

Weight Matters

SUMMER 2021

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OAC
Obesity Action Coalition

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Weight Matters

FOR YOUR HEALTH

Summer 2021

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Issue 4

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

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Message from the



Obesity Action Coalition

Chair of the Board

Hello Everyone,

How do you help someone who has been put down by others find their voice? I've been giving this question a lot of thought lately. Most of us who live our lives in larger bodies have been teased, ridiculed, bullied, and discriminated against. We've been told we're lazy, lacking willpower, and at fault for not controlling our weight. We call all of this "weight bias."

For decades—five of them, to be precise—I didn't speak out about my own experiences with weight bias. I kept all that pain inside. I was ashamed. I believed all those negative messages. I thought it was my fault that I couldn't lose weight and keep it off. Worse yet, I believed I deserved all the negative things people said about me. How do you speak out against weight bias when it's the very thing robbing you of your voice?

A starting point for me was finding out how our bodies manage weight. Our bodies are not simple, especially when it comes to weight. I've learned that our biology tries to protect us from losing weight. I've learned that stress, sleep, genes, and our environment have an impact on weight. And I've learned that experiencing weight bias contributes to weight gain. Mostly, I realized I can't control everything about my weight, no matter how much willpower I muster.

I also found support from people who understood what I had been through. The wonderful OAC community and a non-judgmental obesity medicine specialist and his team gave me that support. They got it. They opened my eyes to the many ways weight bias crops up in everyday life and the damage it does, including the damage it had done to me. They helped me find the courage to speak out against the unfairness and harms of weight bias.

Attending the OAC's *Your Weight Matters* 2021 Virtual Convention this July would be a great way to start finding your own voice. You'll learn from leading experts about the complex topic of weight management. I am especially looking forward to the session with Merrill Littleberry, LCSW, LCDC, CCM, ACE-CPT, about *Remaining Resilient in Restless Times through Habits, Health and Healing*.

On top of the inspirational and educational sessions, our convention creates a sense of community for everyone involved. You can find support through smaller group chats and fun social opportunities! The sense of community that comes from convention, whether it be in-person or through a virtual platform, helps remind us all what we are striving for: To be treated equally and fairly. We are reminded every year that we have a voice, and that voice matters and can make real change in the world.

To register for this life-changing convention, go to **YWMConvention.com**. To learn more about weight bias and how you can help put a stop to it, please visit **StopWeightBias.com**.

I look forward to hearing from you during
YWM2021 – VIRTUAL!

OAC Helps Teach Physicians at Educational Symposium How to Best Care for Patients with Obesity

In late April 2021, leaders from the Obesity Action Coalition (OAC) had the chance to speak and participate at the 2021 *West Los Angeles Kaiser Permanente's Treating Obesity with Dignity and Evidence-based Care Symposium*. The mission of this upstart educational symposium was to help teach West LA physicians how to best care for patients with obesity, with evidence-based medicine, that is free of bias and stigma in every medical discipline.

Featured during this symposium were OAC's President and CEO, Joe Nadglowski; patient advocate and Chair of the Board, Patty Nece, JD; and Robert Kushner, MD, Obesity Medicine Specialist and Program Co-Chair of OAC's *Your Weight Matters* Convention & EXPO. Their talks covered important best practices for physicians working with patients affected by obesity, including:

- Adopting People-First and other non-biased language
- Asking permission to talk about weight
- Challenging one's own weight bias and judgment
- Providing evidence-based obesity treatment options when necessary

The educational symposium was also part of a formal research study meant to improve the way physicians deliver quality, effective obesity care. To learn more about the OAC's efforts in fighting weight bias, including our weight bias program, visit ObesityAction.org/WeightBias.

OAC Launches Health Talks, a New Educational Resource

Learning is the beginning of health. Being able to learn from and connect with others in a shared, empowering space can help you set your course for your own wellness. That is why the OAC is proud to have launched Health Talks in the spring, a new educational resource for our Membership and anyone wanting to get further connected with the OAC!

OAC Health Talks are short (20-min), live-streamed, quarterly educational videos that dive deeper into specific health topics we know our community cares about. They are designed to empower individuals by educating and connecting them with trusted health experts who lean on the science to provide straightforward, practical answers and insight. OAC Health Talks offer an open space that supports conversation, engages viewers and lets you connect with peers while watching.

Our first Health Talk took place on May 15th with the topic, "COVID-19 and Getting Back Out There." To watch a recording of the livestream, subscribe to our YouTube channel at YouTube.com/user/ObesityAction. To learn more about OAC Health Talks, visit ObesityAction.org/HealthTalks.



The Gift that Keeps on Giving: How Donations Can Aide with Education, Advocacy and Awareness

With your support, the OAC can continue raising awareness around the cause of obesity, improve access to obesity care and treatment, fight to eliminate weight bias and provide a strong community of support for individuals affected by obesity.

We want to make supporting the OAC an easy and fun process for all. The ways to give listed below are designated initiatives that anyone can take part in to help raise money for the OAC and help move our mission forward. Together we can create impactful change.

- **Donate your birthday** – Harness the celebratory spirit of your birthday and give a gift to the OAC. This is a generous way to celebrate a special day and also make a difference by encouraging others to give to the cause of obesity.
- **Celebrate a milestone** – Celebrating milestones is a great way to keep your momentum going on your journey to better health. When you support the OAC through your own success, you can also fuel someone else's first steps forward.
- **Honor someone special** – Many become acquainted with the disease of obesity through their own personal journey or the experience of someone close. Making a tribute gift in honor or in memory of a family member, friend or loved one is a special way to celebrate an extraordinary person who has touched your life.
- **Leave a legacy** – Through legacy giving, you can have a long-term impact on the OAC. When you include the OAC in your will or trust, you ensure the OAC can continue to make the world a better place for years to come.

If you're interested in hearing more about OAC's Easy Ways to Give or would like to set up your gift today, contact our Development Associate, Melanie Hittinger, at mhittinger@obesityaction.org.





OAC
Community

Perspectives

From Both Sides of the Therapy Table

by Rocky E. Lucas, MSW, LICSW



Rocky E. Lucas

“What would you know about being overweight?”

I’ve gotten this question a lot in my personal and professional life when I share my insights on health, nutrition, weight management and a variety of other topics. I no longer live in a larger body, and friends who have known me for only a few years assume that has always been the case. Clients who work with me assume I can’t understand feeling powerless in regards to food. The fact is, I understand plenty. And my own successful journey inspired me to work with others to achieve the same.

Looking Back on it All

What they don’t see is my years of struggle and the journey that got me here. They don’t see my childhood trauma. They don’t see me learning to use food to comfort myself and cope with intense negative emotions. They don’t see me trying to navigate a young adulthood where I faced criticism from family for every aspect of who I was, alongside my weight. They don’t see me dropping out of college because I couldn’t fit into the classroom seats and was tired of the embarrassment.

So yes, I understand plenty. And while I don’t have all the answers, I do know that my own success wouldn’t have happened had I tried to do it alone. Not everyone who lives with obesity has co-occurring mental health concerns, a history of trauma, or requires intensive outside support. However, I did. And as someone who has experienced the struggles of living with obesity from both sides of the therapy table (*as a client and now as a mental health care provider*), I encourage everyone to reach out for mental health therapy as part of their journey.

“What they don’t see is my years of struggle and the journey that got me here.”

“Once it all began to make sense to me, I became more empowered to make change happen.”



Rocky actively participates in many fitness challenges.

Starting My Therapy Journey

After an entire lifetime of going it alone in my weight struggle journey, I finally reached out for help more than a decade ago via my Employee Assistance Program. At that time, in my late 20's, I had lived with obesity my entire life – going from “husky” as a child to the recipient of stern lectures from family and medical providers about my “lack of control” and the poor job I was doing of “taking care of myself.” Like many who live with obesity, I internalized these messages. When I first sought out therapy, I did so because I wanted to learn the skills to maintain my restriction behaviors, seeing my binge cycles as a willpower issue I needed to learn to overcome.

However, what I found instead was freedom, validation and understanding. After spending my entire life thinking something was “wrong” with me, I began to see my food and eating habits as an understandable response to the stressors in my life. It began to make sense to me that as someone who was hurting, confused, and had not experienced emotional validation, I consistently turned to food for emotional support. As someone who was consumed by diet culture, it made sense that I would lose control and hope at each “failure.” Once it all began to make sense to me, I became more empowered to make change happen.

Get Connected to OAC Today!



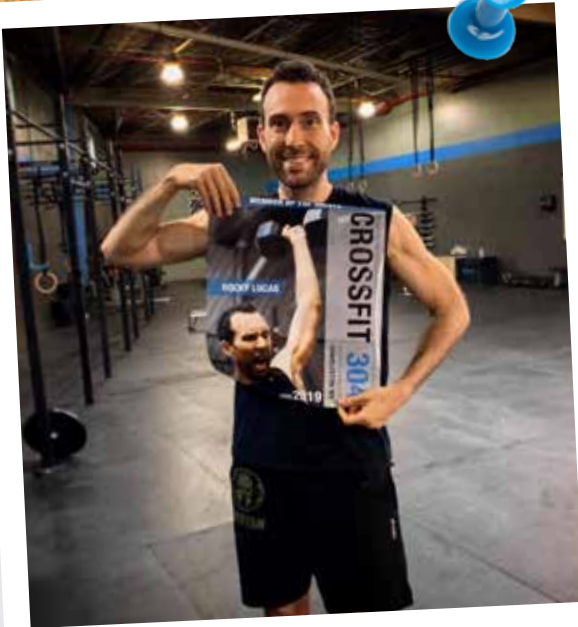
The OAC knows that the journey with weight can be challenging but we also know that great things happen when we learn, connect and engage.

