Sweet®)
- Sucralose (Splenda®)

**Pros of Artificial Sweeteners**

Artificial sweeteners can be an attractive option because they have little to no calories. They can usually replace table sugar in a variety of recipes and commercially prepared food and beverages. When using artificial sweeteners in recipes, you may notice a lighter color, different texture or atypical sweetness; however, most people are typically still satisfied with the recipe outcome. Many companies who manufacture artificial sweeteners offer suggestions for how to replace sugar on their packaging or company website.

While in recent years, there have been many debates over whether artificial sweeteners can have negative health effects, numerous studies confirm that artificial sweeteners are generally safe in limited quantities. Furthermore, according to the National Cancer Institute and other various health agencies, there is a lack of evidence any of the artificial sweeteners approved in the United States are linked to critical health outcomes. The Food and Drug Administration has established an acceptable daily intake (ADI) for each artificial sweetener.

**Three Ingredient Sugar-Free Peanut Butter Cookies**

**Ingredients:**

- 2 cups natural peanut butter with no sugar added
- 2 cups Splenda or any sugar substitute that measures 1:1 with sugar
- 2 eggs

**Instructions:**

1. Preheat your oven to 325°F and line cookie sheets or baking pans with parchment paper (or spray with non-stick cooking spray).
2. In a large mixing bowl, mix together the peanut butter, sugar alternative and egg until blended.
3. Drop spoonfuls of cookie batter on to the baking sheet, leaving at least a ½ inch between cookie edges. Bake for 8-10 minutes at 325 °F. Recipe yields about 24 cookies.

*Sweeteners continued on page 40*
Cons of Artificial Sweeteners

Artificial sweeteners have a higher sweetness potency and often have a sweeter mouth feel than sugar. When people first try a food or beverage sweetened with an artificial sweetener, the intensity of the sweetness often leads them to believe the food must have sugar. Some of the sweeteners can be 200 to 13,000 times sweeter than standard table sugar. A sweeter flavor can cause some people to crave more sweetened foods. In addition to their potent sweetness, some artificial sweeteners may leave a bitter aftertaste.

While artificial sweeteners available on the market in the United States have been found to be safe when consumed within acceptable limits, the daily intake should still be kept in moderation. It’s also important to remember that foods with artificial sweeteners still have calories and carbohydrates and they should be taken into consideration when planning meals and snacks.

Sugar substitutes are not all created equal and come in a variety of textures and chemical compositions.

Raw Date Bars

Ingredients:

- 1 ½ cup rolled oats
- 1 ½ cup pecan halves
- 8 Medjool dates, pitted
- ½ cup coconut oil, melted
- 2-4 tbsp. dried blueberries
- 2-4 tbsp. white chocolate chips
- 2-4 tbsp. freeze-dried strawberries or craisins
- Optional: a pinch of salt

Instructions:

1. Line an 8” x 8” cake pan with parchment paper.
2. Pulse the first 4 ingredients in a food processor until well-blended and a sticky mixture forms.
3. With a large spoon, mix in the remaining ingredients.
4. Press into a cake pan (sprinkle with salt if desired).
5. Place in the freezer for 1-2 hours.
6. Store in a refrigerator or freezer (depending on desired texture).

Natural Sweeteners

At a time when people are increasingly aware of what they eat, we are seeing a continued interest in natural foods. While natural sweeteners are still considered an added sugar, they are less processed and a more natural option than standard table sugar, making them very appealing.

Foods Used as Natural Sweeteners:

- Honey
- Dates
- Maple syrup
- Molasses
- Agave nectar
Unlike both artificial sweeteners and sugar, natural sweeteners may contain small amounts of antioxidants, vitamins and minerals. Some natural sweeteners are used for their anti-inflammatory, antioxidant or antibacterial effects. Pure maple syrup and raw honey are examples of natural sweeteners that have antioxidant benefits and contain prebiotic oligosaccharides that can help promote healthy gut bacteria.

Cons of Natural Sweeteners

An important concept to understand about natural sweeteners is that most still contain a substantial amount of carbohydrates and calories. For example, agave nectar has a similar amount of carbohydrates and calories as table sugar but provides a more intense flavor per unit of measurement. For individuals who are trying to manage their calorie and carbohydrate intake, natural sweeteners typically don’t offer any benefit. They can still contribute a substantial number of calories to a diet and raise anyone’s blood sugar, especially someone with diabetes.

