



LET'S HEAT THINGS UP

Take a trip to NutritionDirect.com/Summer22 to browse over 20 recipes designed for bariatric patients.













CONTENTS SUMMER 2022

- News from the OAC

 The OAC asks you to donate to help improve the lives of those living with obesity; recaps a phenomenal event featuring OAC

 President & CEO and Queen Latifah and gives you a sneak peek at our *Living Well* guide.
- OAC Community Perspectives: We All Have Unfinished Stories

by Lisa Hernandez
OAC Member, Lisa Hernandez, tells us how she became an
amazing advocate and how support and community helped her
along her weight journey.

- The Secret to Aging Gracefully
 by Chaundra Evans RD, LDN, CEDRD-S
 What we eat has a lot to do with how we age. Knowing what to
 eat so that you can make the aging process easier is the key to
 aging gracefully.
- 14 **Walk It Off**by Roger E. Adams, PhD, CISSN, ACE-CPT
 Sometimes, things are just as easy as walking them off! Even though walking is a simple exercise for many, it is productive and helpful in numerous ways.
- Raise the Barre
 by Shenese Colwell, GEI, FNS
 Barre has been around for years, but many people don't know
 just how great this low-impact exercise class is for you!

Dear Doctor: What Does BMI Percentile Mean for My Child?

by Joseph Skelton, MD, MS; and Callie Brown, MD, MPH It's important to understand BMI percentile and how it affects everyone's body differently, especially children.

- Kid's Corner: Navigating Fast Food with Children by Alicia Tucker, MD, FAAP, Dipl. Of ABOM Keeping your child healthy while also being busy can be difficult. There are easy ways to keep your child healthy, even if it means hitting the fast food line!
- Weight Bias in Men and Women:
 Why Does it Look Different?
 Ted Kyle, RPh, MBA, and Rebecca Pearl, PhD
 Weight bias is harmful regardless of gender but can present
- itself differently between men and women.

 Routines and Weight Maintenance:
- Keeping Your Health Consistent
 Robyn Pashby, PhD
 Routines are a great way to ensure that your weight-loss and
- weight maintenance goals stay steady and achievable.
- 42 Getting the Most out of Research
 About Bariatric Surgery
 by David Arterburn, MD, MPH, FACP, FTOS, FASMBS; and
 Jane Anau. BS

New findings on diabetes and bariatric surgery's safety and effect on weight-loss can help you and your surgeon choose which type of bariatric surgery is right for you.

Weight FOR YOUR HEALTH Matters

Summer 2022

Volume XVIII

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.

Weight Matters Magazine is a quarterly publication published in Winter, Spring, Summer and Fall. A subscription to **Weight Matters Magazine** is a benefit to OAC members with Premium Access Membership.

Opinions expressed by the authors are their own and do not necessarily reflect those of the OAC Board of Directors and staff. Information contained herein should not be construed as delivery of medical advice or care. The OAC recommends consultation with your doctor and/or healthcare professional.

For Content Contributions and Advertising Information: Please contact James Zervios at <code>jzervios@obesityaction.org</code>. The acceptance of advertising in <code>Weight Matters Magazine</code> does not constitute or imply endorsement by the OAC of any advertised product or service.

OAC 2022 Board of Directors

Patricia Nece, JD, Chair
Kristal Hartman, Vice Chair
Nikki Massie, MA, Secretary
Ahn Vu Pham, Treasurer
Sarah M. Bramblette, MSHL
Nina Crowley, PhD, RDN, LD
Sunil Daniel, MD, FTOS, FOMA
Debe Gau
Scott Kahan, MD
Robyn Pashby, PhD
Liz Paul
Rob Portinga
Lloyd Stegemann, MD, FASMBS
Michelle Vicari
Melinda J. Watman, BSN, MSN, CNM, MBA

Joe Nadglowski
OAC President/CEO

Patty Nece, JD

OAC Chair of the Board

James Zervios
Senior Editor

Kendall Griffey **Editor** Madison Manley

Pop Design Group **Designer**

Weight Matters Magazine - OAC 4511 North Himes Avenue, Suite 250 Tampa, FL 33614 (800) 717-3117 ● Fax: (813) 873-7838

(800) /1/-311/ •1 ax. (813) 6/3-/638

www.ObesityAction.org • info@obesityaction.org













ObesityActionCoalition • @ObesityAction



Message from the

OAC

Obesity Action Coalition

Chair of the Board

Hello-Everyone,

I've seen a lot of misunderstandings in social and other media lately about what obesity is. These misunderstandings often drive negative views of higher-weight people and fuel weight bias, stigma, and discrimination.

So let's be clear about what we know obesity isn't:

- Obesity isn't a cosmetic condition.
- Obesity isn't solely about lifestyle choices.
- Obesity isn't about willpower.
- Obesity isn't a character flaw.
- Obesity isn't BMI alone.
- Obesity currently isn't curable.

We also know:

- Obesity isn't something that is okay to make fun of someone for.
- Obesity treatment isn't readily available to all.
- Treating obesity isn't as simple as "eating less and moving more."

We need to make these facts clear in our everyday lives to help others understand that weight isn't simple. We call it "everyday advocacy." We need to teach our family and friends that obesity is a complex disease involving multiple genetic, metabolic, behavioral, and environmental components. We need to let them know that shaming and blaming us because of our size doesn't improve our health or our weight; it just makes us feel bad. We need to tell our employers, health insurance plans, and government policymakers that we need and deserve coverage for science-based obesity care.

You can help create a better world for people with obesity just by speaking up. Try some "everyday advocacy" with one person you trust. You might be surprised by the results!

NEWS from the OAC Obesity Action Coalition

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



The OAC is working incessantly to change the way society cares for those living with obesity, and we have made substantial progress in our mission to elevate and empower all those affected. But we can't do it alone. We need your help to continue to make a difference in millions of people's lives. Your support helps OAC provide the quality education, support and advocacy is vital to all of us.

Our programs, initiatives and events are geared toward educating, supporting and advocating for all members of our Community and beyond. We want to make the world a kinder, safer and more equitable place, and we know our work is most effective when we come together.

We hope you'll make a contribution today that will aid in our efforts to create a better world. When you donate, you provide hope, health and opportunities for a brighter future. Please consider donating at **ObesiyAction.org/donate**.

It's Bigger Than Me Tour: Lessons from the Live Event

The It's Bigger Than Me Live Tour, hosted by multi-award-winning rapper, actress and singer Queen Latifah, kicked off mid-June in New York City. The tour's first event featured expert panelists Joe Nadglowski, OAC President & CEO; Scott Kahan, MD & OAC Board Member; and Katie Sturino, entrepreneur, author and body acceptance advocate. The group had an honest conversation about living with obesity and society's role in weight stigma.

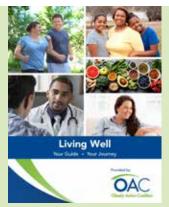


During the discussion, Queen Latifah shared powerful anecdotes from her time filming in Hollywood about being shamed for her weight. She attributed the stigma around obesity to society's overall misunderstanding of the word's definition, and encouraged us to correct these misconceptions and have open conversations in order to stop weight bias.

Then, Mr. Nadgolwski reminded us that bias is everywhere, including in the workplace, at school and oftentimes within ourselves. He told us, "Shame and blame have no part of the solution. Let's find a solution that focuses on empathy and compassion, and let's make that happen today."

So, if you see weight bias, challenge it! Continue to tell your stories and share your lived experiences. And most importantly, remember that **you are not alone**.

To learn more about putting an end to weight bias, visit **StopWeightBias.com**, and learn more about the It's Bigger Than Me movement at **ItsBiggerThan.com**.



Learn More About Your Weight and Health Through the Living Well Guide!

The OAC knows that managing your weight can be difficult and that taking control of your health can be complex. That's why we have put together a comprehensive *Living Well* Guide to help you accompany you along your weight and health journey. We strive to take all of the guess work out of navigating your overall wellness!