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



**Rocky featured as CrossFit
Member of the Month**

My Steps to Treatment

The process of mental health therapy will look different for everyone, but here is part of what those steps looked like for me. First, I realized that my desire to lose weight was taking up necessary emotional space and, in a sense, “blocking out” other issues which needed to be resolved first. Childhood trauma, family conflict, religious and sexual identity concerns – all of these things were left untreated while I focused solely on my weight and appearance. So, the first step in my new journey was putting “weight-loss” on the back burner while I focused on those bigger issues.

While working with my individual therapist, my treatment eventually branched out to other providers as well. I got established with a psychiatrist who placed me on a weight-loss medication which helped tremendously at that time for managing my cravings and appetite. I was also placed on another medication which helped me manage some of the other emotional issues that were disrupting my success. Working with a dietitian helped me focus on creating an eating pattern which would help me focus on health and maintenance until I could eventually be more focused on weight-loss and body composition changes. Later still, I began working with a group therapist, where I learned from others living with eating struggles about how they were navigating this journey.

“Therapy can be used as a sounding board to focus on exactly what is right for YOU.”



Finally, working with a therapist (*and other connected professionals*) helped me create a plan and goals that worked for me. With so many competing ideas, theories and societal pressure, it can feel overwhelming to figure out what steps to take that are the “right” ones. Can you be body positive while at the same time wanting to change your body? Can you eat mindfully while at the same time eating with a focus on changing your body composition? These are not easy questions, and the answers may be different for different people. Therapy can be used as a sounding board to focus on exactly what is right for YOU.

“By partnering with a mental health therapist, you can increase your chances of success.”

Looking Through a New Lens

For me, my nine-year therapy journey concluded with multiple cosmetic surgeries that were necessary to remove the excess skin from the weight I lost. I have achieved a weight, a fitness level, a lifestyle and a body aesthetic that are pleasing to me. I know that what I achieved is partially a result of my privilege; being young, healthy, male, and having financial resources for treatment allowed me to achieve success that perhaps isn't realistic for everyone. But after the success I experienced, to which I attribute all of the help I received, my goal as a therapist is to help others navigate their own journey.

I know what it's like to live with obesity. I understand the stigma that those living with obesity face from friends, family, medical professionals and society at large. I also know that you can experience success when it comes to your health, nutrition and weight management goals. By partnering with a mental health therapist, you can increase your chances of success. As someone who has been on both sides of the therapy table, I invite you to embark on that journey for yourself.

About the Author:

Rocky E. Lucas, MSW, LICSW, is a Licensed Independent Clinical Social Worker in the states of Washington and West Virginia. His current professional roles are as a Counselor and Clinical Assistant Professor at the Washington State University College of Veterinary Medicine and as a remote clinical supervisor for Cabin Creek Health Systems in Charleston, West Virginia. As someone who spent much of his life living with obesity, he is passionate about connecting with and helping those who are living with obesity in whatever way works best for them.

Do You Want to Share Your Story?

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

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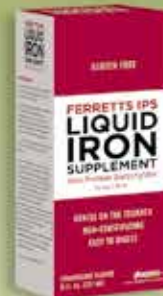
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Exercising after Bariatric Surgery



by Jessie L. Fernandez, RDN

**Disclaimer: Before starting an exercise plan or program, first consult with a healthcare provider.*

There are many lifestyle changes you will need to make after bariatric surgery to have long-term success with your post-op goals. Exercise is a great tool to use for weight maintenance or weight-loss. Getting started or getting back on track can be difficult after bariatric surgery, but not with the right tools and information.

“Most patients can start an exercise regimen between two weeks and six weeks after surgery, but it’s important to get clearance from your bariatric surgeon before starting a moderate to vigorous program.”

When Should I Begin Exercise after Bariatric Surgery?

Most patients can start an exercise regimen between two weeks and six weeks after surgery, but it’s important to get clearance from your bariatric surgeon before starting a moderate to vigorous program.

When you return home from the hospital, start by walking 20-30 minutes each day. You will need to start at a slow pace and build up your stamina and strength by taking three 5-10 minute walks throughout the day instead of doing it all at once.

After you are fully healed and get cleared by your surgeon, you will need to increase the intensity of your routine and add in the three main pillars of exercise:

- Cardio Activity
- Strength Training
- Flexibility Training

Cardiovascular Activity

Cardiovascular activity, or aerobic activity, is any type of exercise that increases your heart rate. Cardio helps improve the muscles in your heart, relieve pain and stiffness in your joints, manage high blood pressure and diabetes, and improve your mood through the release of endorphins, or “happy hormones.” Getting regular cardio activity can also help you burn more calories throughout the day and sleep better at night.

If you are starting exercise after bariatric surgery, you will want to start slowly to build your stamina while preventing injuries. Try starting off with a 5-10-minute session in the morning and another 5-10-minute session in the evening. Once you feel comfortable, gradually start adding a few minutes to each session until you work your way up to 30-minute sessions at a time.

There are many types of activities which can improve your cardiovascular fitness, including:

- Walking
- Jogging
- Hiking
- Kickboxing
- Zumba
- Rowing
- Cycling
- Swimming



The most important part of starting cardiovascular activity after bariatric surgery is making sure that you are modifying exercises based on your body and fitness needs.

Exercising After Bariatric Surgery continued on page 12



Strength Training

Once you reach the 3-month post-op mark, you should have started incorporating a strength training regimen. Strength training – also known as resistance or weight training – involves improving muscular fitness by using external resistance such as free weights, resistance bands, weight machines, and even your own body weight. Unfortunately, most people don't devote enough time to developing a strengthening routine. However, after bariatric surgery, this will be vital to your success for many reasons.

It is important to focus on the TYPE of weight you are losing and not just the overall amount of weight. You will need to track your body composition to ensure you are losing body fat mass while maintaining muscle mass. This is because muscle is more metabolically active than fat – or in simple terms, muscle burns more calories throughout the day, even when you are at rest. Maintaining and building muscle will also help support your bones and connective tissue, benefitting you by preventing injuries. Additionally, it can aid in building bone density, which becomes incredibly important after bariatric surgery and with increasing age.

When you get started with resistance training, there are two terms you will want to become familiar with: the words “rep” and “set” and the differences between them.

- A rep, or repetition, is a single occurrence of one exercise (*a bicep curl, for example*).
- A set is a certain number of repetitions of that exercise performed successively (*10 bicep curls performed one after another is one set, for instance*).

If you are a beginner, you will want to start with a simple program that works all muscle groups (back, biceps, triceps, chest, abs, glutes, hamstrings, quads and calves) two days per week.

For the first few sessions, you should focus on learning how to do each exercise with proper form rather than focusing on the amount of weight you are working with. Having good form will prevent injuries and allow you to have a more effective workout. Be sure to stand tall with your chest lifted, shoulders back, and abs held tight during each movement. Try not to swing your arms or legs to ensure that you are engaging the muscle and not using momentum.

Once you become more familiar with the movements of each exercise, you will then need to focus on choosing the right weight. Choose a weight that challenges you, but one that you can control with proper form through the full range of motion for the entire set. If you are coming out of bariatric surgery, be sure to use a comfortable weight or even no weight at all until your surgeon or healthcare provider recommends otherwise.



“ If you are coming out of bariatric surgery, be sure to use a comfortable weight or even no weight at all until your surgeon or healthcare provider recommends otherwise. ”



Exercise Recommendations

Two to three months after surgery, you should talk to your healthcare provider about meeting the daily recommended amount of physical activity. Everyone's body is different and you should always proceed with caution before taking on new or more difficult exercise.

Most guidelines suggest that adults should get about 150 minutes of moderate-intensity aerobic activity each week. In addition to aerobic activity, you should aim to participate in muscle-strengthening activities two or more days per week. As mentioned, participating in regular flexibility training exercises 2-3 days a week will help round out your aerobic and strengthening programs.

Once you have participated in an aerobic and strengthening program for 4-6 weeks, your body will adapt to the exercises and it may not be as challenging, which means it's time to switch it up. You can modify weights, repetitions, or change exercises altogether. Any changes that keep the body guessing will help you prevent weight plateaus and notice improvements throughout your fitness journey.

Bariatric surgery can be a great tool to help you manage your weight and improve your quality of life. However, it still comes with hard work and requires a commitment to healthy diet, behavior and lifestyle changes in order to be successful. You will be more likely to commit to an active lifestyle if you love the type of exercise you're doing, so don't be afraid to try new things, grab a workout partner, and make it fun!

Flexibility Training

Flexibility training – or stretching – will give your body a wider range of motion which will help improve your strength training regimen as well as everyday activities like bending down to pick something up. It can also help you avoid discomfort when you are confined to a small space for a long period of time, such as sitting at a desk all day or taking a long car ride.

You don't need to stretch every single day to reap the benefits. Start off with some stretching exercises 2-3 days per week. You will find that you can stretch further without pain or tightness after your muscles are warm, so try doing a light walk or jog beforehand.

When you engage in stretching exercises, make sure your movements are slow and smooth. Avoid bouncing or jerking and try to hold each stretch in a comfortable position for 30 seconds. If that is too difficult, start off with 10 seconds and try to increase the time as it becomes easier. Be sure to breathe normally while you are stretching and always keep joints slightly bent to avoid injury.

You can increase your flexibility by just simply doing some light stretching exercises at the end of your cardio or strengthening workout, or you can try a more thorough program like yoga or Pilates which are great for any fitness level!

