

# Weight

SPRING 2022

FOR YOUR HEALTH

# Matters



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**KID'S**  
corner

**Food, Nutrition and Energy in Children**



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# Weight Matters

FOR YOUR HEALTH

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*Message from the*

**OAC**

Obesity Action Coalition

**Chair of the Board**

*Hello Everyone,*

Have you ever felt ignored when talking about something deeply important to you? I sometimes have that feeling despite the advocacy work I do with the OAC, because it's tough to get family, friends, medical professionals and policymakers to understand what it's like to live with obesity and what we need to deal with our disease.

I do a lot of public speaking on the topic. I share my own lifelong experiences with obesity in hopes of raising compassion and understanding for all higher-weight people. Unfortunately, I often feel like I'm talking into a dark, empty cave where my words bounce off the walls rather than being heard. We keep speaking out but nothing seems to change despite our best efforts.

Then suddenly, there's an important shift and you realize the work you've been doing is paying off. That happened in March with two exciting announcements from the U.S. government. The first came from the Office of Personnel Management (OPM), which manages health insurance plans for more than a million Federal employees and retirees. Beginning in 2023, these health insurance plans "are not allowed to exclude anti-obesity medications from coverage and must have adequate coverage of FDA approved anti-obesity medications on the formulary to meet patient needs." OPM also highlighted the need to address obesity in children and adolescents with comprehensive care models. The OAC and its partners have worked with OPM for more than a decade to make these changes. All those efforts have now paid off.

The second piece of good news came when President Biden announced the creation of the Advanced Research Projects Agency for Health (ARPA-H) to improve the U.S. government's ability to speed up biomedical and health research. In making the announcement, the President acknowledged that obesity is a disease that should be explored: "Focusing on cancer, focusing on obesity, focusing on diabetes, a whole range of diseases ... we're going to make significant breakthroughs." Here too, I see the OAC's work. The OAC met with the President's transition team even before he assumed office. We followed that meeting with discussions with the White House Domestic Policy Council, the Department of Health and Human Services, the Centers for Medicare and Medicaid, and more.

Change may come slowly. But it is coming. Our efforts advocating for people with obesity are paying off in meaningful ways. It's up to us to continue to lift our voices -- even when we don't think anyone is listening.

## The OAC Asks for Your Help in Improving the Lives of Those with Obesity

In 2022, the OAC's mission to elevate and empower those affected by obesity is more important than ever. We have done the essential work to lay the foundation to demand and create change in our fight for progress. As we stand on the brink of this change, we need your help to continue to build our movement.

Today, the need to expand access to evidence-based treatments for obesity, eliminate weight bias and discrimination, elevate the conversation about weight and its impact on health and provide a network of support has never been more evident. The OAC is proud to be able to fight for progress and provide the tools and resources our Community needs with help from our dedicated supporters across the country.

Join us today and make a financial contribution that will make an immediate impact as we fight for a better world!

## Obesity Care Week 2022: Another Year of Success!



Obesity Care Week (OCW) is an annual public awareness event that aims to change the way we care for and about obesity. This year, OCW hosted its 8th annual week-long event which was supported by 112 Champion organizations across the globe. **OCW2022** prioritized ACTION in five core issue areas including recognizing obesity as a complex, chronic, recurring disease; stopping weight bias; expanding access to care; treating obesity with science-based treatments and expanding prevention education programs. Obesity Action Coalition is a proud Founding Champion of OCW and works hard each year to make Obesity Care Week a powerful opportunity for change!

The goals of **OCW2022** were twofold: to increase awareness and understanding of obesity, and to encourage participants to take action in support of these shared values. **OCW2022** participants had access to newly released educational resources including four new interviews with leading experts on the key topics, and three new fact sheets: a resource for healthcare providers on starting the conversation about weight with their patients, a resource for patients on starting the conversation with their healthcare provider, and obesity prevention. Participants also had the chance to take meaningful action to change the way we care for obesity by writing to local, state, and federal decision-makers urging them to prioritize obesity care and stop weight bias. Thank you to all of our OAC members who participated in this powerful cause and we look forward to making **OCW2023** even more impactful! To learn more about Obesity Care Week or to sign up for alerts, please visit [ObesityCareWeek.org](https://www.ObesityCareWeek.org).

## OAC Welcomes Liz Paul and Robyn Pashby, PhD, to National Board of Directors

The OAC is honored to welcome two new members to our National Board of Directors. Liz Paul and Robyn Pashby, PhD, bring their personal experiences and dedication to improving the lives of people living with obesity and join the Board in directing the OAC and its activities, setting long-term goals for the association and ensuring that all programs and initiatives are in the interest of individuals affected by obesity.

Liz Paul, a non-profit professional and obesity advocate from Mankato, MN, has lived with obesity her whole life and uses this first-person experience to advocate against weight bias and stigma and to fight for access to obesity treatments and care for all. In her professional life working with youth, she works to create safe spaces for children to have positive experiences with the outdoors and move their bodies regardless of their size and ability. Liz is a member of the OAC and serves OAC's Membership, Development, and Inclusivity and Diversity Committees.

Dr. Robyn Pashby is a clinical health psychologist, a passionate member of OAC, and someone who has both personal experience with and a family history of obesity. Dr. Pashby has spent the last 15 years incorporating mental health care into obesity treatment in a variety of multidisciplinary settings, and most recently in her own behavioral health group practice. She loves seeing individual clients and has led numerous groups over the years, including ongoing support groups to help people manage binge eating and to adjust to life after bariatric surgery. When not in session with a client, Dr. Pashby is working to reduce both mental health and weight bias by educating other psychologists, psychiatrists, physicians, personal trainers, physical therapists and other clinical healthcare workers on how these biases harm their patients.



OAC  
Community  
*Perspectives*  
Discovering Quality Education and Lifelong Friendships  
by Mari Grisaffi



**Mary receiving OAC Member of the Year Award at 2017 Your Weight Matters Convention**

At nearly every OAC Convention, event and related opportunity, you'll find Mary Grisaffi. Mary has been part of the OAC since 2012, and in this time, we've watched her become an incredible advocate for people with obesity.

Not only does Mary represent those of our members who have sought surgery, but she leaves an impact on everyone she meets with her vulnerability and passion. Mary fights to put a stop to weight bias, speaks up for people living with obesity and pours kind words into everyone she meets.

The OAC sat down with Mary to ask some questions about her personal experiences, her thoughts on the OAC and what she wants others to know about obesity.

**Q1: How did you discover the OAC and what led you to get involved?**

I had Lap-Band® surgery in 2007. Sometime in 2012, a friend of mine who had also undergone bariatric surgery asked if I wanted to attend the OAC's *Your Weight Matters* Convention with her in Phoenix.

I did some research on the OAC and was very interested in learning more about health and weight. I decided to go to the Convention and was very impressed with OAC's education. I became a true believer! I've now been to each of the in-person Conventions except for the very first. I've also attended the two most recent virtual Conventions which were also amazing!

“ The way you're treated when you live with obesity colors every corner of your life. ”



Mary and Gary on their wedding day.

## Q2: How have you and/or your loved ones been affected by obesity?

Obesity has limited my life in many ways. There have been many experiences I wouldn't try because of what others told me while growing up as an overweight child and teenager.

The way you're treated when you live with obesity colors every corner of your life. Often, instead of being asked to join in, you're basically ignored. This treatment has followed me into parts of my adulthood. Maybe being ignored seems less damaging than being bullied for your weight, but I would argue that point. To be invisible is very lonely.

I know that obesity affects everyone in one way or another. Even if I didn't have obesity, three of my four adult children do. Unfortunately, weight bias and discrimination surround us every day. As a society, we must deepen our understanding of the scientific reasons behind obesity, educate the public, change false perceptions and stop weight bias. The OAC is doing that.

We can all make a difference in the fight for equality and fair treatment. Remember, each one of us is touched by obesity, either directly or indirectly through a loved one. Do your part to stand up and speak out against weight bias and stigma.

# 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](https://ObesityAction.org/get-connected)



**Mary dressed for Halloween with her husband and best friend, Gary**

### **Q3: You are a returning attendee of the OAC's Your Weight Matters Convention. What keeps you coming back? What do you gain from it?**

The YWM Convention is my shot in the arm – my booster shot. It puts me back on track to my health and wellness goals. The education I receive is top notch and presented in an excellent, down-to-earth and understandable way that I can utilize in my everyday life. The friendships I've made, even from my first Convention, have lasted many years. The camaraderie is priceless. Having people that know what you've been through is a gift that should be cherished.

I had revision surgery in 2018 to the Gastric Bypass because of uncontrolled reflux problems. Each year, the Convention presents new and important discoveries about obesity research and treatment options. The EXPO Hall showcases new products and services. Many of the vendors have free samples and fun SWAG! I've returned each year and plan on always coming back to lean more and visit my family.

**“ Never forget that you are worth the time it takes to be healthy. ”**

### **Q4: What sets our Convention apart from others?**

The quality of education. The research is broken down for the average person to understand and utilize – not just doctors and researchers. You learn so much about the science behind obesity and how you can apply it to your personal life and your own goals. There is also always time to ask the speakers questions. That opportunity is priceless!

### **Q5: What have you learned about self-compassion and obesity throughout the years?**

Self-compassion is a hard lesson for many of us to learn because it wasn't taught to us. A lot of us who lived with obesity as a young child were programmed by others to feel “less than” simply because of our weight. Most times, I find it much easier to be compassionate toward others before giving myself that mercy.

I've learned that having obesity isn't my fault. Obesity is a disease with many factors involved. People living with it need to cut themselves some slack. Educating yourself about the factors that contribute to obesity can help improve your health, but some things can't be changed. This is where self-compassion is important. Not everything is in your control, so focus on living your very best life!



“ A lot of us who lived with obesity as a young child were programmed by others to feel ‘less than’ simply because of our weight. ”

**Q6: You recently shared that you are battling a new diagnosis of cancer. Would you mind talking about that and sharing how the OAC Community has supported you?**

In late August 2021, I was diagnosed with endometrial cancer. This was the Friday before Hurricane Ida hit the next day. My husband and I live in New Orleans and we were without power for 10 days. It was a very scary time because I was facing a cancer diagnosis and a hurricane simultaneously.

I had surgery in September and started chemo in October. I am still undergoing chemo at the time of this interview, but I hope to be finished by mid-February. I've been very open about my cancer journey and have posted about it on social media. Ever since, I've been overwhelmed with messages, cards and phone calls from OAC friends who have shown concern for me and my health. They continue to check on me and show their love. Each one of their thoughts and prayers fills my heart and makes it easier to get through the tough times.



Mary with her grandchildren

**Q7: Is there anything else you want to share with readers?**

I'd like to stress a couple of points about attending the OAC's YWM Convention. One is the excellent education and information you receive from the outstanding speakers, plus the opportunity to ask them your questions directly. The other is the personal relationships you will undoubtedly develop with like-minded people who have embarked on a similar journey with weight and health. Never forget that you are worth the time it takes to be healthy.

## 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](http://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](mailto:membership@obesityaction.org).

# Protein Supplements *and* Bariatric Surgery:

## Not Necessarily a Forever Thing

*by Jeannie Boyer, RD, LD, CSOWM*

It seems protein is the star of the nutrition world right now. Every aisle of the grocery store is stocked with products promoting protein content. There's high protein cereal, higher protein milk and even protein pasta! How do you know which products are helpful and healthy after bariatric surgery?