The *Living Well* Guide serves as a handbook to all things weight, health and wellness with sections on nutrition, lifestyle modifications, tools for staying on track with your goals, how weight affects your health and so much more. In the guide, we break down complicated nutrition information to make it easier to understand and apply when grocery shopping and meal planning. We also look

at some of the ways lifestyle and behavioral modifications can help you improve your health. The guide will even teach you how to know which weight management tools are right for you and how to set realistic goals (and reach them!).

In addition to helpful information within the guide, we have provided hands-on worksheets that we encourage you to use along. With the guide's BMI tracker, you can calculate, record better and understand your BMI. You can also use the Health Notes section to keep track of appointments, lab results, favorite exercises and wellness goals. We've made it simple to keep all the information you need in one place.

If you would like a copy of the OAC's *Living Well* Guide, visit **ObesityAction.org** and click "Order OAC Resources" under the "Get Educated" tab, or call (800) 717-3117. We hope that you will take advantage of this free and helpful resource!

OAC Community Community We All Have Unfinished Stories by Lisa Hernandez in San Antonio, Texas



Lisa Hernandez

We've all had moments in our lives where we needed help from others and moments where we've needed to give help and support in return. That's the beauty of belonging to a community, and OAC Member Lisa Hernandez embodies this spirit perfectly.

Lisa is known in our Community for her positive attitude and the warmth she radiates to everyone she meets. As a bariatric patient and someone who has struggled with weight since childhood, she is an incredible advocate for people with obesity.

The OAC sat down with Lisa to ask some questions about her personal experiences, what drives her to be involved with our work and what she has to say to others who are looking for a community.

Q1: How are you connected to the topic of obesity?

Growing up as a kid, I was always told my weight was just "baby fat." As I got older, my pediatrician continued to say this. In my teenage years, I started to question why it was still considered baby fat when I was no longer a kid.

Obesity is hereditary in my family, but that never stopped me from being me! I was not very physically active growing up. During elementary school events like "Field Day," which were supposed to be fun and exciting, I struggled but would never give up. When I was around kids more similar to me, I felt like I was fitting in. However, when I was in line to run the 100-yard dash, I remember thinking, "I can do this!" but quickly losing my confidence.

When the whistle blew, I ran for my life. I gave it my all but ran out of breath about a quarter of the way through. I heard others cheering me on, which helped me keep going despite gasping for air. As I continued to run, everyone else in my group had already finished, but I kept going. I knew I couldn't give up with supporters waiting for me at the finish line. I didn't want to let anyone down, including myself.

Through the sweat and pain, I kept running even though I knew I was in last place. What mattered was to finish strong, and without the support I had, I'm not sure I could have finished. I look at those moments from growing up as a reminder that I can do anything and never to let myself quit.

Q2: How did you discover the OAC and what compelled you to become an active part in our Community?

I heard about the OAC through a bariatric support group. I wanted to be part of its Community to know that I wasn't alone. I learned that while we each come from different backgrounds, there are common issues we face with obesity. Hearing everyone's stories compelled me to reach out, teach and learn from others. I've learned that speaking up and reaching out to others helps me in my own life, too. We can learn from each other and find ways to cope and grow together. Sometimes we just need to be a listening ear or to find a shoulder to cry on. Many of us don't have a lot of support, so I enjoy engaging with people in the OAC to remind them that they're not alone.

We can learn from each other and find ways to cope and grow together.

Q3: You are a loyal and enthusiastic attendee of OAC's annual Your Weight Matters Convention. Why do you enjoy it so much and what keeps you coming back every year?

The people at OAC's Convention are what make it truly unique. From OAC staff and volunteers to bariatric patients and other people in the OAC's Community, meeting everyone was amazing!

Get Connected to OAC Today!



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

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



Let's Connect!

ObesityAction.org/get-connected



I attended for the first time in 2014 in Orlando, Florida. It was like walking into the middle of a book chapter. I couldn't judge the book by its cover because I only knew half of the story. To know someone, I had to hear their full story from beginning to end. Within the OAC, there are a lot of unpublished and unfinished books. I can comfortably tell my story while knowing that others will understand I'm not done with it. Hearing the stories of others evolve motivates me to stay connected.

People need to hear our stories and find a community where they won't be judged. We all matter and have the potential to do more. We may be struggling with various issues, but we can turn our "wants" into "cans" into "wills."

The support within the OAC is phenomenal. It feels like a family where no one will judge you because you have a story to tell. Some people are similar, but each is a little different in their own way. I learn something new each year and every day at the Convention. That's why I keep coming back!

Q4: How have you seen OAC's Your Weight Matters Convention evolve over the years?

There have been different transitions in format, new faces every year, different themes and continued growth. The different sessions and workshops offered, exhibits with sponsors and resources, and other events during the Convention are constantly changing. Things are always fun, informative and compelling. It's a learning experience that you will never forget!

You can find happiness and comfort in meeting new friends and reconnecting with old ones. At one Convention, I was asked to describe the OAC in one word. My word was ASTONISHING because it's so fulfilling that you don't want the last day to come. I always exchange contact information to keep in touch with friends well past the Convention. I also appreciate that OAC offers scholarships for those in financial need to have the opportunity to attend. They reach out to people in need, and there are always opportunities to find help and support during each and every stage of your journey.



I can comfortably tell my story while knowing that others will understand I'm not done with it.

Q5: You were a caretaker for your mom for many years and have been very vocal about this part in your health journey. How did this affect your personal experience with obesity?

Dealing with obesity myself is difficult, but being a caretaker for my mom brought new challenges. She recently passed, but she had diabetes and I helped her manage her diet and health. Obesity can lead to bone and joint issues, higher cholesterol, and other health issues. My family has a history of heart disease, so it's something I've always made a note to monitor. My father passed away from a heart attack at age 59 and my oldest brother had one in 2019 at age 41 with additional complications seven years later.

Growing up as a kid—laughing, playing and eating without a care in the world—I didn't know any better. I was just being me and would always eat what others were eating, even when I wasn't hungry. I followed other people a lot. As I started to care for my mom, I had to learn what foods she could eat and what other health issues she was facing, like becoming dehydrated often. At times, there were trips to doctors and emergency rooms. I sorted all her medications and helped her get organized.

There were a lot of responsibilities with being a caretaker, but I never labeled myself as one. I just loved my mom unconditionally and I wanted to care for her like she would with our family. Keeping an eye on her health impacted my own decisions. I watched my portion sizes, but I also made sure my mom ate enough so she didn't lose weight and get sick.

I had lap band bariatric surgery in 2010 that changed my life forever. Knowing that my family background was critical, I had to make an important decision for my future and longterm health.

Do You Want to Share Your Story?

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

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

🈘 l'm not alone and I will never be alone. 🥽



Lisa smiles with her mom

Q6: What is something you've learned about obesity since discovering the OAC, and how has this shaped your journey?

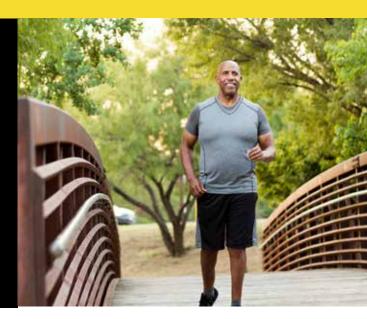
I've learned that obesity doesn't define me! The number on the scale is part of a chapter that is not yet finished. It only makes me stronger to know that obesity is a disease that not only I deal with, but many others deal with as well. I'm not alone and I will never be alone.

I think back to the 100-yard dash in school, and I still look forward to encouragement and cheers from my supporters. My advice to others is to never look down. If you do, only do it because you're helping someone else get back up. We are stronger than we think. Keep fighting, keep going each day, don't let a setback sidetrack you, and have faith that you will overcome in the end. Each achievement matters. You matter, I matter, we all matter, and your weight matters.



2020 statistics show the global population of individuals 60 years and older is over 1 billion. By 2050, the population of older adults is predicted to nearly double to 2.1 billion (that's nearly ¼ of our population)! Whether we like it or not, aging is one thing we all have in common. Becoming more knowledgeable about how our bodies change over the years and the role nutrition plays in aging gracefully can be beneficial to everyone.