Examples of Moderate-intensity Aerobic Activities:

- Brisk walking
- Riding a bike
- Going for a jog
- Water aerobics
- Rollerblading
- Hiking

Examples of Muscle-strengthening Activities:

- Lifting weights
- Working with resistance bands
- Climbing stairs
- Cycling
- Push-ups
- Squats

About the Author:

Jessie L. Fernandez, RDN, is the bariatric coordinator for the RESET Center in Corpus Christi, TX and has specialized in the field of bariatric surgery since 2007. She has had the privilege of helping thousands of bariatric patients reset their weight, restore their health, and feel their best for a lifetime.

Your Health Matters:

The Importance of COVID-19 Vaccines for Patients with Obesity

by Sarah Hallberg, DO, MS, ACSM-CEP, FOMA, FNLA

**Disclaimer: Please note that it is always important to speak with your healthcare provider before making any medical decisions.*



With the COVID-19 vaccine rollout accelerating across the United States, many people are beginning to see the light at the end of the pandemic tunnel. But while experts are constantly reminding everyone that COVID-19 is dangerous and that the vaccine can help eliminate some of those dangers, many people all over the world still remain skeptical about the vaccine.

“Obesity is a chronic disease, not a choice or a failure of will, and prioritizing this population is the scientifically prudent thing to do.”



Vaccine Prioritizing

Right now, it is too difficult to control the virus with the majority of the United States opening back up. This makes vaccination the only path to herd immunity and a resolution to this crisis. When the rollout of the vaccinations first began, experts made decisions about which groups of people would be given vaccine prioritization. They were broken down into vaccine “phases” and priority went towards elderly people and people with health conditions that could worsen the effects of COVID-19 if they were to contract it.

Decisions made during the vaccine rollout have prompted massive backlash — in particular, the fact that many states elected to prioritize vaccine access for people with obesity. Although the ultimate goal is — and should be — herd immunity, and although obesity has been shown to increase the risk of hospitalization and death in those who contract COVID-19, some people have suggested that struggling with obesity diminishes a person’s worthiness to receive the vaccine.

This is NOT true. Obesity is a chronic disease, not a choice or a failure of will, and prioritizing this population is the scientifically prudent thing to do. People affected by obesity deserve vaccine access because they are at an increased risk of becoming sick from COVID-19.

Weight Bias and Wellbeing

This backlash, unfortunately, is unlikely to come as a surprise to people living with obesity and clinicians who treat those affected by obesity. Weight bias is not a phenomenon isolated to vaccine rollout. Rather, it’s the single most common challenge patients struggling with weight issues experience. For those unfamiliar, weight bias refers to negative attitudes, judgements and stereotypes toward people managing excess weight or obesity — and it occurs nearly everywhere. From the classroom to the workplace — even in homes, social circles and yes, healthcare settings — weight bias is a widespread, negative force that creates shame and distress in those who experience it.

In the case of COVID-19, weight bias has prevented people in need from being vaccinated. People have shamed those affected by obesity and made them feel they are not worthy of being prioritized for the vaccine. People affected by obesity may feel too embarrassed to take advantage of their priority and opt out of their vaccination. In doing this, they are putting their lives and health at risk.



Weight bias should not prevent people from receiving the care that they deserve. It is crucial that people affected by obesity put their health first and don’t let the shaming of others dictate their health or the care that they receive. What is even more important is that weight bias is stopped and the disease of obesity is understood. To learn more about how you can help stop weight bias, visit StopWeightBias.com.

Importance of COVID-19 Vaccines continued on page 16

COVID-19 and Metabolic Disease

The past year has given everyone a greater understanding of the nature of viruses. We've become familiar with the outcomes associated with COVID-19 and the way it seems to roll off the shoulders of some while proving to be a catastrophic illness for others. In general, individuals with obesity or other metabolic diseases, such as diabetes, are at quite high risk for poor outcomes associated with coronavirus.

To summarize the findings, people with obesity have a 113% higher risk for hospitalization, a 74% higher risk for ICU admission and a 48% higher risk of death as a result of COVID-19, according to research from the University of North Carolina-Chapel Hill. Initially, it was thought that these results were due to correlations between obesity and other health risks, such as:

- Hypertension
- Heart disease
- Type 2 diabetes
- Chronic kidney disease
- Liver disease

As the pandemic has evolved, so has our understanding of the risks for people with obesity. Research has shown that people with obesity still deal with significantly greater risks related to COVID-19.

If those challenges were not enough, the pandemic has also created conditions of chronic stress, which can weaken immune systems and worsen obesity. In turn, this can aggravate other chronic conditions associated with obesity and complicate coronavirus recovery.

Vaccine Safety

The research is clear and so is the action we should take as a result. Those who are able to get the vaccine should strongly consider doing so. Providers must encourage their patients to get vaccinated as soon as possible. We must move the public conversation away from confusing a chronic disease with a choice. Every person deserves appropriate care and we must not allow weight bias and shaming to deter patients from gaining access to a vaccine that will protect them and strengthen our collective fight against the pandemic.

In the same way, it is important to reiterate that the various vaccines available in the United States have been proven safe and effective. With millions of doses already distributed, we should all feel more confident than ever that we are on the path to resolution with safe options. The fact that the Johnson & Johnson vaccine was halted and placed under investigation in the wake of potential blood clotting incidents has been presented with some alarm but should actually be a source of reassurance, proving that safety concerns and monitoring have been of the utmost importance throughout this process.

Vaccination is the best tool we have against the virus and it is critical for the health and wellbeing of anyone struggling with obesity or other metabolic diseases during this time.

Prioritizing Patient Health in the Pandemic and Beyond

This crisis has prompted each of us to reevaluate many elements of our lives: how we connect, how we work, how we live. Ideally, we'll all come out of this more proactive about our health and wellbeing as well as the health and wellbeing of others. COVID-19 has proven to be a powerful reminder that we should all prioritize our health and reduce risks. Whether this means wearing a mask, getting vaccinated or prioritizing our physical and mental health in everyday living, we should all emerge from the situation as better advocates for ourselves. Likewise, providers should help every patient take action to live well and receive the care they need.

About the Author:

Sarah Hallberg, DO, MS, ACSM-CEP, FOMA, FNLA, is an internationally-recognized leader in the nutritional management of type 2 diabetes and other metabolic diseases. Dr. Hallberg founded IU Health Arnett's Medically Supervised Weight Loss Program. She is the primary investigator for the largest and longest ever clinical trial examining a non-surgical intervention for the reversal of type 2 diabetes. Dr. Hallberg's research has far-reaching implications for public health.



“In general, individuals with obesity or other metabolic diseases, such as diabetes, are at quite high risk for poor outcomes associated with coronavirus.”

Do these two symptoms sound like you?



Extreme weight gain early in life?



Hyperphagia, or insatiable hunger?



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

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



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

Rhythm[®]
PHARMACEUTICALS

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EATING HEALTHY



WITHOUT BOUNDARIES

by Fatheema Subhan, M.Phil, PhD, RDN

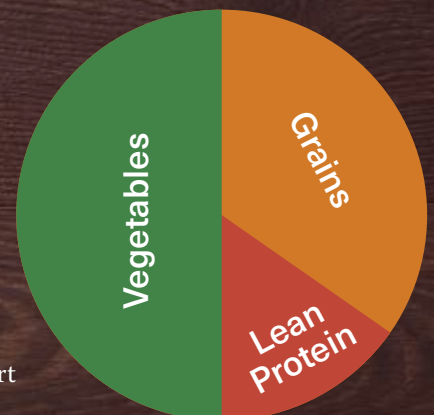
Being able to add a flare of culture into your healthy meals is special and celebrates tradition. Choosing local seasonal ingredients and traditional food preparation methods can make the eating experience more enjoyable and unique. It's important to be able to have foods from all different cultures while keeping health and nutrition in mind.

Incorporating Culture in a Healthy Way

When incorporating culture into your meals, aim to start off with a healthy foundation. Try setting up your plate like this:

- Fill half of your plate with fruits and vegetables.
- Fill two-thirds of your plate with grains (*whole grains, wheat, oats, brown rice, etc.*).
- Fill a third of your plate with lean protein (*seafood, poultry, beans, lentils, etc.*).

Eating plant-based foods, fruits, vegetables and lean meats can help lower the risk of heart disease, certain cancers and type 2 diabetes. Not to mention, it is great for weight-loss!



It is possible to follow these guidelines and recommendations while choosing culturally diverse foods that are tasty, interesting and nutritious. Some examples of healthy cultural foods include:

Chinese:

- **Stir-fried Vegetables:** A blend of vegetables with chicken or tofu sautéed with Chinese seasonings and sauces.
- **Steamed Dumplings:** Dumpling wrappers filled with meat and vegetables and steamed in a pan. Serve with veggies or extra protein.
- **Beef and Broccoli:** A blend of beef and broccoli sautéed in a pan with Chinese seasonings and sauces.



Indian:

- **Dhal:** A slow-cooked lentil dish prepared with red or yellow lentils cooked with onions, tomato and spices. It can be served with rice, roti or chapati. Chapati is a flatbread made with whole wheat flour toasted on a flat griddle.
- **Poriyal:** A favorite South Indian stir-fried side dish prepared from fresh vegetables such as French beans, carrots or cabbage, seasoned with mustard seeds, curry leaves, freshly grated coconut and spices.
- **Tandoori Chicken:** A chicken entrée that is marinated with spices and yogurt and then grilled on a stovetop. Serve with vegetables.