## What Do I Need to Know about Protein?

Before we get into the details, let's first get to know protein a little better. Many think only of muscles and meat when considering protein, but protein is a macronutrient that's responsible for many functions in our bodies. Protein breaks down into different amino acids that are then used to build tissue, repair injury, send hormone signals, function as enzymes and maintain normal pH levels in your blood. As you can see, protein is important.

In the first months after bariatric surgery, the emphasis of the post-surgery diet is on protein. During times of rapid weight-loss and limited calorie intake, the body breaks down lean body mass (muscle) into free amino acids so that tissue repair, enzyme reactions and hormone function can continue. To limit the loss of lean body mass, we must ensure we're getting adequate and quality protein.

A common recommendation for protein intake after a gastric bypass and gastric sleeve is 60-80 grams per day. Up to 100 grams per day is recommended after a duodenal switch or SADI-S procedure. This is not an extremely high amount of protein but can be hard to consume after bariatric surgery. Three ounces of chicken (the size of a deck of cards) provides 21 grams of protein, but it can take up to three months and often longer for a post-op patient to be able to consume that much solid food at one meal. When total intake volume is so limited after bariatric surgery, we rely on protein supplements.

## So, What Do You Choose?

Shopping for protein supplements can be overwhelming. Some of the common questions you may ask yourself are:

- Should I choose whey, vegan or collagen? Powder or liquid?
- Can I use the one my neighbor offered to give me?
- Is it okay to just buy something at the grocery store?
- Should I go to the more expensive nutrition store down the street?

It can make your head spin! Let's answer each of these questions below:

### • Should I choose whey, vegan or collagen?

As explained briefly earlier, our bodies use amino acids to build the proteins we need. This could be an enzyme to cause a reaction in our metabolism, collagen to protect our skin or muscle growth. There are nine amino acids our body cannot make. These are called essential (or indispensable) amino acids and we must obtain them from our diet. In the early weeks and months after surgery, this means getting them from a supplement. The most important thing about a protein supplement is to make sure it provides all essential amino acids.

### • How Do I Know My Protein Supplements are Providing Me with the Essential Amino Acids?

Well, you could memorize the nine essential amino acids and read the label of every product you're considering, or you could check the Protein Digestibility-corrected Amino Acid Score or the Digestible Indispensable Amino Acid Score (PDCAAS or DIAAS). These scores are used to measure the bioavailability or absorption of the amino acids in a product. For either of these scores, the higher the number, the better.

The PDCAAS is the older system and is based on a 1.0 or 100% scoring system. If a product is anything less than 1.0, it is not considered a good quality product. The DIAAS is considered a newer and more accurate way to measure. It scores foods on a scale of not quality (75%), good quality (75-99%), or excellent quality (100% or more).

*Protein Supplements continued on page 12*

Products made with whey, casein or egg whites have a higher PDCAAS and DIAAS than pea, rice or collagen-based products. Just after bariatric surgery, it is best to choose a whey, egg or casein-based supplement to ensure you are getting all essential amino acids and adequate protein. As time goes by after surgery and you can eat an increased variety of protein foods and tolerate larger volumes; you could incorporate other protein supplements with lower scores without risking your necessary amino acid intake.

## ● Powder or Liquid?

Either. Powder protein supplements have more flexibility because you can mix them into a variety of zero-calorie or very-low-calorie beverages or add them to sugar-free pudding and light yogurts. For instance, you can mix orange Crystal Light with vanilla whey protein powder for a 'creamsicle' shake or mix chocolate whey powder with light cherry-flavored yogurt for a chocolate-covered cherry treat.

Ready-to-drink products are super convenient. They are easy for travel and work. You can often find good-quality products in gas stations that are simple to carry with you. You don't have to worry about clumpy powder or having your shaker bottle clean and ready at all times.

## ● Can I Use the One Someone Else Gives Me?

If someone else has not had bariatric surgery, their protein supplement may not have enough protein for you and may not be as high of quality. You will probably want to stay clear of it. It's best to follow the suggested product list provided by your surgery clinic or reach out to a dietitian to ensure you are getting what your body needs after surgery.

## ● Can I Get One at the Grocery Store?

Likely, yes! There are more and more high-quality protein drinks available in grocery stores every year. You can even order popular products from Amazon, Costco or Sam's and have them delivered to your doorstep.



## Long-Term Use of Protein Supplements

As time goes by, after a gastric bypass or gastric sleeve, the need for protein supplements decreases. The goal for each patient is to be able to eat real food protein sources at regular intervals to meet protein goals. If you are unable to meet your protein goals from your diet, you may continue to use protein supplements, but you likely will not require the common ready-to-drink 30g protein products.

## Protein Supplements Are Important but Not Forever!

In conclusion, protein supplements are a very important but temporary part of your bariatric journey. When most of your protein intake is from supplements, be sure to choose products made with whey, egg white or casein. Once you are able to eat a variety of foods and textures, it's best to evaluate your intake to determine if you actually need a supplement.

### **About the Author:**

*Jeannie Boyer, RD, LD, CSOWM, has been a bariatric dietitian for nearly 20 years and has worked in East Tennessee, Northern California and now Charleston, South Carolina. She is a regular contributor on the new Barination.com and loves making motivational, comical and educational reels on her Instagram account @barisuccessrd.*

**Once you are able to eat a variety of foods and textures, it's best to evaluate your intake to determine if you actually need a supplement.**



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or change your body.*

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# Bariatric Support Groups: Why Are They Beneficial?

*by Lauren Carey, RDN; Ninoska Peterson, PhD; and Andrea Rigby, PsyD, Med, MS*

While bariatric surgery is the most effective invention for sustained weight-loss, weight regain can occur, particularly for patients who are three or more years post-surgery. Throughout the years, bariatric patients have indicated that they often struggle with weight regain once postoperative treatment has slowed down.





## Why Should Bariatric Surgery Patients Go to a Support Group?

Bariatric surgery patients can benefit from participating in bariatric support groups before and after their surgery. However, postoperative patients may find that their overall motivation for weight management and support group attendance lessens over time. Attendance at support groups may help patients renew their commitment to leading a healthy lifestyle and re-engage with their bariatric team.

### Benefits of Support Groups

Previous research points to the benefits of support group attendance not only for weight-loss, but also for long-term maintenance of weight management behaviors. One study showed that patients who attended support groups achieved more long-term weight-loss following surgery than those who did not attend, with the frequency of attendance associated with greater weight-loss.

These researchers found a “dose effect” in patients who attended five or more meetings the first year after surgery and lost more weight. Another study showed that adolescent patients who attended support groups were more likely to attend clinic follow-up visits the year after. As providers of our own support groups, we hear from our patients that support groups provide accountability, encouragement, new knowledge and a safe place to ask questions.

The American Society for Metabolic and Bariatric Surgery (ASMBS) encourages bariatric programs to offer support groups at least every other month. Other forms of support also exist, such as online support groups and informal networks of friends and family who may have had bariatric surgery.

All forms of support can be helpful. However, bariatric program support groups provide timely, factual and evidence-based information for patients. Despite all these benefits, the majority of bariatric patients do not attend support groups offered by their program. In one study using a telephone survey of 118 patients, participants were asked to list the reasons for support group non-attendance. The top reasons were being too busy (25%) and feeling intimidated (21%).

### Find a Support Group that Works for You!

In today’s world, more and more patients seek online support groups to get answers, ideas and stay on track. The issue is that many groups, especially Facebook groups, for example, are not moderated and/or run by qualified individuals. This can lead to the circulation of false information and expectations.

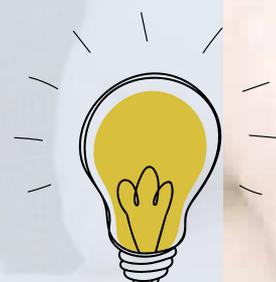
Try to stay connected with your program’s support groups and social media platforms by aiming to attend virtual or in-person meetings. If your program does not provide any of these support groups, try a reputable online support group such as the one from **Unjury.com**. The site offers multiple groups per month that are facilitated by qualified professionals.

*Bariatric Support Groups continued on page 16*

# Support Group Tips

Once you decide to seek support, how do you get the most out of your support group experience? Here are some tips:

- ✓ Stay connected to your program and commit to attending at least two to three times yearly, preferably five or more. Some attendance is better than no attendance! You may be anxious asking for help down the road if you have not followed up or attended a support group for several years.
- ✓ Use a support group as a way to check your progress and self-monitor any tendency to relapse into previous behaviors that could lead to weight regain. Listening to others who have worked through similar challenges is often reassuring. You may pick up a tip from someone else that could reinvigorate your commitment to staying on track.
- ✓ Prepare to engage in the group session by writing down one or two questions about the topic. By tapping into your curiosity prior to the group meeting, you will be more likely to listen and participate fully in the group.
- ✓ Think mindfully before responding to others' comments and consider how you can lend constructive feedback and support to other group participants. Helping others can be a mood booster and a reminder to follow through with your own behaviors.
- ✓ If weight regain has become an issue, try not to let feelings of shame or embarrassment prevent you from reaching out for support. Attending a support group can be a first step toward re-establishing care with your bariatric team.
- ✓ Be aware if attendance or participation is triggering. For example, if you are participating in online groups, assess if seeing others' weight-loss or pictures makes you draw unfair comparisons or worry that you aren't losing enough weight. If your online support group isn't helpful, it's okay to take a break or find a new group altogether.
- ✓ Be aware of the accuracy of the content on social media support groups. One study of online support groups found that half of the posts contained inaccurate or ambiguous information regarding nutrition. ASMBS-accredited programs are required to have a licensed professional who is offering and running the sessions. Social media groups do not have this requirement.
- ✓ Support groups are not there for you to ask for or give personalized medical advice. Set realistic expectations that the support group may not answer every question or address specific issues you may have. You should still schedule individual appointments with your bariatric team's dietitians, doctors and psychologists in addition to attending a support group.
- ✓ Provide suggestions to the support group leader about topics you are interested in learning about. An ideal support group will try to balance what the patients want to know with what the treatment team wants the patients to know. Look at the following table for some suggestions.
- ✓ Support groups should not be a place for someone to try selling you a particular product. Always check with your bariatric team about recommendations you get from social media support groups.



# Common Support Group Topics

Speakers	Discussion Topics
<p><b>Medical professionals</b> (Surgeons, Physicians, Nurses, Physician’s Assistants)</p>	<ul style="list-style-type: none"> <li>• Basics of Obesity Treatment</li> <li>• Ask an Expert</li> <li>• Medications for Weight Gain after Bariatric Surgery</li> <li>• Bariatric Surgery in the News</li> <li>• Plastic Surgery after Bariatric Surgery</li> <li>• Pregnancy after Bariatric Surgery</li> </ul>
<p><b>Registered Dietitians</b></p>	<ul style="list-style-type: none"> <li>• Recipe Remix</li> <li>• Tips for Staying Hydrated</li> <li>• Vitamins and Supplements</li> <li>• Staying on Track on Vacation</li> <li>• Holiday Eating</li> <li>• Grocery Shopping Tips and Tricks</li> <li>• Ways to Increase Protein</li> <li>• Potlucks and Recipe Swaps</li> <li>• Cooking Demonstrations</li> </ul>
<p><b>Behavioral Health Professionals</b> (Psychologists, Social Workers, Psychiatric Nurse Practitioners, Psychiatrists)</p>	<ul style="list-style-type: none"> <li>• Body Image Changes</li> <li>• Navigating Relationships</li> <li>• Emotional Eating</li> <li>• Stress Management</li> <li>• Dealing with Addictive Behaviors</li> <li>• Self-Sabotage</li> <li>• Measuring Success and Non-Scale Victories</li> </ul>
<p><b>Other/Combination of Speakers</b></p>	<ul style="list-style-type: none"> <li>• Exercise after Bariatric Surgery</li> <li>• Clothing Swap</li> <li>• Fashion Shows</li> <li>• Patient Testimonials</li> </ul>

## Conclusion

Remember that bariatric surgery is just a tool, but it’s also a commitment you are making to yourself for the long run. Ups and downs are all part of the journey. By attending support groups, you’ll find validation for your own thoughts and feelings. Knowing that other people have experienced exactly what you have/are going through helps to normalize your journey and hopefully lessen any feelings of shame, embarrassment or failure. People typically leave support groups feeling empowered, motivated and positive—all things needed to stay consistent with healthy habits!