We ARE in charge of our physical and social environment, response to stress, sleep habits, natural movement and nutrition which all have compelling roles in healthy aging.



HEALTHY AGING

Genetic inheritance plays a significant role in the biology of aging, and we cannot control that factor. However, we can take charge of our physical and social environment, response to stress, sleep habits, natural movement and nutrition, which all have compelling roles in healthy aging. Learning nutrition's role in weight management and common co-morbidities of older adults can prevent disease while improving emotional well-being and longevity for you personally and your loved ones.

Globally, cardiovascular disease, stroke and chronic lung disease are the most fatal health conditions in older people. Other co-morbidities associated with aging include:

- · Obesity
- Hypertension
- Cancer
- · Diabetes
- Osteoarthritis
- Osteoporosis
- Depression



With heart disease and cancer being the leading causes of death in the US, we need to focus on strategies that can help manage these conditions. It is also crucial that we bring awareness to the challenges of weight management in adults over 60.

HEART HEALTH

Nutrition is of utmost importance when it comes to heart health. Before recommending some of the best foods for cardiovascular health, let's have a heart-to-heart about cholesterol. Cholesterol levels



naturally increase with age, but high levels can be prevented. Cholesterol only comes from animal products so plant-based products are naturally cholesterol-free. Many older Americans are aware that high cholesterol is dangerous, however, I witness a lack of knowledge about lowering/maintaining their own cholesterol levels.

If diagnosed with high cholesterol, the goal is to raise HDL (high-density lipoprotein) levels to at least 50 milligrams per deciliter and lower LDL (low-density lipoprotein) levels with the goal of keeping them below 100 milligrams per deciliter. The goal is to keep total dietary cholesterol <200 mg/day and try to consume 20-30 grams of fiber each day.

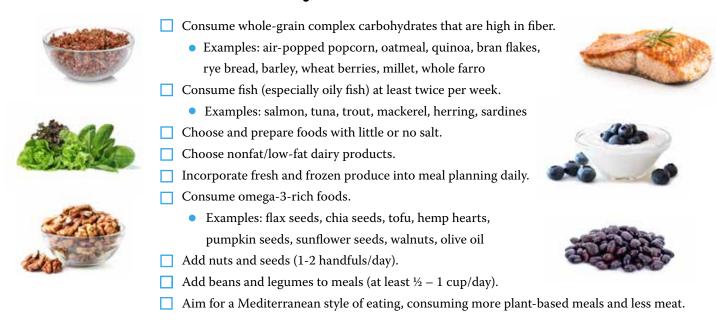
Healthy Aging continued on page 12



of utmost importance when it comes to heart health.



The recommendations below are nutrition strategies to reduce the risks associated with cardiovascular disease:





CANCER PREVENTION

Carotenoids, flavonoids, antioxidants, and phytochemicals are buzzwords in the nutrition world related to cancer prevention. The relationship between those powerful compounds and the human body is extremely complex and we're still learning. Here's what you need to know to keep things simple – every day, consume a variety of brightly-colored fruits and vegetables. Below are some examples of brightly-colored fruits and vegetables:



Red:

Beets, cherries, watermelon, red peppers, radishes and red grapes

Yellow and Orange:

Apricots, lemon, nectarine, carrot, papaya and sweet potatoes

Blue and Purple:

Blackberries, blueberries, figs, purple onion, eggplant and prunes

Green:

Asparagus, broccoli, Brussel sprouts, spinach, cabbage and limes

White and Brown:

Mushrooms, garlic, cauliflower, parsnips, bananas and potatoes

WEIGHT MANAGEMENT

Weight management can be challenging with age as the body experiences changes in metabolic rate, hormones, nutritional status, co-morbidities, inflammation, lifestyle, etc. Muscle strength gradually decreases starting in our 30s and additional decline accelerates significantly in our 60s. A sedentary lifestyle combined with a slow metabolic rate expedites this process making it easier to gain weight and harder to lose weight. Maintaining higher levels of fitness and strength in conjunction with a quality diet can prevent and/or reverse the loss of muscle.

Move your body more. Do what you can. Find activities that are fun and joyful and you're more likely to want to stay engaged. It may be helpful to meet with a dietitian to learn your individual protein goals and how to plan a proper diet. A dietitian can help you determine your daily protein needs and how to distribute protein intake throughout the day to help prevent muscle loss and maintain what you have. You may benefit from finding a senior center or personal trainer that can teach you how to strength train safely.

Other behavioral factors that can keep one's metabolism running efficiently include:

- · Staying hydrated
- Getting a good night's sleep
- · Consuming a primarily whole-food-based diet
- Minimizing processed foods
- Eating approximately every 3-4 hours

CONCLUSION

In summary, consuming a variety of primarily whole food, plant-based meals is associated with increased life expectancy, slowing the aging process, lower incidences of cardiovascular disease and cancer, and lower rates of obesity. A plant-heavy diet emphasizes the consumption of vegetables, fruits, whole grains, nuts, seeds, legumes including beans and lentils, and healthy oils. The secret to living a long and healthy life may not be a secret at all. Contrary to popular belief, you CAN teach an old dog new tricks – it just takes patience, consistency and intention.

About the Author:

Chaundra Evans, RD, LDN, CEDRD-S, is a registered dietitian who specializes in bariatrics and eating disorders for the past 18 ½ years. She helps her clients build a healthy relationship with food using a non-diet approach. Her compassionate and empathetic style helps empower individuals to make healthier choices using holistic approaches towards their nutrition goals. She is certified in Adult Weight Management by the Academy of Nutrition and Dietetics, is an Integrated Health Associate Member of the American Society for Metabolic and Bariatric Surgery, is recognized as a Certified Eating Disorder Registered Dietitian and Approved Supervisor by the International Association of Eating Disorders Professionals, acknowledging high level of competence and experience in eating disorders treatment.



body more.
Do what you can. Find activities that are fun and joyful and you're more likely to want to stay engaged.



Improving Your Health

When examining the relationships between fitness, weight, heart health and longevity, researchers analyzed the results of hundreds of studies involving weight-loss and exercise. Researchers found that low-intensity exercise reduced the risk of heart disease and premature death in people with obesity far more than weight-loss or dieting. They also found that exercise affects fat cell behavior and may improve insulin resistance — reducing the risk of diabetes and possible weight gain.

Regardless of your weight, improving your fitness level improves your health, even if noticeable weight-loss does not occur.



Exercise doesn't need to be difficult, long, or high intensity to show benefits. We now know "walking it off" will help improve physical health, but how many steps are needed for the health benefit?

For years, guidance on the number of steps we should take each day to be healthy was not based on scientific research. More than 30 years ago, a Japanese marketing campaign "Manpo-kei," promoted walking 10,000 steps per day (See related on the right). At the time, 10,000 steps were a good guess and an easy number to remember, but today we know that any activity is better than none.

In 2010, American researchers found a 10% reduction in the occurrence of metabolic syndrome (a collection of conditions that increase your risk of diabetes, heart disease and stroke) for each additional 1,000-step increase in daily movement.

This year researchers showed decreases in mortality among people 60+ when their daily steps reached 6,000-8,000 but showed no additional benefit at greater amounts. For those younger than 60, research determined a daily step count of 8,000-10,000 was correlated with the best health outcomes. What we know is that moving more helps improves health, but there is a limit to the benefits — especially as we age. So, if living longer is your goal, this study suggests you can reap benefits from 7,500 steps a day.

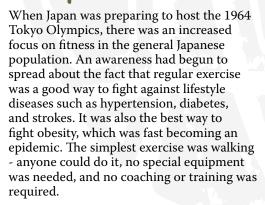
Walk it Off continued on page 16







Manpo-Kei



The modern pedometer was introduced to the Japanese marketplace at roughly the same time. It was a simple gadget that could be worn around the waist and would calculate the number of steps walked. This gave an individual a good idea of the distance they managed to cover. This was fortuitous for the health-conscious public who wanted to stay fit and use walking or jogging as their primary exercise tool. Needless to say, the gadget sold quickly as people began keeping track of just how many steps they were walking each day.