Mediterranean:

- **Hummus:** A blend of chickpeas, tahini, lemon juice and garlic. Serve with naan bread, crackers or fresh vegetables such as carrots and snow peas.
- **Tabbouleh:** A fresh salad that comes with finely-chopped parsley, mixed with chopped tomatoes, mint, onion, bulgur, and seasoned with olive oil, lemon juice and salt.
- **Bulgur Pilaf:** Bulgur wheat cooked with onion, tomatoes and spices.



Mexican:

- **Ceviche:** Raw fish marinated in lime and lemon juice, onion, tomatoes and cilantro.
- **Fajitas:** Grilled chicken, fish or shrimp sautéed with onions and peppers and served with whole wheat tortillas.
- **Nopales Salad:** Cooked chopped cactus leaves, green onion, tomato and cilantro. Season with salt and lime juice.





Eating Healthy continued from page 19

Mediterranean Garden Salad with Feta and Black-eyed Peas

Serves: 10-12

Ingredients:

- Black-eyed peas – 1 can (*rinsed and drained*)
- Peppers – 1 red, 1 yellow, 1 orange, 1 green (*chopped*)
- Red onion – 1 (*chopped*)
- Cucumber – Cucumber (*chopped*)
- Cherry tomatoes – 1 cup (*chopped*)
- Carrot – 1 medium (*chopped*)
- Feta cheese – ¼ cup

Dressing:

- Olive oil – ¼ cup
- Lemon juice – 2 Tbsp.
- Lemon zest (*optional*)
- Garlic clove – 1 (*crushed and finely chopped*)
- Cilantro or Parsley – ¼ cup (*chopped*)
- Black pepper – to taste
- Salt – ½ tsp.

Directions:

1. In a large bowl, combine black-eyed peas, peppers, cucumber, carrots, tomatoes and red onions.
2. Prepare the salad dressing. In a small bowl, whisk together olive oil, lemon juice, salt, garlic, parsley and black pepper.
3. Pour the dressing over the salad and mix well. Garnish with crumbled feta cheese and chill until serving.
4. Serve with pita bread.



“Eating plant-based foods, fruits, vegetables and lean meats can help lower the risk of heart disease, certain cancers and type 2 diabetes.”

Celebrating Culture Through Food

We aren't always taught that we can incorporate different cultures and recipes into our diet and our healthy lifestyle. It's important to recognize that you don't have to eat only bland foods to eat healthy. You can always spice things up! Go ahead and try a new, healthy recipe from a different culture. You never know, you might like it!

About the Author:

Fatheema Subhan, M.Phil, PhD, RDN, is an Assistant Professor at California State Polytechnic University Pomona. She is a Registered Dietitian and received her PhD in Nutrition and Metabolism from the University of Alberta, Canada. She is a CIHR Health Impact Fellowship recipient. Her research interest includes development, implementation, and evaluation of community-based nutrition interventions for diabetes management, school-based health promotion programs and maternal and infant nutrition and health. Her work aims to empower individuals and communities to be able to make nutrition education and healthcare support accessible to reduce health-inequities in ethnic minority communities.



YOUR.VOICE. MATTERS.

Welcome to Celebrate Voice, a new home for sharing education, resources, and stories, with YOU as the focus. We understand obesity is a chronic disease that requires continued support, so we have created a place for open, and honest communication. Our goal is to build bridges throughout the community to help you find the tools, information, and treatments you deserve. We hope we inspire you to use your voice to make a difference in your life and community.



Listen in to our new podcast for conversations with industry leaders, partners, and real patient stories.



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Dear Doctor +

How Can I Manage My Weight While Taking Antidepressants?



by Deborah Horn, DO, MPH, MFOMA

Mental health is essential to your overall quality of life and sense of well-being. Globally, depression affects 17% of the population and is expected to increase to almost one in four individuals by 2030. Depression is a common obesity-related health condition and the two can be so interconnected that it is sometimes even difficult to determine which came first – feelings of depression or struggles with weight. Unfortunately, antidepressants, which are the most commonly recommended treatment for moderate to severe depression, often cause significant weight gain.

How Antidepressants Affect Weight

Let's take a closer look at what we know from science and from those of us living with both diseases.

First, antidepressants are effective. In fact, 89% of individuals with depression report that medication improves their symptoms. Unfortunately, weight gain is the 3rd most commonly reported negative side effect behind withdrawal effects and sexual dysfunction. Weight gain has been reported by 65% of individuals on long-term antidepressant therapy, while only 15% of individuals on antidepressants reported weight-loss.

Furthermore, the length of antidepressant therapy seems to matter. In a patient-reported survey, those on antidepressants for more than three years had more severe side effects than patients on therapy for less than two years, with weight gain being one of main reported side effects.



“Weight gain has been reported by 65% of individuals on long-term antidepressant therapy, while only 15% of individuals on antidepressants reported weight-loss.”

Both changes in weight depend on the length of antidepressant therapy and choice of medication. Additionally, the body's response to medication can change over time.

For example, let us consider a common class of antidepressants called selective serotonin reuptake inhibitors (SSRIs). This class includes medications that are used frequently like:

- Citalopram
- Paroxetine
- Sertraline
- Fluoxetine



They help with depression by blocking the reuptake of serotonin, a hormone in the brain that stabilizes our mood, feelings of well-being, and happiness. Serotonin levels are lower in people with depression and SSRIs help increase the amount of serotonin that is available to the brain. In the short-term, this increase in serotonin helps us feel full, decreases our food intake, and decreases our impulsiveness. But in the long-term, our body seems to adjust to these changes in stimulation. After 12 months of treatment, an SSRI can sometimes lead to weight gain due to cravings for carbohydrates and other potential factors.

Another factor that plays a role in weight while on antidepressants is whether or not you are struggling with obesity at the time the medication is initiated. For example, antidepressant medications that increase dopamine levels in the brain also affect energy balance. Individuals with obesity tend to have decreased dopamine, which is a chemical in the brain that influences mood as well as feelings of reward and motivation. Improving dopamine levels may help them lose weight. However, individuals without obesity may gain weight in response to an increase in dopamine signaling. This is a perfect example of how intertwined these two diseases can become as we try to improve one or both.

Optimizing Your Medication Choices

By following patients over time, we have been able to categorize antidepressants based on their risk of "drug-induced weight gain." In the chart featured in this article, you will see that medications can be high, medium or low-risk.

When possible, it is beneficial to choose from medications that have a lower risk of weight gain. In fact, with the help of your physician or psychiatrist, you may find that you want to try shifting to a lower-risk medication.

Whether you are starting an antidepressant or considering a change in your medication, please keep two important things in mind:

- First, the antidepressant needs to do its first job, which is to improve your depression symptoms.
- Second, your individual weight response to an antidepressant may be different from the most common responses which led to the categorization of the medication into a specific risk group.

Dear Doctor continued on page 27

Platinum

Novo Nordisk

Gold

American Society for Metabolic & Bariatric Surgery
Bariatric Advantage
Potomac Currents

Silver

Amgen
Boehringer Ingelheim
Eli Lilly and Company
Ethicon
Intercept Pharmaceuticals
Intuitive
Medtronic
Pfizer, Inc.

Bronze

Geisinger Healthcare System
Naturally Slim®
OPTIFAST®
PRIA Appeals
Rhythm
Rocky Mountain Associated Physicians

Patron

Bariatric Medicine Institute
Bariatric University.com
Billings Clinic
BonusLife.com/Walter Medlin, MD
ConscienHealth
Jaime Fivecoat
Gainesville Medical Obesity Specialty Clinic
Gelesis
HorizonView Health
Liviga®/Mindful Eating
Medi-Weightloss®
New Life Center for Bariatric Surgery
Niagra Metabolic & Bariatric Services
ProCare Health Bariatric Vitamins & Supplements
Lloyd Stegemann, MD
Christopher D. Still, DO
The Obesity Society
Weight & Life MD/Nadia B. Pietrzykowska, MD
Woman's Hospital

Platinum:	\$100,000 and up	Bronze:	\$5,000 - \$9,999
Gold:	\$50,000 - \$99,999	Patron:	\$1,000 - \$4,999
Silver:	\$10,000 - \$49,999		

List as of 6/5/2021

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 ≥ 27) who also have weight-related medical problems or obesity (BMI ≥ 30), and children aged 12-17 years with a body weight above 132 pounds (60 kg) and obesity to help them lose weight and keep the weight off. Saxenda® should be used with a reduced calorie diet and increased physical activity.

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

Important Safety Information

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

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

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

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

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

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

Who should not use Saxenda®?

Do not use Saxenda® if:

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

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

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

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



Managing your weight long term requires more than willpower alone

Saxenda® can help you lose weight and keep it off

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

Ask your health care provider
about FDA-approved Saxenda®

Check your
prescription coverage at
SaxendaCoverage.com

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, or call 1-800-FDA-1088.