### About the Authors:

*Lauren Carey, RDN, has been a Registered Dietitian/Nutritionist for 13 years. She is the owner of LBS Nutrition LLC, a nutrition & wellness practice in Central New Jersey. Since the beginning of her career, Lauren has been extensively involved in helping patients pre and post-bariatric surgery and currently serves as Chair of the Integrated Health Support Group Committee through the American Society of Metabolic and Bariatric Surgery (ASMBS).*

*Ninoska Peterson, PhD, is a staff psychologist with the Cleveland Clinic’s Bariatric & Metabolic Institute. She conducts evaluations and individual and group treatment for patients seeking surgical and non-surgical weight management. She has been coordinating and facilitating support groups for the past few years.*

*Andrea Riggsby, PsyD, Med, MS, is the dedicated psychologist for the Penn State Health Surgical Weight Loss Program. She is involved in clinical care of bariatric and weight management patients in addition to research on issues related to bariatric surgery, including food security, weight bias internalization and dietary quality.*



# ACCESS DENIED: Recommended Cancer Screening

by Sarah M. Bramblette, MSHL

## A Strong Family History

*“Your great grandmother had a breast removed in her sixties and lived to be 97-years-old.”*

Growing up, my mom often rattled off this fact. Sometimes she would then proceed to list off other women, usually her aunts and older cousins, who had breast cancer and had one or both breasts removed.

I remember thinking to myself that it was a good sign they had breast cancer in the 1960s and 1970s before the earliest diagnostic tests existed, and many lived years past their diagnosis and treatments.

When she was 54 years old, my mother joined the list of women in her family and was diagnosed with breast cancer after an annual mammogram. She underwent a year of treatments, including a lumpectomy, chemotherapy and radiation. Today, she is a 21-year cancer survivor.

Not only is there a strong history of breast cancer on my mother’s side of the family, but an aunt and at least one cousin on my father’s side had breast cancer.

This might sound morbid, but I have resigned myself to the fact that at some point in my life, I will be diagnosed with breast cancer, and like the other women in my family undergo treatment and continue to live a full life.



*“ We need to ensure that patients with obesity and severe obesity have access to all recommended cancer screenings. ”*



## More than Just Family

Despite having a strong family history of breast cancer, I have never had, nor has a doctor-advised genetic testing for the BRCA1 or BRCA2 gene mutation. My mother was never advised to be evaluated, and the few relatives who I know have been tested do not have the gene mutation.

I do not need a genetic test to know my family history puts me at a higher risk for developing breast cancer in my lifetime. According to the American Cancer Society, only about 5% to 10% of breast cancer cases are hereditary. There are other factors that can increase personal risk. In my case there are several: fibrocystic changes, having never given birth and severe obesity.

Knowing the importance of early detection, I have always taken my breast health seriously. In my late 20s, I had some tenderness in my right breast and I could feel a very small lump. I told my Primary Care Physician who confirmed with a physical breast exam and ordered additional testing. Due to my age, an ultrasound was recommended instead of a mammogram. The ultrasound detected a tiny cyst, which was aspirated, and results showed it was benign.

During the aspiration procedure, the radiologist asked me if I was aware that my weight put me at a higher risk for breast cancer and told me I should consider trying to lose weight. I was annoyed by her comment and told her I was working on it. At the time, I weighed approximately 280lbs, having lost nearly half my body weight after Roux-en-Y gastric bypass, a surgery which she should have reviewed in my medical history.

As is common after significant weight-loss, I had several reconstructive surgeries to remove excess skin, including a breast lift. I made the decision not to get breast implants as I knew they could interfere with mammograms. However, any breast surgery might affect diagnostic tests.

## My First Mammogram

A month after my 40th birthday, I asked my PCP if I could go ahead and get my first mammogram or wait until my annual check-up, which was not due for another five months. My PCP ordered a screening mammogram and since I have Medicare as my insurance, it covered a newer type of mammogram called digital breast tomosynthesis, or 3D mammography. 3D mammography potentially finds more breast cancers than 2D. However, more studies are being done to compare the results. It was a relief to know that I had access to a potentially better-quality mammogram.

*Recommended Cancer Screening continued on page 20*

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On the day of the appointment, the facility staff asked me to complete several pages of paperwork which included questions about family history, my personal history, my current health status and any current breast symptoms. I was asked to change into a robe for the test, but the available robes did not fit me, so I was unable to change before going into the actual exam room. Once inside, I removed my top and had both breasts exposed while the technician positioned me for the various images. Sadly, I am used to not having gowns available that fit me. While it bothers me, not wearing a robe did not affect the results of the screening.

## What Happened Next Bothered Me

The results of my first mammogram stated, “there is no radiographic evidence of malignancy,” so the good news was there were no signs of cancer. However, there was an additional note: “given the family history of breast cancer, bilateral breast MRI with contrast is recommended.”

Despite knowing how important early detection is, I had some initial hesitation about having another test done. I asked my PCP if she thought a breast MRI was necessary and she explained that The American Cancer Society recommends an annual MRI if the lifetime calculated risk of breast cancer on any model is 20% (due to family history, other personal risk factors, genetic mutations, etc.). My lifetime risk was calculated at 25%. She recommended I get the MRI since an MRI is more likely to detect cancer than a mammogram.

Fortunately, I knew the facility where I had my mammogram also had an MRI machine with the weight capacity since they listed the information on their website. However, when I called to schedule my appointment, the scheduler told me that breast MRIs are only done at the main hospital. I asked what the weight capacity was for the machine and she said it was 495 lbs.

A day before my appointment, I called to reschedule and to my shock, was told that the appointment should never have been made because the hospital MRI machine for breast MRIs has a weight capacity of 250 lbs. I was over the capacity. I would have been very upset to find that out upon arrival for an appointment. It not only would have been a waste of my time, but a waste of the facility and staff’s time to have an appointment slot go unfilled.

## Better Understanding the Problem

Knowing there were MRI machines with higher weight capacities available, I sent an email to the hospital system patient relations department to ask if it would be possible to have a breast MRI performed on one of the other machines. I received a detailed response from the MRI center explaining the reasons why I would not be able to have the MRI. The concern is not only one of machine weight capacity, but also space. The apparatus patients must be positioned on for the procedure limits the space inside the machine.

Luckily, my mammogram was clear, but what if I needed an MRI for further examination of an area? Research shows that individuals with obesity are at a higher risk for developing many cancers, so why are recommended screenings not accessible for patients who weigh more than 300 lbs.? I applaud the hospital for having an MRI machine with 495 lbs. and 650 lbs. weight capacities, but it is very disappointing that those machines are not available for a breast MRI. We need to ensure that patients with obesity and severe obesity have access to all recommended cancer screenings. Treatment for obesity is not enough. We must be able to accommodate all patients.

### A Note from OAC Partner

**FUJIFILM**

“We recognize that the process of having an MRI can be intimidating, especially if it’s a patient’s first time having one. Unfortunately, not all scanners on the market can accommodate all patient body types at this time. We at Fujifilm are continually working to improve the patient experience through patient insights, provider knowledge and working with organizations such as the Obesity Action Coalition. Fujifilm MRI and CT scanners feature larger openings, higher table weights and amenities to address the broadest range of body types. Imaging centers and hospitals all over the world use our equipment to ensure the best patient experience while providing the ordering physicians the results to complete patient care. Our unique Open MRI scanner, Velocity, can accommodate patients up to 660 lbs. and our Oval scanner features the widest opening for systems in its class. Our Scenaria View CT scanner has an 80 cm opening and can accommodate patients up to 550 lbs. Fujifilm remains dedicated to caring for patients of all sizes and will continue leading the imaging field in innovation and patient accommodation.”

– Tracy Ricchiuto, BA, RT (R) (MR)  
Product Manager, MRI  
Product Marketing

### About the Author:

*Sarah M. Bramlette, MSHL is a member of the Obesity Action Coalition (OAC) Board of Directors and Co-chair of the OAC Access to Care Committee. She also serves as Board Chair of the Lymphedema Advocacy Group. As a patient living with obesity, as well as both Lipedema and Lymphedema, she shares her story to spread awareness about her conditions while advocating for improved diagnosis, treatment and insurance coverage for obesity and fat disorders that are often mistaken for obesity.*

# EXPLORE



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OAC TV is our unique video brand created with the goal of starting conversations that connect with you, help you navigate your journey with weight and health through an engaging video experience, and keep you up-to-date with our latest announcements, offerings, campaigns and resources.

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# Dear Doctor +

## How Does Obesity Affect My Immune System?

*by Sunil Daniel, MD, FTOS, FOMA*

A little more than two years ago, we were introduced to the words “Pandemic” and “COVID-19.” The Coronavirus, discovered in Wuhan, China was evolving into a mysterious new respiratory disease. Worldwide, more than 6 million people have died since the first official case and the number of deaths in the United States has topped 900,000. The lives of most people on earth have been touched in some form by the pandemic. Fifty-four percent of the global population has had at least one vaccination. Obesity seems to be a common condition in the group that has been hit the hardest. What explains this? Does obesity specifically affect the immune system?



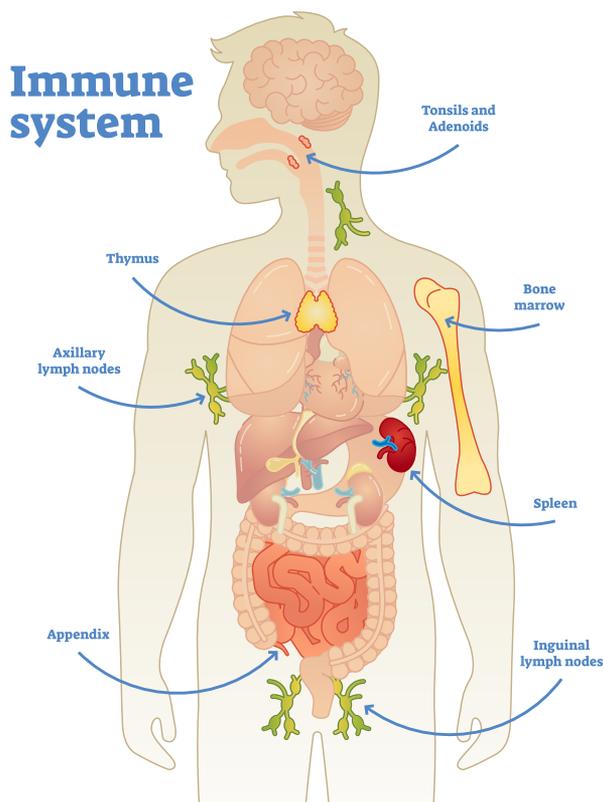
# What Does the Immune System Do?