Manpo-kei, which literally means 10,000 steps in the Japanese language, became the rallying slogan for these dedicated walkers. Many Japanese walking clubs swung into existence and Manpo-kei was the minimum that they were expected to walk. Gradually the concept of walking 10,000 steps moved from the Japanese public to health-conscious walkers around the world. Today most fitness experts will use Manpo-kei as the basic fitness goal for a regular exercise regimen.











Researchers found that low-intensity exercise reduced the risk of heart disease and premature death in people with obesity far more than weight-loss or dieting.

Best Time to Walk?

I get this question from clients weekly, and the best time to exercise, including walking, is when you are most likely to do it. If exercise becomes an additional burden on your schedule, there's a good chance you won't make time for it.

If you're not already walking, start small and increase your activity during the day doing your normal activities. You may be able to add several thousand steps without adding time to "work out!"

Some tips for sneaking extra steps into your daily activities:

- Take the stairs instead of the elevator, especially if you're only going a few floors
- Park at the first empty space as far away from the entrance as you can
- Get off the bus or subway one or two stops earlier than your destination
- Spend half of your lunch break walking outside or in your building or home
- Use streaming services to your advantage... pause your show and walk around the house every 10 min. while you're watching TV
- Walk to a nearby café or restaurant rather than drive
- Take your fur babies for an extra walk after dinner

Conclusion

When we change the requirement for better health to increasing our activity instead of solely focusing on losing weight or dieting, we impact our health quicker and make more long-lasting lifestyle changes. Anyone can have better health at any weight if they listen to the sage advice and "walk it off!"

About the Author:

Roger E. Adams, PhD, CISSN, ACE-CPT, is the owner of eatrightfitness, an evidence-based private practice focusing on weight management, sports performance nutrition and wellness coaching, located in Oklahoma City. He has more than 23 years of experience working with clients in person and remotely to achieve better health and fitness. Additionally, Dr. Adams speaks at business seminars, health fairs, and nonprofit organizations about the ever-changing field of nutrition and fitness. Dr. Adams holds a doctorate in nutrition from Texas Woman's University and is a certified personal fitness trainer by the American Council on Exercise (ACE). He is also a certified sports nutritionist by the International Society of Sports Nutrition (ISSN), as well as an active member in the Obesity Action Coalition; The Obesity Society; the Sports, Cardiovascular, and Wellness Nutrition; *Nutrition Entrepreneurs; and the weight management dietetic* practice groups of the Academy of Nutrition and Dietetics. Recently, Dr. Adams became a Master Instructor with the ISSN and teaches internationally to educate health professionals on the importance of diet and exercise. More information about Dr. Adams is available at EatRightFitness.com.



Who said you have to choose?

Meet Plenity. It's made from naturally derived building blocks to help you feel fuller, eat less and lose weight.

- Clinically proven.
- FDA cleared.

Visit MyPlenity.com



Plenity is indicated to aid weight management in adults with excess weight or obesity, Body Mass Index of 25-40 kg/m² when used in conjunction with diet and exercise. Plenity expands in your stomach to help you feel fuller. Plenity is not for pregnant women or people allergic to its ingredients. **Rx Only.** Visit MyPlenity.com for Intended Use and Important Safety Information. © 2021 Gelesis, Inc.



RASE THE BARRE

by Shenese Colwell, GEI, FNS

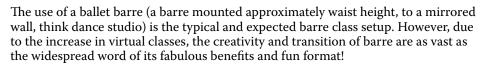
The last couple of years has undoubtedly spurred an increased focus on not only mental health but certainly physical health as well. The virtual space has rapidly increased as a source of getting people moving and trying new fitness formats from the comfort of home. Even with the uprise in physical activity, especially virtually, many people still don't know much about barre and its many benefits of it.



WHAT IS BARRE?

The origin of barre, pronounced bar, dates to around 1960. The stereotypical idea of it being a ballet-inspired fitness format likely stems from the creator. Lotte Burke was an injured dancer who created and used the method to rehabilitate her injuries. What started as a dance conditioning workout has since transitioned to various styles and formats that can be best described as a mash-up of:

- Dance conditioning movement
- Pilates
- · Strength training
- Stretching
- Balance
- Yoga



The incorporation of yoga and Pilates in barre is essential to the total body strengthening elements that this barre provides. Pilates is distinct in its focus on challenging and stabilizing core strength, as well as the method of breathing during the exercise sequences. A bonus is that while Pilates often utilizes special equipment, there is an extensive repertoire of exercises that only require a yoga mat. The exercises are perfect options to add to any barre class. It provides a variety of customizable progressions and regressions for all fitness levels and body types. The yoga element provides attention to focus and breathing, which is also key to the stretching and balance work in barre. It all fits nicely into a 45–55-minute workout that challenges your core and leaves you feeling like you've worked muscles you didn't even know you had.

WHAT FITNESS LEVEL IS BARRE?

While there are HIIT (High-Intensity Interval Training) type barre classes, barre is known for being low impact, which simply translates to being easy on the joints. The movements in traditional barre workouts don't involve jumping and are great for beginners and people with joint issues or certain limitations that hinder them from various other workout formats.

The elements that barre provides in addition to being low impact are a recipe for success among various ages and body types. It all culminates into strength and stretching, balance work and flexibility, all set to music and delivering a surprisingly effective workout. 'Surprising" is the optimal word here. It is common to have a new student try barre and tell me afterward that they did not expect the level of effort and challenge that the workout provided. A word of warning here, barre is certainly not the "frou-frou" and "frilly" girly girl workout it is stereotypically perceived. Just ask a few of the male clients in any barre class.

Don't let that deter you from trying a class. You will find an endless variety of barre classes with varying degrees of fitness levels and modalities. There are classes that have more ballet-inspired movements, hybrid classes that have added elements of boxing or step benches, and even center floor classes (classes that don't utilize an actual barre). Again, the availability and the types of classes are plentiful, whether virtual or in-person.

Barre continued on page 20





The incorporation of yoga and Pilates in barre is essential to the total body strengthening elements that this barre provides.



WHAT ARE THE BENEFITS OF DOING BARRE?

With just the yoga and Pilates elements alone, you can see why barre can be a beneficial workout to add to your movement regime. The breathing and focus, and attention to core stabilization, are all great for synching up mind-body awareness. In turn, it's that mind-body awareness that sets the tone for better movement in our daily life. You may wonder how a workout that combines yoga and Pilates elements are beneficial to building strength?

Yoga and Pilates are often confused as being similar workouts. While both are excellent workouts in their respective efforts, they are different, and each provides distinct attributes to barre workouts. Yoga, as mentioned, uses breath and focus while finding centering and balance with slow transitions through the movements. This breathing and focus accompany certain yoga-inspired movements in barre as well. Pilates is more core engagement while using the breath as a focus to facilitate stabilization while performing the movements.

The deliberate focus on the movement, the attention to core stabilization and work are great contributors to building a strong powerhouse (core muscles). Strong core muscles (lower back, pelvis, abdomen, hips) lead to better posture, better balance and better movement. Both formats when added with strength training, toning exercises, dance movements and music make for a fun, feel-good experience.

Some other benefits of barre include:

- Improved flexibility
- Improved range of motion
- · Strength building
- Improved balance
- · Increased endurance
- Improved focus





WHAT EQUIPMENT DO I NEED FOR A BARRE CLASS?

Barre. Yes, the name implies that you will be executing moves at a fixed barre in a studio. The increase in virtual classes has provided creativity in delivering classes to people who don't have a barre available. I've seen students use the back of a sofa or chair, kitchen counters, bar stools, and for those die-hard barre class regulars, portable barres that you can purchase for home use. So, if you are doing barre from the comfort of home, most likely, you can still enjoy a full barre class experience.