While you might find some commercially prepared products made with natural sweeteners, they are typically more difficult to find. Most natural sweeteners can’t replace sugar 1:1 in recipes and require original measurements. Recipes using pureed dates have increased over the past several years. Honey, maple syrup and agave nectar are also found in recipes like smoothies, puddings, oatmeal and some baked goods.

The Bottom Line

Regardless of what sweetener you choose, sweeteners should be consumed in moderation as part of a balanced diet that includes vegetables, fruits, lean protein, healthy fats and whole-grain food sources. Make sure you look at the pros and cons of both before choosing what is best for you and your health!

About the Author:
Kristen Smith, MS, RDN, is a bariatric surgery program coordinator in Atlanta, Georgia. Kristen has been a practicing registered dietitian for nearly two decades and is a national spokesperson for the Academy of Nutrition and Dietetics. Her nutrition expertise has been featured in interviews on Good Morning America, The New York Times, WebMD, US News and much more.
Obesity rates have been rising in the United States at an alarming rate. According to the Centers for Disease Control (CDC), about 42% of the adult U.S. population had obesity between 2017 and 2020. The stress of the COVID-19 pandemic has made things worse. Obesity is not only a disease itself, but it also increases the risk of other chronic diseases such as diabetes, high blood pressure, high cholesterol, fatty liver disease, sleep apnea, heart disease and multiple cancers.

A focus on healthier nutrition and physical activity is more important than ever before, but lifestyle modification alone is not successful in many situations. Bariatric surgery is well known to be the most effective and long-lasting treatment for obesity. However, only 1% of the patients that qualify for bariatric surgery get the treatment. There are various reasons for this, but patient perceptions and the invasive nature of the procedures play a role. Endoscopic sleeve gastroplasty is a minimally invasive bariatric procedure that is increasing in popularity.
What is Endoscopic Sleeve Gastroplasty?

Endoscopic sleeve gastroplasty, commonly known as ESG or the “accordion procedure,” is a non-surgical weight-loss procedure. It is similar to the surgical sleeve gastrectomy in the sense that it works by reducing the size of the stomach, but it is done without incisions or surgery. ESG is performed endoscopically, meaning the doctor introduces a tube through the mouth into the stomach with a camera and an FDA-approved suturing device attached to the tube. The surgeon places four to six stitches to fold the stomach into a smaller size. No portion of the stomach is removed.

In general, ESG is performed as a same-day procedure or in some cases is followed by a short period of observation in the hospital. Patients still must undergo general anesthesia, but they have a quicker recovery time due to the lack of incisions. The procedure takes about one to two hours, and some patients may return to normal activity in as little as two to three days. Patients can start consuming a clear liquid diet in a few hours. After a week or two of a liquid diet, patients move on to semisolid foods and eventually a healthy regular diet.

Should I Consider Getting ESG?

ESG is ideal for those that have a body mass index (BMI) of 30 or higher and have not had success with other non-surgical weight-loss methods. It is also beneficial when patients either don’t qualify or do not want to undergo traditional bariatric surgery. There is no upper age limit for the procedure if the person is in overall good health. Each patient needs to be evaluated in detail prior to the procedure. Those that have gastric ulcers, severe inflammation of the stomach or extensive polyps in the stomach should not undergo the procedure.

ESG has shown promising results so far. A recent trial performed at multiple hospitals in the U.S. and published in 2022 in the prestigious medical journal Lancet revealed that patients, on average, lose over 49% of their excess weight and over 13% of their total body weight. Other medical studies have demonstrated an even higher average percentage of total body weight-loss, between 15% and 18% at 12 to 24 months. This of course is affected by an individual commitment to healthy nutrition and increased physical activity. The effects can be further enhanced by adding weight-loss medications afterward. In addition to weight-loss, ESG helps improve associated conditions such as diabetes, high blood pressure, sleep apnea, high cholesterol, heart disease and joint pain.

“... Focus on healthier nutrition and physical activity is more important than ever before, but lifestyle modification alone is not successful in many situations. ..."
ESG continued from page 43

What Are the Risks Associated with ESG?