The immune system is a complex network of cells, tissues and organs. Together they help the body fight infections and other diseases. When germs such as bacteria or viruses invade the body, they attack and multiply. This is called an infection. The infection causes the disease that makes a person sick. Our immune system protects us from disease by fighting off germs.

Without an immune system, we would have no way to fight harmful substances that enter our body from the outside or harmful changes that occur inside. The main tasks of the immune system are:

- To fight disease-causing germs (pathogens) like bacteria, viruses, parasites or fungi, and remove them from the body
- To recognize and neutralize harmful substances from the environment
- To fight disease-causing changes in the body, such as cancer cells

The most important parts of our immune system are our skin, mucous membranes (the moist lining of organs and body cavities), white blood cells and the lymphatic system (thymus, spleen, tonsils, lymph nodes bone marrow, etc.).



“ The immune system is a complex network of cells, tissues and organs. Together they help the body fight infections and other diseases. ”

*Dear Doctor continued on page 27*

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List as of 3/10/2022

# When it comes to **LOSING WEIGHT AND KEEPING IT OFF**

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



Actor Portrayals.

## What is Saxenda®?

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

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

## Important Safety Information

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

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

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

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

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

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

### Who should not use Saxenda®?

#### Do not use Saxenda® if:

- you or any of your family have ever had MTC or if you have MEN 2.
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
- you are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby.

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

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

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





# Managing your weight long term requires more than willpower alone

## Saxenda® can help you lose weight and keep it off

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

Ask your health care provider about FDA-approved Saxenda®

Check your prescription coverage at [SaxendaCoverage.com](http://SaxendaCoverage.com)

**Saxenda®**  
liraglutide injection 3mg

## Important Safety Information (cont'd)

### How should I use Saxenda®?

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

### What are the possible side effects of Saxenda®?

#### Saxenda® may cause serious side effects, including:

- **inflammation of the pancreas (pancreatitis).** Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your stomach area (abdomen) to your back.
- **gallbladder problems.** Saxenda® may cause gallbladder problems, including gallstones. Some gallbladder problems need surgery. Call your health care provider if you have any of the following symptoms: pain in your upper stomach (abdomen), fever, yellowing of your skin or eyes (jaundice), or 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](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

**Saxenda**<sup>®</sup> Brief Summary of Information about Saxenda<sup>®</sup> (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](http://www.novo-pi.com/saxenda.pdf) to obtain the FDA-approved product labeling
- Call 1-844-363-4448

**Do not share your SAXENDA<sup>®</sup> 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<sup>®</sup>?**  
**Serious side effects may happen in people who take SAXENDA<sup>®</sup>, 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<sup>®</sup> and medicines that work like SAXENDA<sup>®</sup> caused thyroid tumors, including thyroid cancer. It is not known if SAXENDA<sup>®</sup> will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

**Do not use SAXENDA<sup>®</sup>** 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<sup>®</sup>?**

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

- SAXENDA<sup>®</sup> should be used with a reduced calorie diet and increased physical activity.
- SAXENDA<sup>®</sup> and VICTOZA<sup>®</sup> 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<sup>®</sup> is safe and effective when taken with other prescription, over-the-counter medicines, or herbal weight loss products.
- It is not known if SAXENDA<sup>®</sup> is safe and effective in children under 12 years of age.
- It is not known if SAXENDA<sup>®</sup> is safe and effective in children aged 12 to 17 years with type 2 diabetes.

**Who should not use SAXENDA<sup>®</sup>?**

**Do not use SAXENDA<sup>®</sup> if:**

- you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- you are allergic to liraglutide or any of the ingredients in SAXENDA<sup>®</sup>.
- you are pregnant or plan to become pregnant. SAXENDA<sup>®</sup> may harm your unborn baby.

**Before taking SAXENDA<sup>®</sup>, tell your healthcare provider about all of your medical conditions, including if you:**

- are taking certain medicines called GLP-1 receptor agonists.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had problems with your pancreas, kidneys or liver.
- have or have had depression or suicidal thoughts, or mental health issues.
- are breastfeeding or plan to breastfeed. It is not known if SAXENDA<sup>®</sup> passes into your breast milk. You and your healthcare provider should decide if you will use SAXENDA<sup>®</sup> or breastfeed.

**Tell your healthcare provider about all the medicines you take** including prescription, over-the-counter medicines, vitamins, and herbal supplements. SAXENDA<sup>®</sup> slows stomach emptying and can affect medicines that need to pass through the stomach quickly. SAXENDA<sup>®</sup> may affect the way some medicines work and some other medicines may affect the way SAXENDA<sup>®</sup> works.

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

**How should I use SAXENDA<sup>®</sup>?**

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

**What are the possible side effects of SAXENDA<sup>®</sup>?**

**SAXENDA<sup>®</sup> may cause serious side effects, including:**

- See “What is the most important information I should know about SAXENDA<sup>®</sup>?”
- **inflammation of the pancreas (pancreatitis).** Stop using SAXENDA<sup>®</sup> 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<sup>®</sup> may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
  - pain in your upper stomach (abdomen)
  - yellowing of your skin or eyes (jaundice)
  - fever
  - clay-colored stools
- **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

Talk to your healthcare provider about how to recognize and treat low blood sugar. You should check your blood sugar before you start taking SAXENDA<sup>®</sup> and while you take SAXENDA<sup>®</sup>.

- **increased heart rate.** SAXENDA<sup>®</sup> can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take SAXENDA<sup>®</sup>. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes.
- **kidney problems (kidney failure).** SAXENDA<sup>®</sup> 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<sup>®</sup>, 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<sup>®</sup> in adults\* include:**

- nausea
- injection site reaction
- tiredness (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<sup>®</sup>. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**Keep your SAXENDA<sup>®</sup> pen, pen needles, and all medicines out of the reach of children.**

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

**More detailed information is available upon request.**

Available by prescription only.

For information about SAXENDA<sup>®</sup> go to [www.SAXENDA.com](http://www.SAXENDA.com) or contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448.

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

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

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

Revised: 12/2020



Dear Doctor continued from page 23

## How Does Obesity Affect the Immune System?

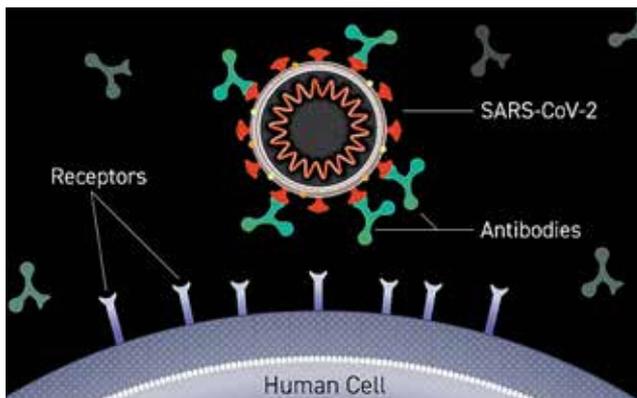
Obesity results in overreaction to infection and injury, causes the immune system to react even in the absence of infection and allows inflammation to continue even after recovery from injury or illness. This can lead to chronic inflammation, which is linked to various health conditions:

- Diabetes
- Heart disease
- Atherosclerosis – the buildup of fats, cholesterol and other substances in and on your artery walls
- Arthritis
- Sleep
- Cancer

### Our immune system is divided into two parts:

1. **Innate immune system:** This provides a general defense against harmful germs and substances that enter the body. This system is not very specific and mainly tries to kill or eat germs using cells such as “natural killer cells” and “phagocytes (eating cells)”
2. **Adaptive immune system:** This is also known as a specific immune system. It makes antibodies which are made of proteins that help identify and neutralize a virus or bacteria. This system also has cells that are called “memory cells” that have an acquired (or learned) response. Because this system is constantly learning and adapting, the body can fight bacteria or viruses that change over time.

### Antibodies Preventing Infection



Above, you can see an example from the National Institutes of Health (NIH) on how antibodies prevent infection from COVID-19.

## How is COVID-19 Affecting People with Obesity?

Obesity has been associated with higher intensive care unit (ICU) admissions with the flu virus (H1N1) infection. Recently, studies have highlighted the role of obesity in COVID-19 hospitalizations and poor outcomes. Other factors to also have been identified include:

- Being older than 65
- Chronic kidney, liver and heart disease
- Diabetes
- COPD
- Sleep apnea

## Viral Infections and Obesity

Obesity is one of the most important conditions that make us vulnerable to viral infections. It changes the adaptive immune system in the following ways:

- **Leptin** - Leptin is a protein that is made in fat cells, circulates in the bloodstream and goes to the brain. It tells your brain that you have enough energy stored in your fat cells to engage in normal metabolic processes, thus inhibiting hunger. People with obesity may have resistance to leptin which can weaken their immune systems.
- **Memory Cells** - In obesity, memory cells in the immune system (CD4+ and CD8+ T cells) are reduced or depleted. These cells are essential to providing long-term immunity against viral functions. With fewer memory cells, the body must fight harder to provide immunity.
- **The B-cell** - Obesity leads to chronic low-grade inflammation which decreases the function of another important cell of the adaptive immune system: the B-cell. This cell is important in producing antibodies to fight viruses and bacteria.

Obesity is also a risk factor for the development of bacterial and fungal infections. Obesity disables the innate immune system which is the first line of defense against bacteria and fungi.

## Conclusion

In summary, obesity stunts the immune system’s response to infections. One of the best ways to reduce the effects of excess weight and obesity on the body’s ability to fight infections is to see your healthcare provider and discuss weight management options.

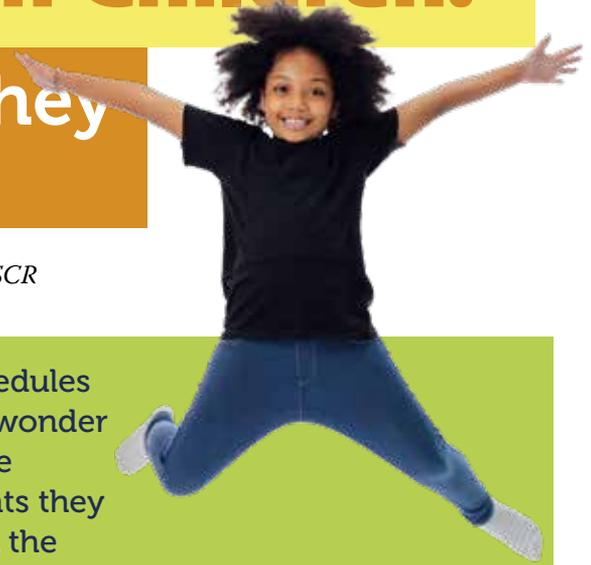
### About the Author:

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

## Food, Nutrition and Energy in Children:

### How Do They Connect?

by Christine SanGiovanni, MD, MSCR



Life is crazy and our kids' schedules are hectic! I think all parents wonder if they are giving their kids the necessary energy and nutrients they need to not only "get through the day," but thrive! Sometimes I wince as I see the half-eaten cereal bowls that my children leave on the breakfast table as they run off to school and wonder how they won't be starving by lunchtime.