Most barre classes also require the below:

- Yoga or Pilates Ball The yoga/Pilates ball is great for adding resistance by doing everything from bridges to "seat" work (squeezing the ball between or behind the knees, between the ankles, or the thighs).
- Resistance Bands Resistance bands are used in standing work (rows, curls), and floor work (leg exercises).
- Light Hand Weights 1-3 lb. dumbbells are a must for getting that great targeted muscle work from working in all those reps. In fact, we specifically stress lightweights. Trust me, you'll feel it.
- Socks or Bare Feet Shoes can trip you up in a barre class. Literally. Grip or sticky socks (yoga, Pilates, or barre socks) or bare feet are highly recommended. They allow for ease of movement, better execution and balance.

If you are attending an in-studio class, these items are provided in the class. If you don't own a pair of sticky socks, most studios offer them for sale. If you are taking a class from home, the great news is you can perform many of the movements with moderations, without the equipment. As you progress and continue to take classes, getting a few class props, as mentioned, can certainly elevate your workout.

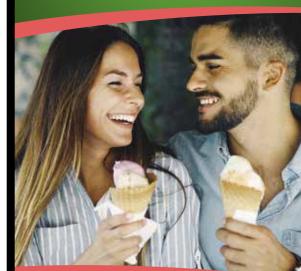
CONCLUSION

Barre has been around for over 60 years. It's a game-changer when it comes to total body workouts. If you are looking to raise the bar and add another element of strength to your workouts or to change up your fitness routine, try a barre class. The level of focus and strength, as well as the total body benefits, will be noticeable over time. The variety of modalities, class formats, instructors and musical preferences are plentiful. If you've never taken one before, I can just about guarantee you will be surprised. If not by the general perception of the fitness format, then certainly in how you feel once you're done. Grab some sticky socks and get moving!

About the Author:

Shenese Colwell, GEI, FNS, is a gastric bypass surgery patient and the owner & founder of L.A.B Work & Fitness (Life After Bariatrics). Having maintained a weight-loss of over 100 pounds in the last 10 years, she has a passion for helping clients reach their fitness goals and adopt lifestyles of frequent, effective movement to enhance mental and physical health. Fueled by her continuous pursuit of knowledge and support in the field of nutrition, fitness and motivation, Shenese has fallen in love with barre and Pilates and the essence of what it does, not only for aging bodies but for ALL bodies. She is a certified fitness instructor, health coach and fitness nutrition specialist. She teaches barre and Pilates classes, mentors, and is an advocate for aging wellness/active aging and ending obesity bias.





Never miss the moment

You can live at the speed of life with the help of Devrom® to manage smelly flatulence and stool odor.

Let's clear the air. You don't have to live with gas and stool odor. Now you can stop the odor you've been experiencing since your surgery, and it's as simple as taking a pill. FDA approved and doctor recommended Devrom® will neutralize malodor quickly and effectively. Devrom® is inexpensive, does not require a prescription, is available as a banana flavored chewable tablet or gel capsule, and has a 100% money back guarantee.

A Trusted Name For Over 50 Years



Try
Devrom
Today!

Money Back
Guarantee

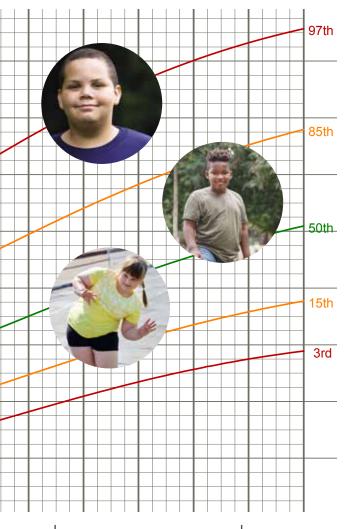
Clinically Proven • FDA Approved

www.devrom.com or by calling **1-800-453-8898**



What Does BMI Percentile Mean for My Child?

by Joseph Skelton, MD, MS; and Callie Brown, MD, MPH



As pediatricians, we frequently get asked by parents, "what should my child weigh?" A common saying in pediatrics is that "kids are not little adults," and this is particularly important when considering a child's weight. Children are constantly growing and changing, and they go through growth spurts at different times. Throughout childhood and adolescence, their level of adiposity, or how much fat-to-lean mass they have, changes as they get older. Most children should gain weight as they get older - they are growing muscles and bones, which weigh a lot! So it is nearly impossible to tell a parent what their child "should" weigh. Talking about a child's growth, height and weight involves nuance and is more complicated than evaluating an adult's weight status.

Growth Charts

Similar to adults, we do use body mass index, or BMI, to take height and weight into account together. It's the same calculation for children and adults - weight in kilograms divided by height in meters squared:

BMI=kg/m (squared)

For children, we don't look at raw BMI (a number usually between 18-40) but instead, we look at BMI percentiles, taking into account the child's sex and age. So like all things pediatric, we use the growth chart! Growth charts have been in use since the early 1900s, but previous versions had plenty of problems – they didn't include preschool-aged children and didn't represent all children in the U.S., particularly those from traditionally underrepresented backgrounds and different areas of the country.

The most widely used growth charts from the 1940s to the 1970s were based on measurements of white children in Iowa and Boston. In 1977, new growth charts were introduced based on more representative data and then updated again in 2000. Most importantly, the 2000 growth charts included information on BMI.

Nowadays, it's usually not a paper growth chart that we look at with families, as BMI percentiles are automatically calculated in the electronic health record or an online calculator.

BMI Percentiles

As kids are constantly growing taller and their bodies are changing, we cannot use the same BMI cut-offs for adults. For example, a BMI of 22 in adults falls into the "healthy weight" category, though a BMI of 22 in a 6-year-old child would be in the obesity range. This is because of the significant differences in the range of heights and weights that a child of 6 years of age can have. So for children, the number on a scale is not the only important factor when it comes to their weight status, but also what their height, age and sex are. The calculation of this BMI percentile can be plotted on a growth chart to give a sense of where they fall compared to other children of the same sex and age. In general, the percentiles break down to:

- Less than the 5th percentile for age and sex: This is considered underweight, which could potentially be worrisome if the child is not receiving adequate nutrition.
- 5th to less than the 85th percentile: This is what is considered a healthy weight for most children.
- 85th to less than the 95th percentile: This is considered overweight. Unlike adults, where this range is where we start to see an increase in some health risks in children, this range means the child is at an increased risk of crossing over into the obesity category, either in childhood or later in adulthood.
- **95th percentile or higher:** This is considered obesity. This is where we begin to be concerned about children developing health risks because of their weight, such as prediabetes, hypertension or high cholesterol. Also, this category means that the child has an increased risk of continued obesity into adulthood.



Platinum

Novo Nordisk

Gold

American Society for Metabolic & Bariatric Surgery (ASMBS)

Bariatric Advantage (Metagenics) Potomac Currents

Silver

AMGEN

Currax Pharmaceuticals Eli Lilly and Company

Ethicon

Intercept Pharmaceuticals

INTUITIVE

Medtronic

Pfizer, Inc.

Rhythm Pharmaceuticals, Inc.

Bronze

Allurion

Calibrate Health, Inc

Geisinger Health System

ReShape Lifesciences

Rocky Mountain Associated Physicians Wondr Health (Formally Naturally Slim®)

Patron

Bariatric Medicine Institute

Billings Clinic

ConscienHealth

Form Health Inc.

GMOS Clinic

HorizonView Health

MelliCell, Inc.

New Life Center for Bariatric Surgery

The Obesity Society (TOS)

The Better Weigh Center

Weight & Life MD LLC

Woman's Hospital

Platinum: \$100,000 and up Gold: \$50.000 - \$99,999 \$10,000 - \$49,999

\$5,000 - \$9,999 \$1,000 - \$4,999

List as of 6/10/2022

When it comes to

LOSING WEIGHT AND KEEPING IT OFF



"We've always had the **WILL**.

Now we have another **WAY**."

What is Saxenda®?

Saxenda® (liraglutide) injection 3 mg is an injectable prescription medicine used for adults with excess weight (BMI \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 $^\circ$ 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:

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

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

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

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





Managing your weight long term requires more than willpower alone

Saxenda® can help you lose weight and keep it off

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

Ask your health care provider about FDA-approved Saxenda®

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



Important Safety Information (cont'd)

How should I use Saxenda®?