Saxenda® liraglutide injection 3mg Brief Summary of Information about Saxenda® (liraglutide) injection 3 mg	What are the possible side effects of SAXENDA®? SAXENDA® may cause serious side effects, including:
Rx Only This information is not comprehensive. How to get more information: <ul style="list-style-type: none"> • Talk to your healthcare provider or pharmacist • Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling • Call 1-844-363-4448 	<ul style="list-style-type: none"> • See “What is the most important information I should know about SAXENDA®?” • inflammation of the pancreas (pancreatitis). Stop using SAXENDA® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your stomach area (abdomen) to your back. • gallbladder problems. SAXENDA® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms: <ul style="list-style-type: none"> ◦ pain in your upper stomach (abdomen) ◦ yellowing of your skin or eyes (jaundice) ◦ fever ◦ clay-colored stools
Do not share your SAXENDA® pen with others even if the needle has been changed. You may give other people a serious infection or get a serious infection from them. What is the most important information I should know about SAXENDA®? Serious side effects may happen in people who take SAXENDA®, including: Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, SAXENDA® and medicines that work like SAXENDA® caused thyroid tumors, including thyroid cancer. It is not known if SAXENDA® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not use SAXENDA® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ◦ shakiness ◦ weakness ◦ hunger ◦ sweating ◦ dizziness ◦ fast heartbeat ◦ headache ◦ confusion ◦ feeling jittery ◦ drowsiness ◦ irritability <p>Talk to your healthcare provider about how to recognize and treat low blood sugar. You should check your blood sugar before you start taking SAXENDA® and while you take SAXENDA®.</p>
What is SAXENDA®? SAXENDA® is an injectable prescription medicine used for adults with obesity or overweight (excess weight) who also have weight related medical problems, and children aged 12 to 17 years with a body weight above 132 pounds (60 kg) and obesity to help them lose weight and keep the weight off. <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • increased heart rate. SAXENDA® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take SAXENDA®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes. • kidney problems (kidney failure). SAXENDA® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth. • serious allergic reactions. Stop using SAXENDA®, and get medical help right away if you have any symptoms of a serious allergic reaction including: <ul style="list-style-type: none"> ◦ 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.
Who should not use SAXENDA®? Do not use SAXENDA® if: <ul style="list-style-type: none"> • you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). • you are allergic to liraglutide or any of the ingredients in SAXENDA®. • are pregnant or plan to become pregnant. SAXENDA® may harm your unborn baby. 	The most common side effects of SAXENDA® in adults* include: <ul style="list-style-type: none"> • 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)
Before taking SAXENDA®, tell your healthcare provider about all of your medical conditions, including if you: <ul style="list-style-type: none"> • are taking certain medicines called GLP-1 receptor agonists. • have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food. • have or have had problems with your pancreas, kidneys or liver. • have or have had depression or suicidal thoughts, or mental health issues. • are breastfeeding or plan to breastfeed. It is not known if SAXENDA® passes into your breast milk. You and your healthcare provider should decide if you will use SAXENDA® or breastfeed. 	<p>*additional common side effects in children are fever and gastroenteritis</p> <p>Tell your healthcare provider if you have any side effect that bothers you or that does not go away.</p> <p>These are not all the possible side effects of SAXENDA®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>
Tell your healthcare provider about all the medicines you take including prescription, over-the-counter medicines, vitamins, and herbal supplements. SAXENDA® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. SAXENDA® may affect the way some medicines work and some other medicines may affect the way SAXENDA® works. Tell your healthcare provider if you take diabetes medicines, especially insulin and sulfonylurea medicines. Talk with your healthcare provider if you are not sure if you take any of these medicines.	Keep your SAXENDA® pen, pen needles, and all medicines out of the reach of children. Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark More detailed information is available upon request. Available by prescription only. For information about SAXENDA® go to www.SAXENDA.com or contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448.
How should I use SAXENDA®? <ul style="list-style-type: none"> • Inject your dose of SAXENDA® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. Do not inject into a vein or muscle. • If you take too much SAXENDA®, call your healthcare provider right away. Taking too much SAXENDA® may cause severe nausea, severe vomiting, and low blood sugar (hypoglycemia). 	SAXENDA®, VICTOZA®, NovoFine®, and NovoTwist® are registered trademarks of Novo Nordisk A/S. PATENT Information: http://novonordisk-us.com/products/product-patents.html This Medication Guide has been approved by the U.S. Food and Drug Administration Revised: 12/2020

Risk for Drug-Induced Weight Gain in Commonly Used Antidepressants

High	Medium	Low
Paroxetine (Paxil)	Escitalopram (Lexapro)	Bupropion (Wellbutrin)
Citalopram (Celexa)	Sertraline (Zoloft)	Fluoxetine (Prozac)
Mirtazapine (Remeron)	Duloxetine (Cymbalta)	Vortioxetine (Trintellix)
Amitriptyline		Venlafaxine (Effexor)
Nortriptyline		Desvenlafaxine (Pristiq)
Phenelzine (Nardil)		Vilazodone (Viibryd)
		Imipramine (Tofranil)

Decreasing the Risk of Weight Gain

Here are four approaches we can lean towards to decrease the risk of weight gain on antidepressants.

- 1. Recognize that finding the right antidepressant may take time.** Many patients report that it can take a trial of several different antidepressants to determine the one that works best for their depression and has the least side effects. This is where individualized precision medicine and commitment by both you and your healthcare provider are essential.
- 2. Monitor your weight for changes.** It sounds obvious, but this simple approach is key to identifying and correcting medication-driven changes in your weight. Weight gain on antidepressants can occur in the first few months on therapy and lead to stopping medication. It can also occur after a year or more of antidepressant therapy due to changes in the long-term response from the body.
- 3. Combine medication with therapy.** Counseling can be a key component to successful depression treatment. Counseling can provide you with an opportunity to talk about your weight journey, food relationships, and work towards solutions to barriers that might be holding you back in both your mental and physical health.
- 4. Stay active.** Physical activity has been shown to be effective in the treatment of depression and obesity. In some individuals, regular physical activity has been as effective as medication for the treatment of mild to moderate depression that has been previously well-controlled on single antidepressants. It may also help decrease the number of antidepressants needed or decrease the dose required to control symptoms.

Conclusion

In summary, there are many pieces to the puzzle when it comes to treating obesity while also taking antidepressants. The journey must be individualized. If depression and obesity are two areas that you are working on as you strive to improve your health, then it is time to map out your plan. You know your body best, so always be sure to tell your healthcare provider about any struggles you may be having with depression or weight gain. You can work together to develop a plan that meets your mental and physical needs.

About the Author:

Deborah Horn, DO, MPH, MFOMA, is the President of the Obesity Medicine Association and Clinical Assistant Professor in the Department of Surgery at The University of Texas McGovern Medical School at Houston. She is the Medical Director for the UTHealth Center for Obesity Medicine and Metabolic Performance. Dr. Horn was also the recipient of the Obesity Action Coalition's (OAC) Healthcare Provider Advocate of the Year award – an award given to a healthcare provider who is a tireless advocate for patients, the OAC and the cause of obesity.



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Laura Andromalos, MS, RD, CSOWM, CDE; and Cassie I. Story, RDN

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Presented by Fatima Cody Stanford, MD, MPH, FAAP, FACP, FAHA, FTOS

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Presented by Paul B. Davidson, PhD; and Rachel Goldman, PhD, FTOS

BREAKOUT SESSION: FROM STIGMA TO CARE: NAVIGATING OBESITY IN CHILDREN AND FAMILIES

Presented by Allen Browne, MD, FACS, FAAP; and Ted Kyle, RPh, MBA

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GENERAL SESSION: OBESITY IS A DISEASE: CHANGE MY MIND

Presented by Arya Sharma, MD, DSc (hon), FRCPC

BREAKOUT SESSION: THE STRUGGLE IS REAL - WHAT TO DO WHEN YOU FEEL LIKE YOU'VE DONE IT ALL

Presented by Scott Kahan, MD, MPH;
and Christopher D. Still, DO, FACN, FACP

BREAKOUT SESSION: LET'S GET DIGITAL: NEW WAYS TO MANAGE WEIGHT WITH CHANGING TECHNOLOGY

Presented by Carly M. Goldstein, PhD, FAACVPR;
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The background of the page is a photograph of two young children, a girl and a boy, smiling and looking down at something they are preparing on a table. The girl is on the left, wearing a light blue long-sleeved shirt. The boy is on the right, wearing a white shirt. They appear to be in a kitchen or dining area with natural light coming from a window in the background.

Combining Creative, Healthy and Fun into Family Dinner

by Michelle Vicari

Many of us have been eating home cooking for months and we're running out of ideas for meals, let alone meals that are healthy, creative and fun. It can be especially challenging to make a meal everyone in the family will eat. Something that appeals to the adults is not always a winner with the kids in the house.

The answer is the **DIY (Design-It-Yourself) Meal**. The best part of the DIY meal: it doesn't require recipes or any elaborate preparation. All you need is a small spread of ingredients and each family member can customize their own meal!

Here are five **DIY** (Design-It-Yourself) themes that are sure to become your family's most-requested meals.

DIY Fiesta

● What you will need:

- Tortillas and/or tortilla chips.

● Toppings to choose from:

- Protein – Chopped chicken, steak, shrimp, beans (*black, pinto or refried*) or plant-based meat alternatives.
- Vegetables – roasted vegetables or fresh ones like lettuce, shredded cabbage, green onions or tomatoes.
- Finishing touches – Greek yogurt, shredded cheese, cilantro, salsa, or hot sauce.



Breakfast for Dinner Night

● What you will need:

- Waffles or pancakes (*use whole grain if you can*).

● Toppings to choose from:

- Fruit – Fresh or frozen strawberries, blueberries, raspberries or sliced bananas.
- Protein – almond or peanut butter.
- Other toppings – Chocolate chips, applesauce, low-sugar jams or maple syrup.



Super Salad Bar Night

● What you will need:

- Lettuce, spinach or any type of greens.

● Toppings to choose from:

- Protein – cooked chicken, steak, shrimp, tuna, crab, hard-boiled eggs or chickpeas (*tip: If you are grilling on the weekend, toss an extra piece or two of chicken on the grill for your salad bar night*).
- Fresh vegetables – tomatoes, cucumber or shredded carrots.
- Additional toppings – pickled vegetables, shredded cheese, nuts and seeds, dressings of your choice or Greek yogurt.



Kids Corner continued on page 32

“ The best part of the DIY meal: it doesn't require recipes or any elaborate preparation. ”

DIY Meals Are Perfect for Everyone!