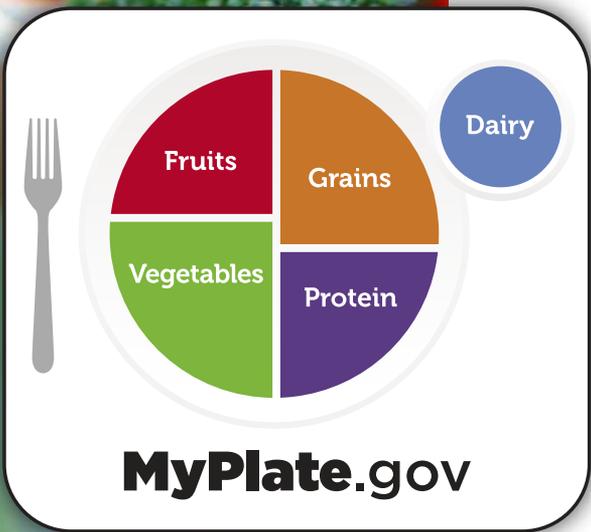
I also speak with parents every day who want to make sure their children are well-fed. They have good intentions but provide them with a high volume of calorie-dense foods that aren't necessary unless the child is training for a marathon! In the same vein, many parents voice concerns when their toddlers won't finish their plate of food and I try to assure them that their child does not need to eat the same serving sizes as an adult. Then I always get the frustrated question, "Well, how much does my child have to eat?"

### How Much Does My Child Need to Eat?

There's no easy answer since every child is different. Your child gets their energy from calories, which are a unit of energy. Calories are found in food and drinks. We need calories to keep our body functioning, even to keep our heart beating and lungs breathing. We need calories to be able to run around in physical education class or keep up with our friends at recess.

For those who like numbers, most children need about 1600-2200 calories per day. For a breakdown by stage of life and to account for milestones such as puberty, you can find a table of calorie needs for children and adults at [HealthyChildren.org](http://HealthyChildren.org).

The number of calories your child needs can vary based on their activity level for the day. Exercising and playing sports make children burn many calories. TV-watching and playing video games burn very minimal calories. The number of calories a child needs can change on a day-to-day basis as they experience growth spurts and have more or less physical activity. What parents should focus on is ensuring their children are getting healthy food full of nutrients with necessary proteins and fats.



# What Kinds of Food Should My Child Eat?

We don't want children to fill up on high-calorie foods with little nutrition, such as soda, candy and cookies. These foods have many calories but not many healthy nutrients. Children can sometimes fill up on soda or juice and not be hungry for other options. Oftentimes, children consume so many of these empty calories and then don't burn as many calories as they consume. As a result, these calories get stored as fat.

Parents can use My Plate ([MyPlate.gov](http://MyPlate.gov)) as a guide to make half of their child's plate fruits and vegetables. Usually, fruit is easier for our kids to like. Berries provide fiber and cancer-protecting nutrients, citrus offers vitamin C, and bananas have an incredible amount of potassium that helps maintain the body's nervous and muscular systems. Avocados have healthy monounsaturated fats which decrease inflammation and keep our cholesterol healthy.

Moving to veggies, keep in mind that any vegetable your child eats is a good vegetable. Keep offering different options and encouraging them to try different vegetables. Every vegetable offers fantastic nutrients. For example:

- Kale and spinach are rich in vitamin K
- Carrots and tomatoes are high in vitamin A
- Peppers are a great source of vitamin C
- Broccoli, cabbage and cauliflower protect against cancer

What else should be on your child's plate? Aim to fill a quarter of the plate with whole grains and another quarter with protein. The following foods make great sources of energy.

## Whole Grains:

Whole-grains such as oatmeal, whole-wheat bread, whole-wheat pasta and brown rice are crucial to incorporate into your child's diet. Grains contain fiber which benefits the digestive system and keeps kids regular. They also keep kids full! Typical snacks that children eat only have one to three grams of fiber per serving. However, kids need about 25 grams of fiber every day. Whole grains can provide a large portion of their daily fiber intake.



## Protein:

Eggs are an excellent source of protein, vitamin D, vitamin B12 and iron. Hardboiled eggs are great to eat on the run and you can draw faces on them to make them appealing to your children. Scrambled eggs and cheese also make an easy, kid-friendly meal.



Nuts are a great source of protein, fiber and healthy fats. Encourage children to top their yogurt with sliced walnuts or almonds.

Fish offers protein as well as essential fatty acids. Omega 3 fatty acids found in fish like wild salmon increase focus and concentration. Since it can be hard to get your children to eat fish, perhaps try it in a salad mixed with some celery and mayonnaise on whole-wheat bread.

## Dairy Products:

Dairy products provide calcium as well as protein. Low-fat dairy products are generally the healthiest. Children can drink whole milk from one to two years old, but afterward they should switch to low-fat. Word to the wise: milk can become a favorite drink for kids and they can risk drinking too much. If kids drink too much milk, they won't eat the variety of foods we offer. Toddlers and children should drink no more than 32 oz. of milk per day as it can lead to iron deficiency and replace important nutrients.

Cheeses and yogurt are great sources of both protein and calcium to help with growing bones. Try to choose mostly low-fat or part skim options. Greek yogurt is packed with protein, but you should be cautious about varieties with added sugar. For extra flavor, top your yogurt with berries or nuts. You can also throw it in a blender with berries and a banana for a healthy and delicious smoothie.



## Keep Your Children Happy, Healthy and Hydrated!

I would be remiss if I didn't mention how important it is to keep our children hydrated and encourage them to drink water! If children are dehydrated, they have difficulty focusing on tasks and have no energy. Keep a bottle of water nearby for your child throughout the day and encourage them to keep taking sips. You can put in cucumber, lemon or strawberries for flavoring. You can also entice them to drink more water by buying them a special water bottle or letting them decorate their own.



## Conclusion

Balancing your child's nutrients and food intake is key to keeping them happy and healthy. Each child is different, so make sure they are listening to their bodies and you are listening to them, too, when figuring out what they should eat and how much.

### About the Author:

*Christine SanGiovanni, MD, MSCR, is an assistant professor in the department of pediatrics at the Medical University of South Carolina (MUSC). She is the Medical Director for the pediatric weight management program at MUSC.*

# OAC's *Your Weight Matters* Convention Evolves in a **New Direction**



The OAC is excited to announce a new direction for our Annual *Your Weight Matters* Convention! We are now offering two unique annual events to meet the needs of our diverse community. YWM2022-Virtual will take place on OAC's online Convention platform May 14-15 and YWM2022-Engage will take place July 14-16 at the Westin Lake Las Vegas in Henderson, NV.

For 10 years, the OAC's *Your Weight Matters* Convention has transformed lives as the nation's leading conference dedicated to bringing together individuals concerned about their weight and health. We know how hard it can be to get unbiased information about these topics in a world with so many mixed messages and opinions. Our Convention has always delivered a truly unique experience with science-based education, weight management strategies broken down by renowned experts and a powerful community of support.



May 14<sup>th</sup>-15<sup>th</sup>, 2022  
Online

July 14<sup>th</sup>-16<sup>th</sup>, 2022  
In-person

## Expanding Our Reach

While the purpose and vision of our Convention has always remained the same, what has changed is the way we connect with attendees and deliver an immersive educational experience.

Taking our Convention virtual for the past two years provided a unique opportunity to expand our reach. We connected thousands of new individuals to the OAC while equipping them with information and support for their personal journeys with weight and health.

Having this opportunity showed us just how critical the need is for access to quality, science-based education. Still, we recognize that much of our Community is ready to connect in person again for a deeper experience with support and advocacy.

These diverse needs motivated us to move in a new direction and transform our Convention into two separate events: one virtual and one in-person. We hope you'll learn more about our 2022 Convention events and take advantage of opportunities for **education, connection and action!**

## YWM2022-Virtual

**YWM2022-Virtual** will take place May 14-15 on the OAC's Convention online platform. The program will present eight topics over two days, all designed to provide science-based weight management strategies presented by the country's leading experts in the field. You can expect to hear topics on the science of obesity and weight gain, nutrition strategies, exercise, mental health, the impact of weight bias on obesity care and much more!



May 14<sup>th</sup>-15<sup>th</sup>, 2022  
Online

## Who Should Attend?

- Anyone interested in learning proven weight management strategies
- Those newly starting a treatment plan or lifestyle change
- Those looking for resources to help with weight maintenance
- Those looking to get back on track
- Health professionals who want to learn alongside patients to better understand their needs and concerns (CE Credits opportunities available)

## YWM2022-Virtual Registration is Now Open!

**YWM2022-Virtual** is designed to be accessible to any and all who want to take part and offers a free registration option to tune-in to the live events. There is a paid registration category designed for those who want access to the educational content on their own time through the recorded sessions.

For more information about **YWM-Virtual**, including pricing, please visit [YWMConvention.com](http://YWMConvention.com).



We also know how important support is in an individual's weight management journey, which is why we're also offering post-event chat opportunities to connect with other attendees via Zoom and discuss weight-related topics and experiences.

## YWM2022-Engage – OAC's Newly Envisioned In-person Event!

The OAC is making plans to be back together in person this summer at the Westin Lake Las Vegas in Henderson, NV at our newly re-established in-person Convention: **YWM-Engage!**

**YWM-Engage** is now the official name of OAC's in-person Convention and is a limited-capacity event for those who want to take a deeper dive into weight and health education, while also focusing on making connections and learning how to take action to advance our cause.

**YWM2022-Engage** will be our most immersive Convention experience yet! You can expect presentations from leading experts, hands-on workshops, advocacy trainings, social events, meaningful connection opportunities and much more.



July 14<sup>th</sup>-16<sup>th</sup>, 2022  
In-person

## Who Should Attend?

If you love what our virtual Convention offers but want to take a deeper dive into education, advocacy and support opportunities, we encourage you to attend!

## Registration Information and Pricing

**YWM-Engage** is designed to be an immersive, hands-on education and advocacy experience while also making solid connections for ongoing support. We've made it easy to register with just one registration option that includes the entire event experience.

### YWM2022-Engage Registration: \$100

- Access to all educational sessions
- Access to all workshops and trainings
- Tickets to Breakfast, Lunch and Dinner events
- Ability to participate in Group Exercise Program
- Access to Tabletop Exhibits
- Official YWM Convention T-shirt
- Commemorative pin

Registration opens on May 19<sup>th</sup>



## Hotel Information – Westin Lake Las Vegas

We are excited to host **YWM2022-Engage** at the Westin Lake Las Vegas in Henderson, NV. Located about 25 minutes from the Vegas strip, the Westin Lake Las Vegas is the perfect, tranquil backdrop for an immersive, hands-on and connected weekend spent with OAC's Community. The OAC has secured a fantastic preferred room rate for attendees of just \$159/night! Hotel guests booking under OAC's room block can also enjoy a reduced resort fee, free Wi-Fi in guest rooms, and much more.

**Please note:** Because the health and safety of our attendees is our top priority, we have redesigned the in-person meeting to be a limited-capacity event. The OAC will sell up to 125 tickets to **YWM2022-Engage**, available on a first-come, first-served basis. If you're interested in attending, we highly encourage you to get your tickets early before they sell out! Registration will open on May 19, so be sure to mark this date on your calendar to get access to this exclusive event when tickets go on sale!



## Make Plans to Attend OAC's 2022 Convention Events!

To learn more about both 2022 *Your Weight Matters* Convention events, including information about the program and registration, visit [YWMConvention.com](http://YWMConvention.com). While you're there, sign up for Convention E-news alerts to get any updates sent straight to your inbox.