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

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

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



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

Rx Only

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

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

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

What is the most important information I should know about SAXENDA®? Serious side effects may happen in people who take SAXENDA®, including: Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath.

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

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

What is SAXENDA®?

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

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

Who should not use SAXENDA®?

Do not use SAXENDA® if:

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

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

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

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

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

How should I use SAXENDA®?

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

What are the possible side effects of SAXENDA®?

SAXENDA® may cause serious side effects, including:

- See "What is the most important information I should know about SAXENDA®?"
- inflammation of the pancreas (pancreatitis). Stop using SAXENDA® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your stomach area (abdomen) to your back.
- gallbladder problems. SAXENDA® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
- o pain in your upper stomach (abdomen) o yellowing of your skin or eyes (jaundice) o fever o clav-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:
- weakness shakiness hunger
- o dizziness o fast heartbeat
- - headache
- sweating 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® and while you

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

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

- serious allergic reactions. Stop using SAXENDA®, and get medical help right away if you have any symptoms of a serious allergic reaction including:
 - o swelling of your face, lips, tongue, or throat
 - oproblems breathing or swallowing
- fainting or feeling dizzy
- severe rash or itching
- o very rapid heartbeat
- depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

The most common side effects of SAXENDA® in adults* include:

- nausea
- injection site reaction
- tiredness (fatigue)

dizziness

- diarrhea
- change in enzyme (lipase) levels in your blood
 - low blood sugar (hypoglycemia)
 - headache stomach pain
- constipation vomiting
 - upset stomach (dyspepsia)

*additional common side effects in children are fever and gastroenteritis

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

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

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

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

More detailed information is available upon request.

Available by prescription only.

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

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

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

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

Revised: 12/2020



Dear Doctor continued from page 23

Evaluating Your Child's Growth

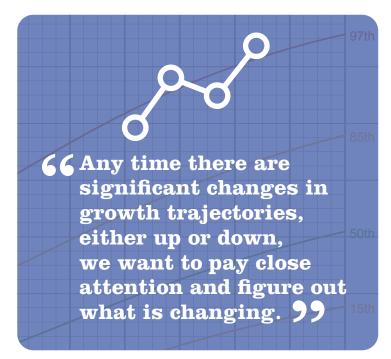
More important than evaluating a single point in time (or one point on the growth chart) is evaluating the trend of your child's growth and looking at how their BMI percentiles have changed.

For example, as pediatricians, we are much less concerned about a child who has been at the 85th percentile for her entire life compared to a child who is now in the 85th percentile but had previously been at the 30th percentile and has had a steady and steep increase in her weight over the past two years.

Any time there are significant changes in growth trajectories, either up or down, we want to pay close attention and figure out what is changing. It is also important to note that growth is not linear. While the curves on the growth chart make very nice lines, in reality, kids' heights and weights increase in fits and spurts (and not always together!). That is why paying attention to the trend over time is the most important aspect of looking at a growth chart.

It is extremely important to remember that BMI is a screening tool. It doesn't peer below the skin to say how much lean muscle mass or adipose tissue a child has. It cannot determine a child's health, although it may tell us that a child is at risk of developing later obesity or certain health problems related to weight.

For example, a teenage male aged 16 years with a BMI percentile in the obesity range has a much higher risk of developing type 2 diabetes (as a teenager or later as an adult) than a 6-year-old boy whose BMI percentile is in the healthy weight category. BMI also doesn't tell us the overall health status of a child. So while it's important, remember it is a screening tool and a jumping-off point to discuss health habits and prevention.





What Does BMI Percentile Mean for my Child?

First of all, remember, BMI is a screening tool. DO NOT PANIC. Talk to your child's provider, look at the growth charts together, and take everything into account. Consider your family's nutrition and activity habits, family medical history, and how their weight status has been over the past few years. Most importantly, you don't want your child to feel that their weight means something about their self-worth or who they are. Nor should you take this as a judgment of you as a parent.

We discourage providers and families from talking about "weight" with their child, although it is important to directly address issues such as bullying that could be occurring. Instead, focus on establishing healthy family habits, particularly those habits that involve the family spending time together preparing and eating meals or doing fun activities together. BMI percentiles are a screening tool that is just one part of the big picture of doing what is best for your family's health.

About the Authors:

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

Callie Brown, MD, MPH, is an assistant professor of Pediatrics and Epidemiology and Prevention at Wake Forest School of Medicine. Dr. Brown is a board-certified general pediatrician and NIH-funded clinical researcher with expertise in obesity prevention and treatment in early childhood, specifically related to picky eating, parental concern about their child's growth, and social determinants of health such as food insecurity. Her research focuses on evaluating how parental feeding practices are associated with child stress and a child's later risk of obesity.



Fast Food – An Occasional TREAT

Chances are you and your family have also found yourself trying to decide what to eat with hungry kids in tow. Fast-food restaurants are part of our American food landscape, part of your kid's social life and sometimes part of a fun family activity. I don't want anybody to feel guilty about the occasional trip to the drive-thru. What I worry about is the one-third of American kids who eat fast food nearly every day. Children who eat fast food take in about 120 calories more that day on average, and they are less likely to eat many fruits and vegetables. There are ways to incorporate fast food into your kids' lives, but just like ice cream or cake, those nuggets and fries should also be thought of as an occasional treat.

What Can I Do to Keep My Child **HEALTHY**?

There are many ways that you can keep your child healthy, with or without fast food. Let's explore some of the options:

Cut Back

First, what can you do if you, like many American parents, are currently purchasing a fast-food meal 2 ½ times per week? The first thing that you can do is try and cut that back to once a week. Children are at risk for many of the same health conditions older family members may already be getting treatment for – high blood pressure, high cholesterol, type 2 diabetes – and limiting high-calorie ultra-processed foods is an important part of prevention.

Meal Prep

Take some extra time to prep meals on the weekends so you won't be caught off guard during the week. Next time you're cooking make extra so that you can freeze it; you'll have your own homemade frozen meal ready to pop in the microwave when everyone is home late. Having meals prepped ahead of time not only saves time that day but also makes it easier to say "no" when a voice in the backseat asks for a hamburger on the drive home. I always recommend having an emergency snack handy, especially for parents of young kids. If your child skipped school lunch or you hit traffic on the way home, having a healthy non-perishable snacks in your bag or car, such as popcorn or raisins can be a life-saver and will buy you the extra time to get home without feeling like you're in a food emergency.

Kid's Corner continued on page 30



Fast-food restaurants are part of our American food landscape, part of your kid's social life and sometimes part of fun family activity. I don't want anybody to feel guilty about the occasional trip to the drive-thru.



Lemonade and iced tea can often seem like healthier alternatives but many of these brands have just as much sugar as soda, with some brands of sweet iced tea having more!





Find Healthy ALTERNATIVES

What if you forgot to pack lunch after soccer practice, you're on a road trip, or you just need a Friday night off from cooking? Healthy alternatives are becoming increasingly available, even if they're not always as visible. And there's always room for an occasional treat as long as it's balanced with healthy foods throughout the week. Here are my tips for how to leave a fast-food restaurant without guilt:

1. Make a Game Plan:

This is especially important with younger children. The marketing and advertising in fast-food and chain restaurants are geared toward kids and it's hard to say no once you're inside. Before going in, make a plan to let them choose what their treat will be and how they will balance it with a healthier option. It lets them enjoy eating out and lets you keep some control of their choices. Do you want a grilled chicken sandwich with fries, or do you want the fried chicken strips with apple slices? More and more fast-food restaurants are offering healthy alternatives to kid's meals like cut-up fruit, low-fat dairy or side salads. Managing your child's expectations is half the battle.

2. Pass on the Soda:

This is a great place to make a healthy swap. The average kids' size soda is about 150 calories, with all of those coming from sugar. Depending on the brand, there are about 8-10 teaspoons of sugar in that cup. Unflavored water or white milk are going to be the healthiest options. Juice is another option but remember that even though it comes from the fruit, it's still a sugary drink. Most of the nutrition is in the fruit itself, so it's always better to opt for apple slices instead of apple juice. In general, juice should be limited to about 4-6oz per day for children under 6 and 8oz per day for older children and teens. Lemonade and iced tea can often seem like healthier alternatives but many of these brands have just as much sugar as soda, with some brands of sweet iced tea having more!