DIY meals are a great opportunity for adults to model making healthy food choices. Creating meals with your children is not only fun, but also a great way to incorporate family time and stay healthy!

Potato with the Works Night

What you will need:

- Baked potatoes (*regular or sweet potatoes*).

Toppings to choose from:

- Protein – cooked chicken, steak, crumbled sausage or bacon, beans or chili.
- Plant-based toppings – sliced green onions, sliced black olives, diced tomatoes or roasted vegetables.
- Condiments – barbecue sauce, shredded cheese, salsa or plain Greek yogurt.



Groovy Grain Bowl Night

What you will need:

- Cooked quinoa, brown rice, farro, bulgur wheat, millet or freekeh.

Toppings to choose from:

- Protein – (Meat) Shrimp, tuna, crab, chicken or steak. (Plant-based) Chickpeas.
- Fresh vegetables – tomatoes, cucumber, shredded carrots, chopped peppers or sprouts.
- Finishing touches – pickled vegetables, nuts and seeds, tahini sauce, hummus or Greek yogurt.



WOULD YOU RATHER?

Extend the creativity and fun of making choices with an after-dinner game of "Would You Rather?"

Hop on one leg five times

OR

do five push-ups?

Go for a walk

OR

play a game of Tag?

Make up a dance

OR

make up a song?

Pretend to be a bear

OR

pretend to be a bird?

Visit the mountains

OR

visit the beach?

Talk to animals

OR

speak all human languages?

Pretend to ride a horse

OR

pretend to ride a bike?

Live for a week on the space station

OR

in a submarine?

Play catch

OR

build a fort?

Watch a funny movie

OR

watch an action movie?

Do 10 jumping jacks

OR

three cartwheels?

Pretend to be a spider

OR

pretend to be a monkey?

About the Author:

Michelle "Shelly" Vicari is the Immediate-Past Chair of the Obesity Action Coalition (OAC), majored in Child Development & Family Studies and Political Science at San Diego State University, and is the former Curriculum Director of the largest National Association for the Education of Young Children (NAEYC) accredited Child Care Centers in Southern California. She has authored many curriculum guides for teachers working with young children and was lucky enough to have once met Mr. Fred Rogers.

Minimizing Joint Pain

While Living with Obesity-Induced Osteoarthritis

by Bharti Shetye (Dr. Abby), MD, FOMA, DABOM

Obesity is a chronic disease that can impact many different parts of your overall health, including your physical, mental and metabolic health. One of the most common physical impacts of obesity that is often not discussed is Osteoarthritis (OA).



OSTEO

“There are many ways to reduce joint pain if you are living with obesity-induced OA, including both medical treatments and physical treatments.”

What is Osteoarthritis and How Does Obesity Affect it?

Osteoarthritis (OA) is the most common form of arthritis, a serious chronic disease that affects one in seven adults and is a leading cause of disability among older adults. The knees, hips and hands are the most commonly affected joints in OA.

OA is characterized by the wearing down of the protective tissue at the ends of bones (*cartilage*). It occurs gradually and worsens with time, leading to pain, stiffness, swelling, loss of normal joint function and impaired mobility. This limits the ability to perform routine tasks such as holding a cup of water or walking.

Obesity-induced OA was previously thought to only be related to the fact that excess weight often wears and tears on cartilage. We now know that a number of inflammatory mediators produced in fat affect joint tissues and play a role in pain. Essentially, the body can produce proteins from inflammation that cause damage in the body and are associated with OA.

Joint Pain continued on page 36

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ARTHRITIS

How Can I Help Relieve Joint Pain?

There are many ways to reduce joint pain if you live with obesity-induced OA, including medical treatments and physical treatments. Sometimes, both medical and physical treatments will be used in combination to relieve joint pain.

**Disclaimer: Before participating in exercise or taking medication, contact your healthcare provider to learn if this is the right treatment for you.*

Types of Physical Treatments

Low-Impact Exercises

This is a great starting point for many people who are affected by both obesity and OA because you can go at your own pace and pick any exercise you enjoy. Whether it is strength training, cardio, aerobic activity or balance exercises, any type of exercise can help relieve joint pain.



Mind-Body Practices

Mind and body practices such as tai chi or yoga combine meditation with slow, gentle, graceful movements that are found to be extremely relaxing and overall good for your health. They have a holistic impact on strength, balance and targeting pain in the body.



Acupuncture

Research has found that inserting an acupuncture needle activates the production of cortisol, a hormone that helps control inflammation in the body. It has also been proven to stimulate activity in other pain-relieving chemicals throughout the body.



Physical and Occupational Therapy

Physical and occupational therapy are extremely beneficial to patients with arthritis. Occupational therapists can show you how to modify your home and workplace environments to reduce conditions that may aggravate arthritis. They can also recommend and provide assistive devices such as splints and knee braces to help with tasks like driving, bathing, dressing, housekeeping and walking.



Physical therapists will work with you to increase the range of motion of a joint so that you are able to build strength around the muscles that surround the joint. Stronger muscles can better stabilize a weakened joint.

Types of Medical Treatments

Topical NSAIDs

Topical non-steroidal anti-inflammatory drugs (NSAIDs) are strongly recommended for use in knee OA patients with no comorbidities. The negative effects from topical NSAIDs are minimal and mild. The most common negative effects are local skin reactions, which are minor and short-term.



Oral NSAIDs

Oral NSAIDs, such as ibuprofen or Advil, are commonly recommended for managing OA. There are many different negative effects depending on the oral medication chosen, so always talk with your doctor before beginning an oral NSAID.



Intra-articular Corticosteroids (IACS) and Hyaluronan (IAHA) Injections

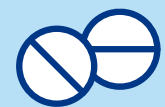
IACS injections provide short-term pain relief and are usually recommended when topical and oral medications are not working. It is a shot that is placed directly into the joint and is commonly used for people who have knee or hip OA.



While IACS injections provide on-the-spot pain relief, IAHA injections may have beneficial effects on pain at and beyond 12 weeks of treatment. IAHA injections are a more favorable treatment option because they are safer than repeated IACS injections.

Acetaminophen

Acetaminophen is used to relieve pain from OA by changing the way the body senses pain and cooling the body. It is most likely recommended to people who have not found any relief from topical or oral NSAIDs.



Duloxetine

Duloxetine is normally used to treat depression and anxiety. However, it has been found to be useful in treating different types of pain.



Duloxetine is recommended as a treatment for OA if the patient has not responded to acetaminophen or NSAIDs. It is NOT used to treat inflammatory arthritis.

Tramadol

Tramadol is an alternative treatment option for OA. This opioid is used on people who have failed treatment with acetaminophen and NSAIDs.



Conclusion

With so many different treatment options available to people suffering from OA, it is crucial that you talk with your healthcare provider before beginning any treatment plan. Every treatment is different and it is important that you find the safest and most effective option for you.

About the Author:

Bharti Shetye (Dr. Abby), MD, FOMA, DABOM, is an internist practicing obesity medicine in St. Petersburg, FL. She is an advocate for the Obesity Action Coalition (OAC) and has visited Capitol Hill to speak with United States legislators about supporting the Treat and Reduce Obesity Act. Her own struggles with weight pushed her to want to help patients and provide them with the necessary resources, support and advocacy they need. She often volunteers for the Obesity Medicine Association (OMA) and in her free time she enjoys exercising and exploring her own healthy lifestyle.