If you've never attended one of OAC's Conventions before, let this be your year! We hope you'll experience our signature event and the transformative impact of engaging with our Community.

# Understanding How Obesity Affects **Bone Health** and Risk of Fractures

by Mark Richens

Healthy bones form the foundation of healthy bodies. Bone is a living tissue that is constantly remodeling and when an old bone goes away, a new bone takes its place. This means that the choices we make about our health effect our bones throughout our lives.



## When Does Our Health Start Affecting Our Bones?

This begins in childhood. Ages 9-14 are the most important years for building strong bones. Proper nutrition and physical activity help bones keep up with our growth spurts. By age 25-30, our bones will have reached their peak mass. After that, we must work to keep up our bone health.

As adults, many factors can affect our bone health and contribute to bone loss, including medications, poor diet, smoking and drinking. Women go through menopause around age 50 and lose estrogen. This causes a steep loss of bone density. Around age 70, men begin losing bone at the same rate as women.

## What Happens to Our Bones When Our Health Isn't at its Best?

When people lose a certain amount of bone density and develop poor bone quality, they get a disease called osteoporosis. The bones become weak and more prone to break from a low-impact fall, a sudden twist, even a cough or sneeze. Broken bones like this are “fragility fractures.” Age and menopause are the most common causes of bone loss and osteoporosis. Still, medical conditions, medicines and lifestyle factors also can increase your risk of fragility fractures.

## How Does Obesity Connect to Bone Health?

For people living with obesity, understanding bone health can be complicated. Scientists who study bone health are changing how they think about obesity and bone health. Consider that scientists once believed:

- Having a slender build and “small bones” is a risk factor for osteoporosis.
- Losing weight can cause bone loss.
- Excess weight could protect us against broken bones.
- People living with obesity have greater bone density.

Now, according to recent studies (Obesity and Fractures in Postmenopausal Women: the Incidence Study in Primary Care, *Journal of Clinical Densitometry*), the belief that obesity protects against broken bones is being challenged. Scientists are also discovering that other conditions affecting people with obesity, like type 2 diabetes and chronic kidney disease can cause bone loss, poor bone quality and increased risk of hip and spine fractures.

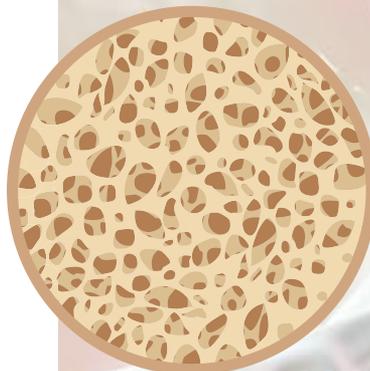
## Hip and Spine Fractures

The most devastating broken bones due to poor bone health are hip fractures. More than 20% of people die within a year after surgery for a broken hip. Hip fractures also cause lower quality of life and an increased risk of death years later. Having obesity puts you at a higher risk of dying after a hip fracture. One recent study (*Survival bias may explain the appearance of the obesity paradox in hip fracture patients*) found that people younger than 75 who had obesity and a hip fracture were more likely to die within 30 days of their injury than people the same age who weighed less.

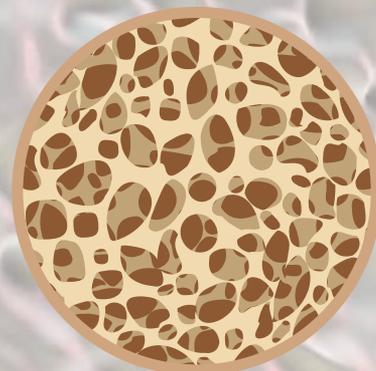
The most common broken bones due to poor bone health are fractures of the bones in the spine. A study from the United Kingdom (*How Does Obesity Influence the Risk of Vertebral Fracture? Findings From the UK Biobank Participants*) found that men with obesity and larger waists had more broken spine bones than men who were underweight or at healthier weights. Even though the men with obesity had a greater bone density, they still were at higher risk for fractures.

“As adults, many factors can affect our bone health and contribute to bone loss, including medications, poor diet, smoking and drinking.”

NORMAL



OSTEOPOROSIS



*Bone Health continued on page 37*

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**“CONTRAVE has helped me make healthier  
decisions. When it’s time for dessert,  
I’m not afraid of that moment like I used to be.”**

**–Shellie**

Actual patient taking CONTRAVE at the time of her interview. Individual results may vary.

\*The price of CONTRAVE is \$99 per month with free shipping through the CurAccess Program. If your insurance covers CONTRAVE, it may cost less. The 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.

## **What is CONTRAVE?**

Along with diet and exercise, CONTRAVE is a prescription weight-loss medicine that may help some adults with a BMI  $\geq 30$  kg/m<sup>2</sup> (obese) or with a BMI of  $\geq 27$  kg/m<sup>2</sup> (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.

**Please see additional Important Safety Information on the next page, and the Brief Summary of Prescribing Information on the adjacent page.**

### IMPORTANT SAFETY INFORMATION (CONT'D):

**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.**
- **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](http://www.fda.gov/medwatch) or call **1-800-FDA-1088.**

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

  
**Contraceptive**  
(naltrexone HCl/bupropion HCl)  
8 mg/90 mg • Extended-Release Tablets

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CON-1284-001 2/22

<p><b>Summary of Important Information about CONTRAVE® (naltrexone HCl/bupropion HCl) 8mg/90mg • Extended-Release Tablets Rx Only</b></p> <p>The risk information provided here is not comprehensive. To learn more, talk to your healthcare provider or pharmacist. Visit <a href="http://CONTRAVE.com">CONTRAVE.com</a> or call 1-800-793-2145 to get FDA-approved product labeling, including Medication Guide.</p> <p><b>What is the most important information I should know about CONTRAVE?</b></p> <p><b>CONTRAVE can cause serious side effects, including:</b></p> <ul style="list-style-type: none"> <li>• <b>Suicidal thoughts or actions.</b> 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. <b>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:</b> <ul style="list-style-type: none"> <li>○ thoughts about suicide or dying</li> <li>○ attempts to commit suicide</li> <li>○ new or worse depression</li> <li>○ new or worse anxiety</li> <li>○ feeling very agitated or restless</li> <li>○ panic attacks</li> <li>○ new or worse irritability</li> <li>○ acting aggressive, being angry, or violent</li> <li>○ acting on dangerous impulses</li> <li>○ an extreme increase in activity and talking</li> <li>○ other unusual changes in behavior or mood</li> <li>○ trouble sleeping</li> </ul> </li> </ul> <p><b>While taking CONTRAVE, you or your family members should:</b></p> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> </ul> <p>CONTRAVE has not been studied in and is not approved for use in children under the age of 18.</p> <p><b>What is CONTRAVE?</b></p> <p>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.</p> <p><b>Do not take CONTRAVE if you:</b></p> <ul style="list-style-type: none"> <li>• have uncontrolled hypertension.</li> <li>• have or have had seizures.</li> <li>• use other medicines that contain bupropion.</li> <li>• have or have had an eating disorder called anorexia or bulimia.</li> <li>• are dependent on opioid pain medicines or use medicines to help stop taking opioids, or are in opiate withdrawal.</li> <li>• drink a lot of alcohol and abruptly stop drinking, or use medicines called sedatives, benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden.</li> <li>• are taking medicines called monoamine oxidase inhibitors (MAOIs). <b>Do not</b> start CONTRAVE until you have stopped taking your MAOI for at least 14 days.</li> <li>• are allergic to naltrexone or bupropion or any of the ingredients in CONTRAVE.</li> </ul> <p><b>Before taking CONTRAVE, tell your healthcare provider about all of your medical conditions, including if you:</b></p> <ul style="list-style-type: none"> <li>• have or have had depression or other mental illnesses. (such as bipolar disorder)</li> <li>• have attempted suicide in the past</li> <li>• have or have had seizures</li> <li>• have had a head injury</li> <li>• have had a tumor or infection of your brain or spine</li> <li>• have had a problem with low blood sugar or low levels of sodium in your blood</li> <li>• have or have had liver problems</li> <li>• have high blood pressure</li> <li>• have or have had a heart attack, heart problems, or have had a stroke</li> <li>• have kidney problems</li> <li>• are diabetic taking insulin or other medicines to control your blood sugar</li> <li>• have or have had an eating disorder</li> <li>• drink a lot of alcohol</li> <li>• abuse prescription medicines or street drugs</li> <li>• are over the age of 65</li> <li>• are pregnant or plan to become pregnant. Losing weight while pregnant may harm your unborn baby. <b>Stop taking CONTRAVE</b> if you become pregnant. Tell your healthcare provider if you become pregnant or you think you may be pregnant during treatment with CONTRAVE.</li> <li>• are breastfeeding or plan to breastfeed. CONTRAVE can pass into your breast milk and may harm your baby. You and your healthcare provider should decide if you should take CONTRAVE or breastfeed. You should not do both.</li> </ul> <p><b>Tell your healthcare provider about all the medicines you take,</b> 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.</p>	<p><b>How should I take CONTRAVE?</b></p> <ul style="list-style-type: none"> <li>• Take CONTRAVE exactly as your healthcare provider tells you to. Your healthcare provider will change your dose if needed.</li> <li>• <b>Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.</b></li> <li>• <b>Do not</b> take CONTRAVE with high-fat meals. It may increase your risk of seizures.</li> <li>• If you miss a dose of CONTRAVE, wait until your next regular time to take it. <b>Do not</b> take more than 1 dose of CONTRAVE at a time.</li> </ul> <p><b>What should I avoid while taking CONTRAVE?</b></p> <ul style="list-style-type: none"> <li>• <b>Do not</b> 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.</li> </ul> <p><b>What are the possible side effects of CONTRAVE?</b></p> <p><b>CONTRAVE may cause serious side effects, including:</b></p> <ul style="list-style-type: none"> <li>• See "WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT CONTRAVE?"</li> <li>• <b>Seizures.</b> There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: <ul style="list-style-type: none"> <li>○ take higher doses of CONTRAVE</li> <li>○ take CONTRAVE with certain other medicines</li> <li>○ have certain medical conditions</li> </ul> </li> </ul> <p><b>If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.</b> You should not take CONTRAVE again if you have a seizure.</p> <ul style="list-style-type: none"> <li>• <b>Risk of opioid overdose.</b> One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. <b>Do not</b> 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. <b>You or someone close to you should get emergency medical help right away if you:</b> <ul style="list-style-type: none"> <li>○ have trouble breathing</li> <li>○ become very drowsy with slowed breathing</li> <li>○ have slow, shallow breathing</li> <li>○ feel faint, very dizzy, confused, or have unusual symptoms</li> </ul> </li> <li>• <b>Sudden opioid withdrawal.</b> People who take CONTRAVE must not use any type of opioid <b>for at least 7 to 10 days before starting CONTRAVE.</b> 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.</li> <li>• <b>Severe allergic reactions.</b> Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. <b>Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away</b> if you have any of the following signs and symptoms of an allergic reaction: <ul style="list-style-type: none"> <li>○ rash</li> <li>○ itching</li> <li>○ hives</li> <li>○ fever</li> <li>○ swollen lymph glands</li> <li>○ painful sores in your mouth or around your eyes</li> <li>○ swelling of your lips or tongue</li> <li>○ chest pain</li> <li>○ trouble breathing</li> </ul> </li> <li>• <b>Increases in blood pressure or heart rate.</b> 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.</li> <li>• <b>Liver damage or hepatitis.</b> One of the ingredients in CONTRAVE, naltrexone, can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems: <ul style="list-style-type: none"> <li>○ stomach area pain lasting more than a few days</li> <li>○ dark urine</li> <li>○ yellowing of the whites of your eyes</li> <li>○ tiredness</li> </ul> </li> <li>• <b>Manic episodes.</b> 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.</li> <li>• <b>Visual problems (angle-closure glaucoma).</b> One of the ingredients in CONTRAVE, bupropion, can cause some people to have visual problems. Signs and symptoms of angle-closure glaucoma may include: <ul style="list-style-type: none"> <li>○ eye pain</li> <li>○ changes in vision</li> <li>○ swelling or redness in or around the eye</li> </ul> </li> <li>• <b>Increased risk of low blood sugar in people with type 2 diabetes mellitus who also take medicines to treat their diabetes.</b> 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.</li> </ul> <p><b>The most common side effects of CONTRAVE include:</b></p> <ul style="list-style-type: none"> <li>○ nausea</li> <li>○ constipation</li> <li>○ headache</li> <li>○ vomiting</li> <li>○ dizziness</li> <li>○ trouble sleeping</li> <li>○ dry mouth</li> <li>○ diarrhea</li> </ul> <p>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.</p> <p>Distributed by: <b>Currax™ Pharmaceuticals LLC</b>, Brentwood, TN 37027  CONTRAVE® is a registered trademark of Currax™ Pharmaceuticals LLC  All other trademarks are the property of their respective owners.  © 2022 Currax™ Pharmaceuticals LLC  This Brief Summary is based on CON-LC116.02, 11/2021.</p>
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## Do People with Obesity Have a Greater Risk of Breaking Bones or Having Poor Bone Quality?