3. Be a Healthy Eater Too:

We know our kids are always watching us, and what we do can be more important than what we say. I find this is especially true around eating habits. Making different rules around food for different household members can lead children to internalize negative feelings about their body image and eating behaviors. All kids in the family should be encouraged to choose healthy options regardless of their weight. Staying consistent helps to make sure all kids understand that healthy eating is something the whole family does together. Let them see you also order the grilled option or choose water with your meal. You can share less healthy options too, which helps with portion control for you and your child. Pick fresh fruit for one side and French fries for another and you can share them both. As your kids get older, seeing how you navigate a menu will help them learn this skill when they are out on their own.



Find the Right Healthcare Provider to Talk about Your Weight and Health!



Powered by the Obesity Action Coalition

• What is your zip code?

† Select Specialty...

Q SEARCH

How does it work? It's easy! Filter your search by:

Specialization:

- Bariatric Surgeon
 Physician Assistant
- Dietitian
- Nurse Practitioner Psychologist
- Physician

- Psychiatrist

Location:

- Use your zip code to do a quick search
- Find healthcare providers near you!

Get Useful Tips

Prepare for your appointment with:

- Valuable tips on what to bring during your consultation
- Practical information to better understand your journey with weight
- Questions to ask in order to have an honest conversation about your weight and health

Finding the right healthcare provider is a click away! Get started now! ObesityCareProviders.com

This resource is brought to you by:

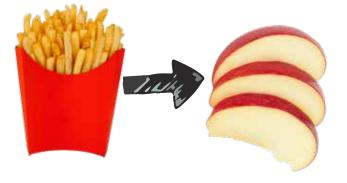




4. Be a Savvy Shopper:

Most fast-food restaurants have expanded their kid's menus to include healthier options. Chick-fil-A, Subway, McDonald's and Wendy's offer fruit as a side with their kid's meals. Subway sandwiches are ranked as one of the healthiest kid's meals when paired with apple slices and juice or milk. Chipotle and Taco Bell both offer bowls which are packed with options for healthy proteins and vegetables. Chicken tenders or chicken nuggets are ranked the most-popular kid's meal item, but grilled options are becoming more popular. Chick-fil-A offers a grilled nugget option and Wendy's has a grilled chicken wrap. KFC kid's meal options include grilled chicken and have the option of vegetables like green beans or slaw on the side. McDonald's happy meals have also gotten an upgrade, the chicken nuggets or hamburger happy meal paired with apple slices and milk comes in around 475 calories. No matter where you end up going for fast food, a good rule of thumb is to stick with the kid's meal to control portions, go for the non-fried option and pair it with at least one fruit or vegetable.

Conclusion



Fast food isn't bad for you if it is in moderation! It's important to keep our children healthy, but that doesn't have to be difficult. Cutting back on fast food and knowing the healthy alternatives to highly processed, fried foods are easy ways to ensure your children are getting proper nutrients and staying healthy.

About the Author:

Alicia Tucker, MD, FAAP, Dipl. of ABOM, is a pediatrician with the IDEAL clinic, a medical weight management program at Children's National in Washington DC. Dr. Tucker is also an assistant professor of pediatrics at the George Washington University College of Medicine where she participates in medical student education and research around the prevention and improved management of childhood obesity and diet-related chronic disease.



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.





OAC's Monthly Broadcast

Participate in thought-provoking discussions and real conversations while we break down different trending topics related to weight and health!

OAC Health Talks

Tune-in for OAC Health Talks, our educational videos designed specifically with our Community in mind. These short videos are designed to empower you while providing straightforward, practical answers and insight from trusted experts.



A PATIENT PERSPECTIVE

Special Segments

Stay connected to the OAC and up-to-date with our latest news, campaigns and resources. Learn more about our latest projects, activities and initiatives, join us for special events, and get access to exclusive information and announcements through our special segments.

Subscribe to our YouTube Channel to get access to our OACTV exclusive content!

YouTube.com/ObesityActionOrg

SUBSCRIBE NOW



Introducing the next-generation Lap-Band[®] supported by reshapecare[™] virtual health coaching, for a program reimbursed through most *insurance providers* that offers safer, smarter, lasting weight loss.

An adjustable and reversible weight-loss procedure proven to help people lose weight and keep it off.

It's time to Take Control with the Lap-Band Program.



Learn more today. Watch a Free, no obligation video! Visit lapband.com or 1-800-Lap-Band (1-800-527-2263)



*Patients' results and experience may vary. The LAP-BAND® System is indicated for weight reduction for patients with obesity, with a Body Mass Index (BMI) of at least 40 kg/m2 or a BMI of at least 30 kg/m2 with one or more obesity-related comorbid conditions. It is indicated for use only in adult patients who have failed more conservative weight-reduction alternatives. This surgery requires significant changes in eating habits. This system is contraindicated in non-adult patients (patients under 18 years of age) with inflammatory diseases of the gastrointestinal tract, severe cardiopulmonary diseases, esophageal or gastric varices, portal hypertension, or who currently are or may be pregnant. Placement of the system is major surgery and, therefore, death can occur. Most common related adverse events include: band slippage, pouch dilatation, stoma obstruction, gastroesophageal reflux, esophageal dilation, cholelithiasis, incisional infection, abdominal pain, gastroenteritis, or nausea and vomiting. For full safety information: https://www.lapband.com/safety/CAUTION: Rx only RESHAPE, RESHAPE LIFESCIENCES, LAP-BAND, RESHAPECARE and the Lap-Band Logo are trademarks of ReShape Lifesciences Inc.

©2022 ReShape Lifesciences Inc. All rights reserved. Zoey_ 04-0907 Rev. C

You are not alone

Obesity affects upwards of 40% of adults in the U.S. It is a disease and sometimes requires medical intervention.

We are here to help:

ReShape Lifesciences[™] is dedicated to providing safe, effective and durable health, wellness and weight-loss solutions that help people live vibrantly in body, mind and spirit.

The Truth about Lap-Band®

- 1 The Lap-Band is the only FDA-approved laparoscopic weight-loss procedure.
- 2 The Lap-Band has low explant rates.
- 3 The Lap-Band is comparable to the gastric sleeve for long-term results, and it's safer.
- 4 The number of credentialed Lap-Band surgeons are growing.

The Lap-Band® is the only FDA-approved laparoscopic weight-loss procedure.

- The Lap-Band is the only band available in the US.
- It is the only FDA- approved laparoscopic weight-loss procedure approved for people with a 30+ BMI. (typically 30+ lbs overweight with one+ obesity-related comorbid conditions)
- Covered by most insurance plans.

OVER OVER OF THE NORTH THE

The Lap-Band has low explant rates

- Low explant rates through 5 years.¹
- Recent 10-year data has shown Lap-Band to have similar revision rates as the gastric sleeve.²

The Lap-Band compared to the gastric sleeve

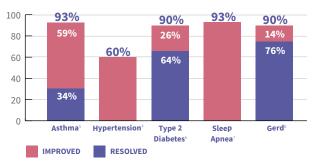
- Lap-Band patients with a lower BMI lose an average of 65% of their excess weight in the first year and 70% in the second year.³
- Lowest risk for vitamin/mineral deficiencies.⁴
- With a qualified program, one can experience comparable long-term results as the gastric sleeve² with less risk and more control.
- Unlike the Lap-Band, the gastric sleeve is a 'partial amputation' and not reversible.

Lap-Band results

PATIENTS WITH A LOWER BMI LOSE AN AVERGE OF



IMPROVED MEDICAL RELATED CONDITIONS



The number of credentialed Lap-Band surgeons are growing

There are hundreds of Lap-Band® certified surgeons in the USA.