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

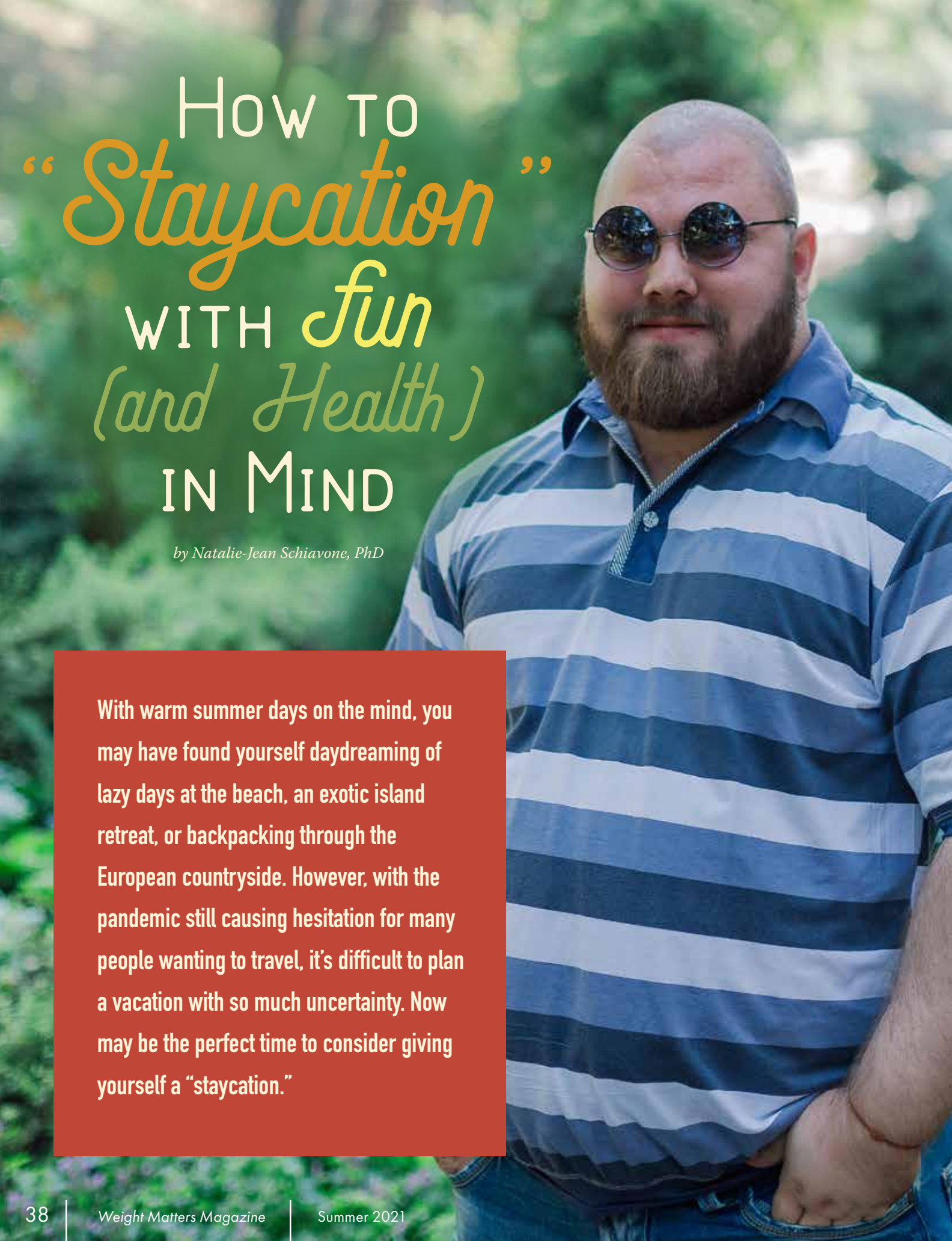


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How TO “*Staycation*” WITH *fun* (and *Health*) IN MIND

by Natalie-Jean Schiavone, PhD

With warm summer days on the mind, you may have found yourself daydreaming of lazy days at the beach, an exotic island retreat, or backpacking through the European countryside. However, with the pandemic still causing hesitation for many people wanting to travel, it's difficult to plan a vacation with so much uncertainty. Now may be the perfect time to consider giving yourself a “staycation.”

Staycation *vs.* VACATION

A staycation is time off at home or in one's local community. Some favorite staycation ideas and/or activities cost little to no money at all. They will require some creativity, but they will be cheaper than a plane ticket or a stay at a hotel. Plus, you will come back to work feeling refreshed and ready to get back into the daily grind! A wonderful byproduct of a staycation is that many activities will fit into a day or even a few hours. Let's explore some ideas that will help you stay safe, healthy and active during your time off.

Spa DAY

This past year has done a number on a lot of us. We have felt more anxious and stressed – so why not take a day and indulge ourselves? Grab a face mask, put on some tranquil music, light some candles, take a long bath, soak away your troubles and relax.

This simple act will allow both your body and mind to relax, recharge and refocus. Taking a mental health break is a great way to decompress from all of the outside noise that has been creeping into our lives this past year. You will leave the bathroom feeling refreshed and ready to take on the rest of your day. Don't feel guilty for taking a little "me time." You are worth it. Your body and mind will thank you.

ENJOY THE *Great Outdoors*

If soaking in a hot, bubble-filled bath isn't your thing, no problem! Then pack a healthy lunch – think fresh fruit, vegetables, healthy proteins and water – and go take a hike. If you can get to a hiking spot near you and it's still open (*check the local listings for Covid-19 restrictions, requirements and closings*), why not go for a hike in the great outdoors?

No hiking trails? No worries. Just take advantage of the warmer, sunnier weather and get outside. Take a walk by yourself, with your partner, with your friends or with a pet. Soaking up some of what Mother Nature has to offer us will help balance out your well-earned couch time. Indulging your senses may help clear your mind and help you refocus on what's important – you! So, take advantage of your time off, get outside and get moving.

Staycation continued on page 40



"TAKING A mental health break IS A GREAT WAY TO decompress FROM ALL OF the outside noise THAT HAS BEEN CREEPING INTO OUR LIVES THIS PAST YEAR."





Staycation continued from page 39

BECOME A *Tourist* IN YOUR HOMETOWN

Many of us spend our days going to work, running errands at the same location(s) we always go, and then making our way home. You can spend a day, a weekend, or even a whole week playing tourist in your own hometown. Go visit the local museums, local attractions, local hot spots or historic districts you'd usually reserve for out-of-town guests or visitors to see. Take this time and rediscover the best parts of your hometown.

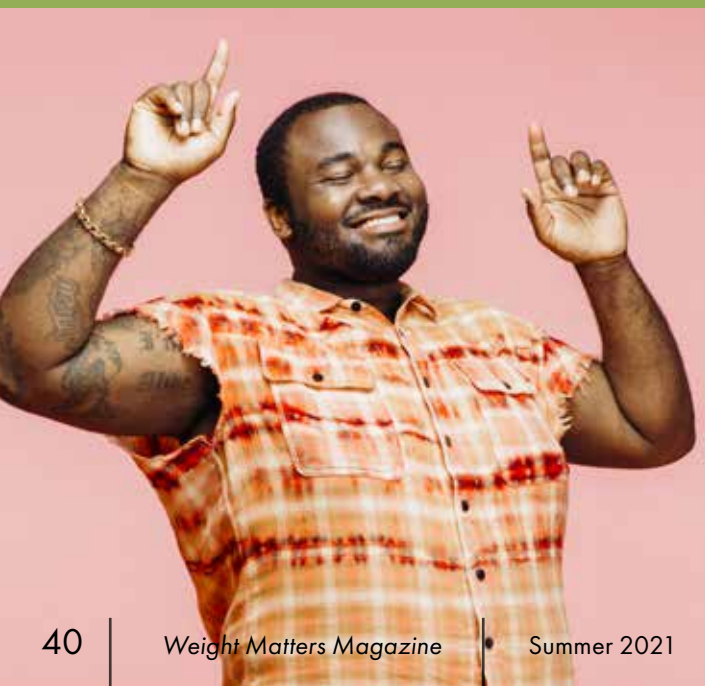
RECREATE A *Special Memory*

Have you ever gone on vacation and really enjoyed a beverage you had or an activity you did? Try to recreate this at home!

When you think about past vacations, think about some of the luxurious things that you enjoyed while there. One thing that always caught my attention on vacation were the enormous pitchers of water with watermelon chunks, sliced cucumber or lemon slices in them around the pool area – so very delicious and quite refreshing on a hot, summer day. Most of us don't flavor our water at home, so give this a try. Pick up some of your favorite fruits or vegetables and add them to your flat or sparkling water. Doing this can help you get in the vacation frame of mind and stay hydrated.



"YOU CAN SPEND A DAY, A WEEKEND, OR EVEN A WHOLE WEEK *playing tourist* IN YOUR OWN HOMETOWN."



PUT ON YOUR *Favorite Tunes*

What kind of music reminds you of your favorite non-staycation vacation? Is it reggae, classical or rock and roll? Whatever you like to listen to while on vacation, put that on at home. Play your favorite vacation music and have a dance party in your living room. Enjoy the music, let its melody remind you of safer days and shake it off. Staying active in a fun way will help you feel healthier and better overall. Have some fun, break a sweat and make a new staycation memory.

YOU CAN STILL HAVE *Fun at Home*

A staycation has always been a great option for taking some time off and unwinding without having to travel or spend a lot of money. Now more than ever, this concept is very common. So many of us feel like we live, eat and study at home. This makes it difficult to view home as a relaxing, safe haven. But don't let that discourage you and stop you from taking some time off for you and for relaxation. There are still ways to give yourself a break at home and you deserve it. So, appreciate this time and enjoy your staycation.

About the Author:

Natalie-Jean Schiavone, PhD, has more than 20 years of experience in the healthcare industry. After receiving her Master's degree in General Psychology, Dr. Schiavone went on to complete her doctoral degree in Health Psychology with a specialization in obesity. Dr. Schiavone conducted her research and completed her dissertation on female adolescents with obesity and their social experiences. Using her education, experience and expertise, Dr. Schiavone works with patients to create a healthier lifestyle where knowledge is a key factor.



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BREAK A SWEAT
AND MAKE A NEW
staycation MEMORY."*