People with obesity do seem to have greater bone density, but bone density is not the only factor in whether you will break a bone. People with obesity might have differences in their bone quality that increase their risk of fracture.

There are a few reasons for why people with obesity might have these differences in bone quality:

- Obesity might affect how their bones do remodeling.
- Many people with obesity also have type 2 diabetes, which also increases fracture risk.
- Chemicals produced by body fat can make the bones less strong.
- Fat cells and the cells that form bones come from the same stem cells, so more fat cells mean fewer bone-forming cells.

“ People with obesity might have differences in their bone quality that increase their risk of fracture. ”



## American Bone Health Fracture Risk Calculator

If you would like to understand your risk of bone fractures, you can use a tool called the American Bone Health Fracture Risk Calculator™. Just answer a few questions about your age, weight, health history and lifestyle. The Fracture Risk Calculator will give you an estimate of your risk of breaking a bone in the next ten years. If you are at moderate or high risk, you will get information to help you make a bone health plan.

Find the Fracture Risk Calculator at [AmericanBoneHealth.org/Calculator](https://AmericanBoneHealth.org/Calculator).

Regardless of your age, gender or health status, it's never too early or too late to take care of your bones. American Bone Health is here to help. Find more helpful resources and information at [AmericanBoneHealth.org](https://AmericanBoneHealth.org).

## Conclusion

There are many reasons why someone may have problems with bone health. With obesity being one of those factors, it's important to consult with your primary care physician about what you can do to improve your bone health and reduce your risk of fractures.

### About the Author:

*Mark Richens is the Communications Manager for American Bone Health. He graduated from the University of Missouri School of Journalism and worked for 20 years as a writer and editor for newspapers and digital media. More recently, Mark has worked as an agency public relations director and as a consultant for a global medical technology company. He lives in Northern Virginia.*

# How to **Stay Healthy** While **Cooking at Home**, Dining out and Ordering in by Kristen Smith, MS, RDN



Whether you have started routinely relying on delivery grocery services or often opt for takeout instead of dining at your favorite restaurant, a few of your recently adopted pandemic practices are likely habits you will maintain for the long haul. Over the past two years, most Americans have felt the need to adopt a variety of new lifestyle habits. For better or worse, it's evident that lifestyle habits surrounding food-related decisions have been reshaped.

## What Has Changed with Our Food-related Habits?

So many things have changed in the past couple of years with everyone's food-related habits. More people are working from home, resulting in a majority of meals and snacks eaten at home. With a refrigerator or pantry of food available, it can be a challenge not to graze all day long. Grocery store outings have changed. Some individuals are relying on curbside pick-up and delivery services while others are racing through the grocery store itself. Many people still hold a fear of dining out with large crowd gatherings and opt for dining alfresco or getting takeout. These are only a few examples of the lifestyle changes affecting food-related behaviors.

Maintaining a healthier weight during change can undoubtedly be challenging. In this article, we will discuss tips and tricks for how to stay healthy while cooking at home, dining out and ordering your food in!



## Cooking at Home

Preparing meals within the walls of your own home can offer numerous financial and health benefits. Cooking your own meals allows for full control over what ingredients you add to the dish. You can boost the nutritional content of your meals and keep certain ingredients such as added fats and sugars in check.

Cooking at home gives you the opportunity to experiment in the kitchen by substituting certain ingredients to make your favorite dishes healthier. Don't forget the financial benefit; most meals prepared at home will save you significant amounts of money compared to meals ordered out.



### Preparing to Cook at Home

The first action item when preparing to cook at home is to survey your pantry for staple items and determine what you need to restock. Below is a list 10 staple foods to keep on hand:

- Dried or canned beans and lentils
- Nuts and nut butter
- Whole grains (brown rice, quinoa, bulgur, etc.)
- Frozen vegetables and fruit
- Heart-healthy cooking oils (olive or canola oil)
- Spices, herbs and onions
- Fresh fruits and vegetables that can be refrigerated (apples, pears, carrots, sweet potatoes, etc.)
- Frozen fish, poultry and meat
- Greek yogurt
- Eggs

Once you have an adequately stocked kitchen, you can start planning. Spend a few minutes throughout the week planning your meals and snacks for the coming days or even the entire week. Write out what you plan to prepare or grab for every meal or snack for the coming days. Aim to create balanced meals that include lean protein sources, fruits, vegetables and whole grains.

“Cooking at home gives you the opportunity to experiment in the kitchen by substituting certain ingredients to make your favorite dishes healthier.”



## Preparing and Cooking Your Meals

In addition to creating a meal plan, you need to schedule a time to cook and prep. If you have limited time to prepare meals at your actual mealtime, evaluate how you can prepare ahead. On weekends or less busy days, wash and chop vegetables, pre-portion, season your proteins or even assemble any meals ahead of time like salads or sandwiches.

Spend some time discovering your favorite cooking methods. Gone are the days when the only healthy cooking methods were baking and grilling. Be creative and use a variety of cooking methods such as:

- Steaming
- Poaching
- Roasting
- Broiling
- Using an electrical kitchen appliance (slow cooker, air fryer or pressure cooker)



## Healthy Food Can Be Tasty Too!

Healthy foods are often thought to lack flavor and taste. You might think the only way to flavor foods is to use large amounts of cooking oils, high-fat cream sauces or lots of breading. Don't fall for this myth! There are numerous ways to add flavor to your dishes without significantly increasing the amount of calories and fat.

Experiment with cooking vegetables and grains in broth. For a bold boost of flavor with few calories, add vinegar or lemon juice to vegetables and meats. A variety of spices and herbs can easily help maximize a dish's flavor!

## Dining Out

Dining out at a restaurant or fast food establishment can present huge temptations and obstacles for someone trying to eat healthily. Tempting menu options, unrecognizable calorie-loaded options and peer influence can wreak havoc on even the most disciplined of eaters. Restaurants may add ingredients with extra salt or fat or use cooking methods that increase the calorie content. However, with a few tips and tricks, it is also possible to still follow a healthy diet when dining out.



## Start with a Plan

Start by doing a bit of planning before you head to the restaurant. Locate the restaurant's menu online and carefully select what you want to order. Most restaurants offer the nutritional breakdown of their food on their website so you can make informed choices.

Without planning ahead, both hunger and peer pressure can lead to stress when dining out. Plan to have a small snack within an hour or two of dining out to prevent extreme hunger and overeating once you get to the restaurant.



## Ask Questions if You Need to

Don't be afraid to ask questions about food preparation techniques when dining out. The way food is cooked can have a significant impact on the number of calories it contains. Look for foods that have been steamed, roasted, grilled or broiled. Foods described as pan-fried, fried or crispy will typically contain higher amounts of fat and calories. Try to moderate foods with sauces and gravies.



## Ask for Ingredient Substitutions

Substitutions can significantly improve the nutrition content of a dish or meal when dining out. To keep calories in check, ask to double the vegetable side dish and skip the potatoes or rice. Ask for salad dressing, sauces and creams to be put on the side. Be mindful of high-calorie toppings on salads and sandwiches. Foods like mayonnaise, bacon and croutons can quickly convert a healthy meal into a not-so-healthy one.

“ Without planning ahead, both hunger and peer pressure can lead to stress when dining out. ”





## Ordering Takeout

You likely already know that not all takeout is created the same. Options can range from the super healthy to the not-so-great, with many other options in between. Many of the techniques you can use for dining out also apply to ordering takeout. However, you will get the most benefits by preparing your own food and eating in an environment where you can be mindful about food.



## Avoid Eating Directly from the Takeout Container

First and foremost, try to avoid eating directly from the takeout container. Whether you order an entire meal or separate components, eating from the container can lead to mindless eating habits and possibly overeating. It's common for food establishments to offer meals with excessive portion sizes, sometimes leaving you with a plate of food that could be enough for two people.

To keep portion sizes in check, grab a plate and portion out the foods you plan to eat. When placing your takeout order, choose options that include lean protein and vegetables. Aim to fill about half of your plate with vegetables.



## Ask for Ingredients on the Side

Lastly, consider ordering some of your meals partially constructed to have more control over the added ingredients. For example, with salads, ask for ingredients like cheese, croutons or dressings to be put on the side. Tacos are another example of a meal where you can easily ask for the ingredients to be served individually so you can assemble them yourself. For entrees that include any toppings or sauces, ask for those to be held. Not only will assembling some of the foods at home likely help save a few calories, but it will also likely enhance the flavor and quality of the food.

## Eating Healthy Doesn't Have to be Hard!

We know all know that life can get crazy and it can be difficult to follow a strict diet or meal plan when you have so many other things going on. Just know that no matter what your situation is, there is usually a way to make sure that what you're eating is healthy and good for your body!