There are risks and complications associated with every procedure. However, on average, there are less than 1-2% of adverse events with ESG. The most common side effects noted by patients are abdominal pain and nausea, which can be treated successfully with medications and improve after a few days. In some cases, patients may experience bloody vomiting, but this is rare and usually treated without any significant long-term consequences. The chances of developing post-procedure heartburn are much lower with ESG compared to surgical sleeve gastrectomy.

ESG is both reversible and able to be converted to other surgical procedures if it is not effective or more weight-loss is desired. This is seen as a big advantage by those that are hesitant to pursue surgical weight-loss. Patients should maintain long-term follow-up care with their physicians and continue to work on maintaining a healthy diet with adequate physical activity.

Conclusion

In summary, ESG is a non-surgical weight-loss procedure for those that either don’t qualify for, or don’t want, a more invasive bariatric operation. It has promising results, especially in those with a BMI of 30 to 40, and has a low risk of complications. Each patient should establish care with a trusted doctor to hear more about possible treatments and learn whether ESG is an option.

About the Authors:
Rachel L. Moore, MD, FACS, Dipl. ABOM, is a private practice bariatric surgeon at the Denver Center for Bariatric Surgery at Rose Medical Center in Denver, Colorado. Dr. Moore is board-certified in both obesity medicine and surgery, and endoluminal therapies have been her special research interest. She is currently the co-chair of the Program Committee of the American Society for Metabolic and Bariatric Surgery (ASMBS) and has served in many other ASMBS leadership roles, including four years as an Executive Council member-at-large.

Sarah Samreen, MD, FACS, is a minimally invasive foregut and bariatric surgeon at University of Texas Medical Branch in South Houston, Texas. She performs mainly gastric bypass surgeries, gastric sleeves, revision procedures, bariatric endoscopies, and anti-reflux surgeries. She is an active member of American Society for Metabolic and Bariatric Surgery (ASMBS) and supports her patients through many ASMBS resources. Dr. Samreen is passionate about providing the latest cutting-edge procedures to all her patients. After work, she enjoys being outdoors, especially hiking and running. You can find her at Doctors.UTMBHealth.com/ProviderSearch.
Do you suspect there’s more to your obesity than diet or lifestyle?

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

**GENETIC TESTING CAN HELP UNCOVER:**

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

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

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

For more information, visit [RareObesityTest.com](http://RareObesityTest.com)
AFTER WEIGHT LOSS SURGERY, RECEIVE YOUR RECOMMENDED VITAMINS AND MINERALS IN ONE SIMPLE MONTHLY DELIVERY WITH NUTRITION DIRECT™

TWO GREAT OPTIONS FOR GETTING THE NUTRITIONAL SUPPLEMENTS YOU NEED FOR LIFE:

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Tablets/Capsules

PLUS, ELIGIBLE PATIENTS MAY PAY AS LITTLE AS $0 PER MONTH* TO RECEIVE VITAMINS AND MINERALS THAT MEET ASMBS NUTRITIONAL GUIDELINES†

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*Patients may redeem this offer ONLY when accompanied by a valid prescription. Offer is valid up to a maximum benefit of $150. Offer is not valid for patients whose prescriptions are reimbursed in whole or in part under Medicaid, Medicare, Medigap, VA, DoD, TRICARE, or any other federal or state programs (such as medical assistance programs) or where otherwise prohibited by law. Offer is not valid in VT or where prohibited in whole or in part. This offer may be amended or ended at any time without notice.


ASMBS: American Society for Metabolic and Bariatric Surgery.
WELCOME THE FLAVORS OF FALL WITH THESE COMFORTING MEALS

It’s time to cozy up and start cooking! Nutrition Direct™ and BariActiv® supplements, your partners in health after weight loss (bariatric) surgery, have just the right recipes for fall. Get the nutrients you need, with the flavors you want, in these comforting dishes.

MEALS MADE JUST FOR BARIATRIC PATIENTS

Find these recipes and more at NutritionDirect.com/recipes or scan the code

• Butternut Squash Soup
• Slow Cooker Chicken Tikka Masala
• Pumpkin Dip

DISCOVER MORE MEALS FOR THE MAKING

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