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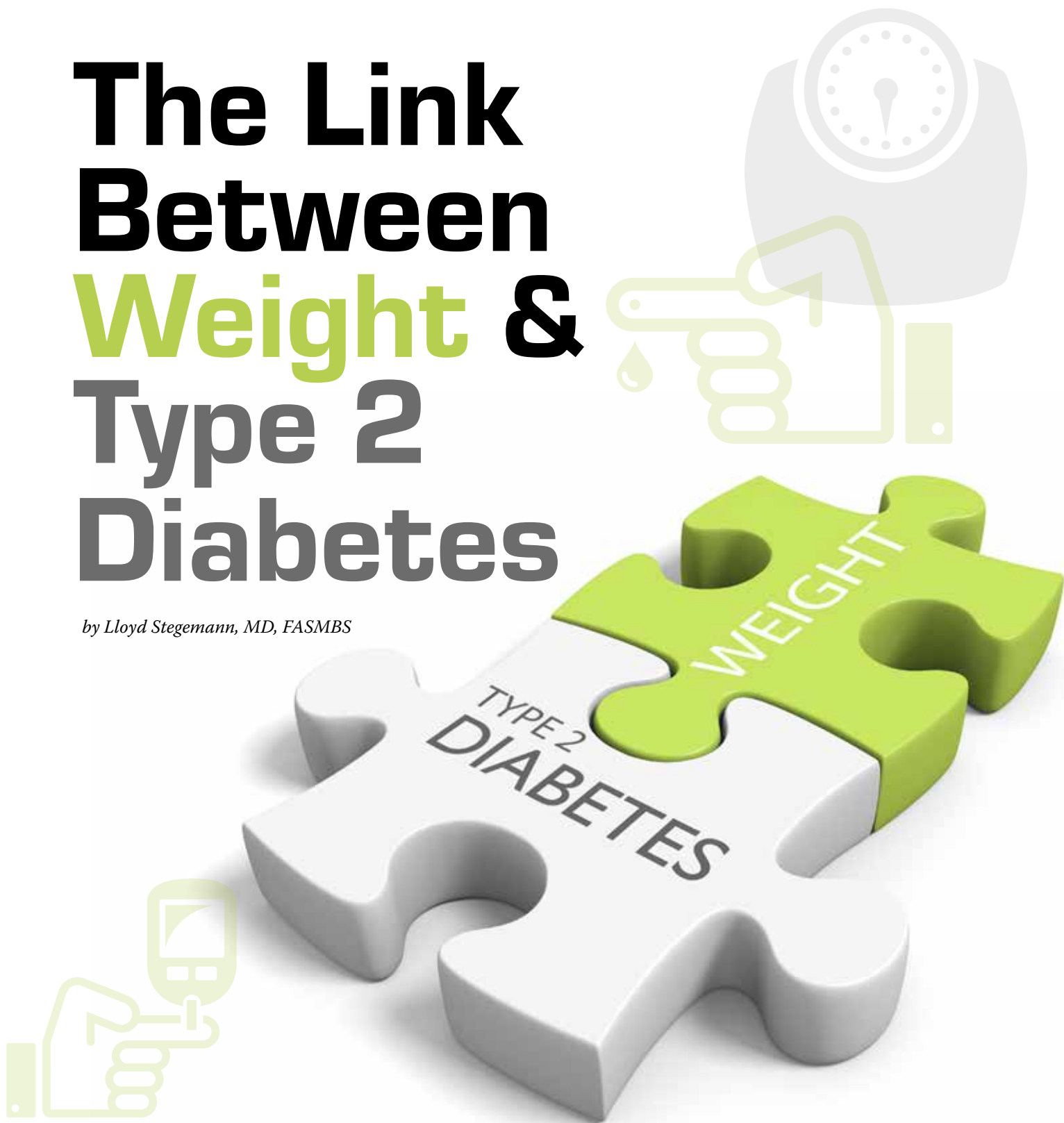
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The Link Between Weight & Type 2 Diabetes

by Lloyd Stegemann, MD, FASMBS



People affected by obesity often make up the majority of people diagnosed with type 2 diabetes. With the risk of type 2 diabetes being a lot higher in people affected by obesity, it's important to understand the link between the two and how it can be controlled.

Understanding Glucose



To start this conversation about weight and type 2 diabetes, we need to understand a few basic facts about how our body regulates sugar (*glucose*) and what happens when that regulation doesn't work.

When we eat, the food is broken down by our stomach acid into protein, fats, sugar and fiber. All of this is released out of the stomach and into the small intestine where protein, fat, and sugar absorption occurs. As the food is absorbed, it goes into our blood. The pancreas then senses the rising blood sugar and releases insulin, which opens the door that allows sugar to go into the cells to provide energy.



What is Diabetes and How Does Weight Affect it?

There are two types of diabetes: type 1 and type 2.



Type 1 diabetes (*previously called juvenile diabetes*) occurs when an individual's pancreas does not have the ability to make a normal amount of insulin.



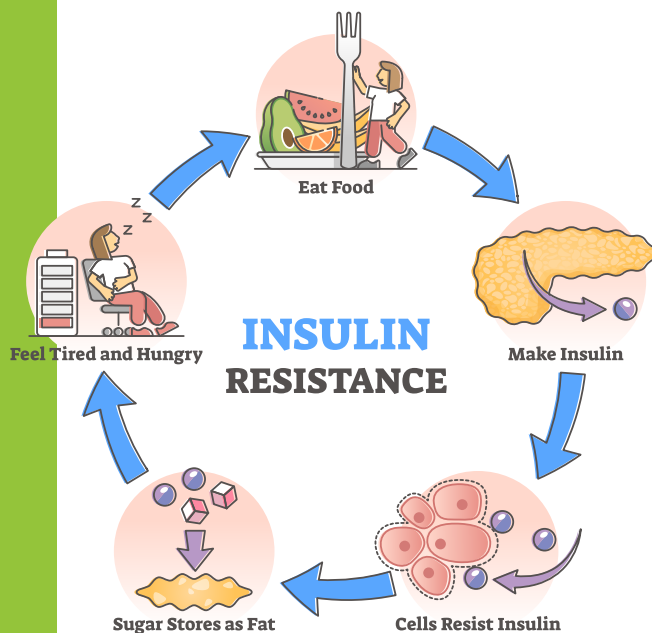
In type 2 diabetes (*previously called adult diabetes*), the pancreas makes plenty of insulin, but the insulin is not being recognized by the cells for reasons that are not fully understood at this point. This is called insulin resistance. Because the cells don't recognize the insulin, they won't let the sugar in, so the amount of sugar in the blood remains high. The high level of sugar in the blood ultimately starts to damage blood vessels and lead to diabetes complications such as:

- Heart attacks
- Strokes
- Blindness
- Amputations
- Kidney failure



Weight & Type 2 Diabetes continued on page 44

“Weight-loss of just 5-10% of body weight can dramatically improve your diabetes, reduce your need for medications, and in some individuals, reverse diabetes altogether.”





Weight & Type 2 Diabetes continued from page 43

The biggest risk factor for type 2 diabetes is weight. In fact, obesity (BMI > 30) increases the risk of developing type 2 diabetes by 85%. With rising obesity rates in the U.S., there are more than 34 million people who have type 2 diabetes and another 88 million people who have prediabetes.

Weight-loss is critical to the proper management of diabetes because it is the excess fat, especially the fat around our intestines known as visceral fat, that causes diabetes in the first place. Weight-loss of just 5-10% of body weight can dramatically improve your diabetes, reduce your need for medications, and in some individuals, reverses diabetes altogether. As we all know, losing weight and keeping it off can be exceedingly difficult.

“ Seeing a nutrition professional can be very helpful in getting on a healthier eating plan that reduces your daily calories but doesn’t make you feel like you are on a diet. ”



Ways to Lose Weight and Control Your Diabetes



See Your Doctor or an Obesity Medicine Specialist

The first step in controlling your diabetes is to see a doctor or obesity medicine specialist who can advise you with a treatment plan and prescribe medication. Your doctor or obesity medicine specialist will know what is right for you in terms of weight-loss, controlling your blood sugar and losing weight.



Get Rid of Any Sugary Beverages

This is a simple step that will immediately drop the number of calories you are taking in daily and make it easier to control your blood sugar. Fill your fridge with healthier options like water, flavored water, diet sweet tea or green tea, Gatorade Zero, Powerade Zero, diet Snapple, etc.



Reduce Carbohydrates

Your body breaks down carbohydrates into sugar, so the lower you keep your carbohydrate intake, the easier it is to control your blood sugar. It also helps if the carbohydrate is more complex (*think brown carb vs. white carb*) because it will be more difficult for the body to break down the carbohydrate, so the sugar is released more slowly.

The current recommendation if you have diabetes is that no more than 45% of your daily calories should come from carbohydrates. That breaks down to basically a maximum of 45-60 grams of carbohydrates per meal and 15-20 grams per snack. I recommend that you buy snacks which are low in carbohydrates, or grab a protein or a vegetable.



Consider Seeing a Dietitian

Seeing a dietitian can be very helpful in getting on a healthier eating plan that reduces your daily calories but doesn't make you feel like you are on a diet. Dietitians can also help you create meal plans with an appropriate amount of carbohydrates and help you get through the inevitable plateaus that happen when we lose weight.



Weight & Type 2 Diabetes continued on page 46

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“ You didn’t gain all your weight in a week and you won’t lose it all in a week either. Work to achieve consistency, not perfection. ”



Begin an Exercise Program

Regular exercise helps with weight control and reduces the insulin resistance that is the root cause of diabetes. People with diabetes who regularly exercise are less likely to have complications such as heart attacks, strokes and nerve problems. There is also no question that regular exercise is key to keeping weight off once you lose it.



Practice Active Stress Reduction Techniques

Poorly managed chronic stress leads to the accumulation of abdominal (*visceral*) fat, which is the type of fat that is associated with diabetes. Simply taking a few five-minute breaks during the day to “de-stress” will encourage your body to let go of abdominal fat. Practicing good stress management can also help you sleep better. There are dozens of stress reduction techniques and you just need to find which one you respond to best and then do it!



Be Patient

You didn’t gain all your weight in a week and you won’t lose it all in a week either. Work to achieve consistency, not perfection. There are going to be some weeks where you do everything right and you won’t lose a pound, which can be incredibly frustrating. Just know that you will continue to lose weight if you keep working at it. Find joy in seeing the progress you make with how you feel, your dependency on medications, and your ability to do the things that you enjoy.



Take Control

Being diagnosed with type 2 diabetes is often the push that an individual needs to start addressing their weight. Keep in mind that it does not take huge amounts of weight-loss to dramatically reduce your need for diabetic medications or to see the diabetes go away altogether. Taking control of your weight is key to managing your type 2 diabetes, so do it in whatever way works for you.

About the Author:

Lloyd Stegemann, MD, FASMBS, is a bariatric surgeon in Corpus Christi, TX, and an Obesity Action Coalition (OAC) National Board of Directors member. He is also Co-Chair of OAC’s Access to Care Committee and is a passionate advocate for universal access to bariatric surgery.

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