### 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.*

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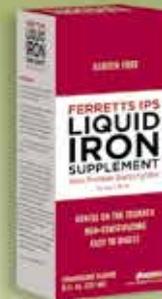
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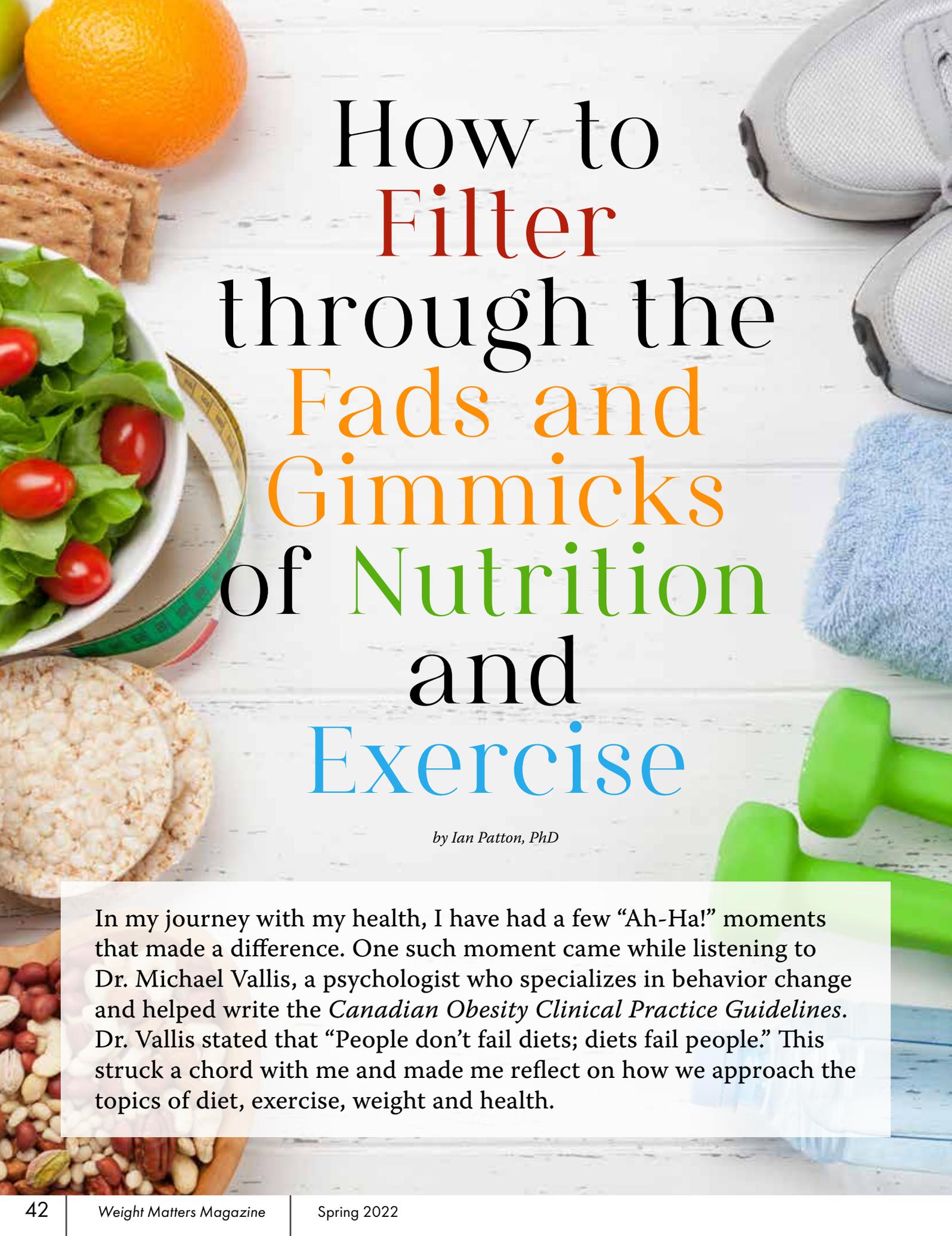
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# How to Filter through the Fads and Gimmicks of Nutrition and Exercise

*by Ian Patton, PhD*

In my journey with my health, I have had a few “Ah-Ha!” moments that made a difference. One such moment came while listening to Dr. Michael Vallis, a psychologist who specializes in behavior change and helped write the *Canadian Obesity Clinical Practice Guidelines*. Dr. Vallis stated that “People don’t fail diets; diets fail people.” This struck a chord with me and made me reflect on how we approach the topics of diet, exercise, weight and health.

The multi-billion-dollar diet and exercise industry bombards us with news and headlines selling us “what we need to be healthy” and the newest “miracle solution.” Many of these messages are conflicting. Apparently, based on my social media timeline, if everyone was simply a vegan, doing the Keto diet or doing intermittent fasting, all the world’s problems would be solved. If that doesn’t work, there is certainly a juice cleanse or herbal supplement to jumpstart my metabolism. The question is, who do we listen to?

## Diet and Exercise Can’t Always Control Obesity

I think first we need to understand that obesity is a complex chronic disease. Some elements are outside of our control. Factors like genetics, hormones and biology are not addressed with dieting and exercising, no matter how much willpower you have. We also have to understand that while personal behaviors are important for health and wellbeing, they are not in and of themselves a cure for a chronic disease.

So, while we can confidently say that everyone could benefit from eating better and exercising, we need to reconsider WHY we are changing these behaviors. Even more important is to understand WHAT is a valid measurement of success when it comes to these behaviors because it sure isn’t weight.

We need to take a step back to recognize the bigger picture and reflect on our own situations, goals and interests before we decide on making a change.

## Filtering through the Fads and Gimmicks

When I was young, I remember being told, “You can’t believe everything you see on TV.” Now we have to update that saying to include the internet and social media, but the sentiment is the same. While there is no easy answer, here are some pointers that can help:

- **Always be curious** – Open yourself to learning new things and listen with an open mind.
- **Be skeptical** – If it sounds too good to be true, it probably is.
- **Consider the source** –
  - Who is telling you this information?
  - What are their qualifications to do so?
  - Are they trying to sell you something?
  - If so, can they support their claims to justify you spending your hard-earned money?
- **Go beyond the headlines** – Today’s society is all about the rapid consumption of micro-information. When it comes to health, years of research are often reduced down to headlines that get picked up. We see a hot issue headline and share it without reading the context. We don’t know how the authors came to their conclusions or the quality of the information. Dig a bit deeper and see if the story matches the flashy headline.
- **Look for leaders** – By leaders, I don’t mean the loudest person, but rather the people and organizations doing the research the work in the field. If it is good information, the leaders will likely have something to say about it.
- **Don’t add to the problem** – If you find something that works for you, amazing! Enjoy it, share your experience with people who ask, if you want, but do not go about assuming that because it worked for you, it’s the right way for all others.

*Fads & Gimmicks continued on page 44*

“The multi-billion-dollar diet and exercise industry bombards us with news and headlines selling us ‘what we need to do to be healthy’ and the newest ‘miracle solution.’”



## Why Do People Fall for Fads and Gimmicks?

I teach two courses at a University that focus on health, physical activity and human development. One of the concepts we discuss in my class is the idea of health literacy. Health literacy is an individual's ability to seek out, understand and utilize health information. We live in a world that is more connected now than ever before, we have access to more information now than ever before, and this information is presented in very short, consumable pieces that fit our fast-paced lives. The problem is that a lot of this information is normally littered with misinformation.

Nowhere is this more prominent than in the area of diet, exercise and weight-loss. It seems everyone and their cousin has become a certified expert in these topics. From news stories and celebrities to our family members and co-workers, everyone seems to have important health advice for you. The problem is, how do we decide what is credible and worthy of adopting, and what should be ignored as misinformation? With the sheer volume of messages we are exposed to on these topics, it is not an easy task.

If you are like me, someone who has lived with obesity for most of my life, you might be a bit more susceptible to this flood of misinformation and more willing to buy into some of the fads and gimmicks. I know I sure did. I tried every fad diet you can think of – all sorts of extreme exercising, supplements, apps, books, everything!

I had something wrong with me and society made it clear that it was my fault. I wouldn't fit in, be successful or be happy until I did something about it.

The fact that evidence-based, effective obesity treatments are not widely accessible and we are left to fend for ourselves pushes more people towards the fads and gimmicks. When living with obesity, it can be appealing to look for a "quick fix" to a disease that can't be fixed quickly in most cases. It can be difficult to stick with a plan for months on end.

So, after a period of "falling off the wagon," we try again and double down or move on to the next fad. I don't know about you, but the more I tried and failed, the longer I spent "off the wagon." This also meant when I did try again, I was further from my goals than I was last time, and the vicious cycle continued.



“ I had something wrong with me and society made it clear that it was my fault. I wouldn't fit in, be successful or be happy until I did something about it. ”

## How Can I Live a Healthier Life?

Now that you have invested time into reading this article, and you understand the big messy swamp of information we have to swim in, I want to give you two very simple rules to live a healthier life when it comes to diet and exercise:

### ● Eat as Healthy as You Happily Can

Outside of the knowledge that we should try to limit ultra-processed foods and eat more whole foods, remember there is no one best diet. Find a pattern of eating that you enjoy and can see yourself doing long-term.

Healthy eating can be made easy when it seems and looks less threatening. You can start small by adding in an extra vegetable every day, then maybe adding in an extra fruit and vegetable the next. If you are unhappy with your diet, it will never work long-term.

### ● Move Your Body for Health and Enjoyment. Weight-loss is Just a Bonus!

As a Kinesiologist, I will tell you that being active is probably the single most important thing you can do for your health, but weight-loss should never be the goal of the activity. There is a misconception that we have to suffer in order to reap the health benefits of exercise. The more we suffer, the healthier we will be. This is not true! Small increments of light activity can have a big impact.

If you've never stepped foot in a gym, or you've been inactive for years, any movement is good. That might mean going for a brisk 30-minute walk or moving your body while seated in a chair for five minutes at a time. Whatever your starting point is, being active is possible. You don't need to join a 6:00 AM class every Tuesday, purchase a gym membership or run marathons to be healthy (unless of course, you enjoy doing those things).

Just like nutrition, physical activity needs to be something you enjoy doing long-term or else it will not last. Try new things, join classes, get outdoors and simply move your body a little bit more than you did yesterday. You will be surprised how quickly it adds up.

## Bypassing the Fads and Gimmicks

While it can be easy to get caught up in fad diets or exercise gimmicks, it's important to remember that just because a celebrity on TV is telling you it's going to work doesn't mean that it will. Being happy and healthy can go hand in hand if you just allow yourself some time to figure out what works best for you.

### **About the Author:**

*Ian Patton, PhD, is the Director of Advocacy and Public Engagement for Obesity Canada. By combining his academic training in Kinesiology with his own lived experience with obesity, Ian has been an active patient advocate in Canada as well as internationally. He is passionate about eliminating weight bias and discrimination and improving obesity care for all.*

“ Just like nutrition, physical activity needs to be something you enjoy doing long-term or else it will not last. ”



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Actor portrayal.

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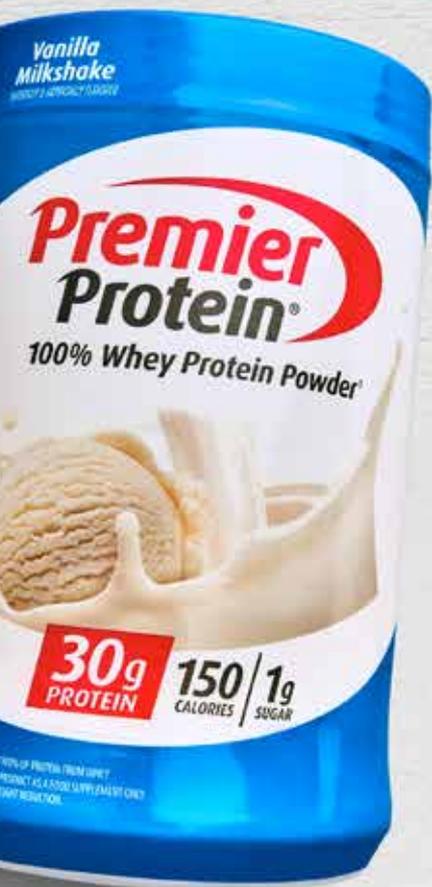


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