Lapband.com/find-a-surgeon

Find a surgeon near you by scanning QR code



1. J B Dixon, L L Eaton, V Vincent, R Michaelson, for the LAPBAND Lower BMI Study Group, LAP-BANDs for BMI 30–40: 5-year health outcomes from the multicenter pivotal study, International Journal of Obesity. Accepted article preview 18 August 2015 2. Musella Mario, Berardi Giovanna, Velotti Nunzio, Schiavone Vincenzo, Vitiello Antonio. Ten-Year Results of Laparoscopic Sleeve Gastrectomy: Retrospective Matched Comparison with Laparoscopic Adjustable Gastric Banding – Is There a Significant Difference in Long Term? 3. Robert Michaelson, Diane K. Murphy, Todd M. Gross, and Scott M. Whitcup. LAP-BAND® for Lower BMI: 2-Year Results from the Multicenter Pivotal Study. Obesity (2013) 21:1148–1158. 4. Ferraro DR. Management of the bariatric surgery patient. Clin Rev.2004;14:73-79. 9. Aggarwal S, KiniSU, Herron DM. Laparoscopic sleeve gastrectomy for morbid obesity: a review. Surg ObesRelatDis.2007;3:189-194. 5. Dixon et. al. "Marked Improvement in Asthma after Lap-Band Surgery for Morbid Obesity." Obesity Surgery, 9, 385-389 6. Dixon et. al. "Health Outcomes of Severely Obese Type 2 Diabetic Subjects 1 Year A_ er Laparoscopic Adjustable Gastric Banding." Diabetes Care 25:358-363, 2002 7. Dixon et. al. "Sleep Disturbance and Obesity. Changes Following Surgically Induced Weight Loss." Arch Intern Med 2001:161:102-106 8. Dixon et. al. "Gastroesophageal Reflux in Obesity: The Effect of Lap-Band Placement." Obesity Surgery, 9, 527-5



IS THE EXPERIENCE OF WEIGHT BIAS AND STIGMA DISTINCTLY DIFFERENT DEPENDING ON YOUR GENDER?

The short answer is both yes and no. Women tend to be the focus of much weight stigma research, in part because quite a few studies have suggested that it's a more common experience for women. Research has also suggested that women may be more likely than men to internalize negative societal messages about their weight.

But the truth is that people across the gender spectrum live with the harm of weight stigma. For that matter, research tells us that individuals who identify as transgender, non-binary or gender non-conforming are also vulnerable to weight-based victimization.

What Are Weight Bias and Stigma?

Let's start with a quick review of what we mean when we talk about weight bias and stigma. Weight bias is all about preconceived notions that people hold about others based solely on their body weight. Our culture promotes beauty standards that idealize a thin body. Thus, extensive research confirms that it is common for people to presume that individuals with higher body weights are less attractive, intelligent and capable. Such biases show up in media, employment, education, interpersonal relationships, and even in healthcare. Because weight bias crops up everywhere a person turns, it can affect persons living with obesity on a daily basis.

Weight bias – including negative attitudes, stereotypes and blame related to weight – leads to weight stigma. Stigma is the lesser status that a person feels in their daily lives because of their weight. When a person suffers unfair treatment or discrimination in healthcare, education or social interactions, it leaves them feeling stigmatized – dismissed or diminished solely because of their weight.

Compounding the harm of bias and stigma is something called internalized stigma. This happens quite naturally with repeated exposure to weight bias. A person starts to believe the lies and harsh judgments that our biased culture confronts them with daily. People begin to think less of themselves, have less confidence and even experience worse health because of weight bias and weight stigma.

How Common Is Weight Stigma for Men and Women?

As we said, weight stigma can be a more common experience for women than for men. For example, in a study (Dutton et al.. 2003), White women were more than twice as likely as White men to experience weight discrimination. Black women were slightly less likely than white women to report the same experiences, but they were still much more likely than either Black or White men.

Likewise, some studies (Himmelstein et al., 2017) have reported more internalization of weight stigma in women than in men. In other words, women report more selfdisparaging thoughts and feelings about themselves because of their weight than men do. About one in five adults (Puhl et al., 2017) in the general population may have internalized weight bias, but that rises to approximately half of people living with obesity.

Women and men experience weight stigma differently. Women steadily experience weight stigma more often as their weight goes up. The higher their weight relative to their height, the more stigma they experience. But for men, it's not so linear. They may also experience stigma at lower than average weights, as well as at the highest body weights. With mild overweight and obesity, the stigma for men might be less. Internalization of weight stigma in women is more strongly associated with eating disorders (Boswell et al., 2014) in women than men. There may be other ways in which experiences of weight stigma vary by gender, such as in the forms or sources of weight stigma (e.g., weight teasing from friends versus discrimination in the workplace), but more research is needed with gender-diverse samples to more fully understand these differences.

> Because weight bias crops up everywhere a person turns, it can affect persons living with obesity on a daily basis.



It might be a cliché, but if we see something that feels like bias, we should say something.



Social and Cultural Factors

Social norms generally place greater emphasis on body image for women than men. As a result, men tend to be more satisfied with their bodies (Voges et al., 2019), considering themselves better-looking and less overweight on average, compared to women. Girls develop more self-consciousness about body weight at an earlier age than boys and thus may be affected by weight stigma at an earlier age. Media images more often portray a beauty ideal related to thinness for women than for men. For men, cultural norms relate more to size and strength that convey masculinity. This is likely why there's a higher weight threshold for men to be stigmatized, and also why men with an underweight status face weight bias as well.

A Problem Regardless of Gender

Though we could describe the differences between the experience of weight stigma between men, women, and other gender identities (Puhl et al., 2019) at length, the essential thing to remember is that it can be a problem regardless of a person's gender. It causes harm in many different settings. At times, our own implicit biases contribute to it without any ill intent or even awareness.

So it requires each of us to be more aware of these biases – both our own and the subtle and blatant expressions of it that are all around us, all of the time. It might be a cliché, but if we see something that feels like bias, we should say something. Otherwise, we contribute to a source of great harm to people who don't deserve it.

About the Authors:

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

Dr. Rebecca L. Pearl, PhD, is an Assistant Professor in the Department of Clinical and Health Psychology and Social and Behavioral Sciences at the University of Florida College of Public Health and Health Professions. She was previously an Assistant Professor in Psychiatry at the University of Pennsylvania Perelman School of Medicine, where she maintains an adjunct appointment. Dr. Pearl received her A.B. from Duke University and her Ph.D. in Clinical Psychology from Yale University. She completed her predoctoral clinical internship at McLean Hospital/Harvard *Medical School and her post-doctoral fellowship at the* University of Pennsylvania.

Routines and Weight Maintenance: Keeping Your Health Consistent

Robyn Pashby, PhD

Almost all of my clients are struggling with finding their weight management routines these days and for many, not having a routine is starting to take a toll on their mental health. The year 2020 changed how many people live and ever since that, it has been a struggle for some people to develop a routine. But now that a lot of the dust has settled from the past couple of years, we must work towards a routine that helps our weight and health.

Having a solid daily and weekly routine has been shown to be very helpful for long-term health and weight maintenance. But what routines help with weight maintenance? Why are these routines so important? And how can you develop or redevelop some routines if you are struggling? To answer these questions, and figure out what to do next, let's start by breaking things down.

Primary and Secondary Routines

A routine can be defined as "a repeated behavior involving a momentary time commitment task that requires little conscious thought" (Arlinghaus and Johnston, 2018). It can be helpful to think about our routines in two broad categories. We all have what scientists categorize as "primary" and "secondary" routines. Primary routines are those that are important for keeping us alive and meeting our basic biological needs.

Examples of primary routines include sleeping, eating, and personal hygiene. Our secondary routines are those that reflect our individual preferences and motivations and include our hobbies, exercise, work/study, and how we spend our leisure and social time.

Weight management and maintenance behaviors, of course, span across both our primary and our secondary routines. In terms of our primary routines, eating behaviors are important for managing weight over the long run. In fact, when researchers track the behaviors of people who maintain their weight-loss, they find that planning meals most days of the week and tracking calories and fat are commonly reported routines.

Among secondary routines, regular daily exercise (most often walking, but also weight lifting) was high on the list, along with cooking for fun (Kruger et al., 2006). When examining the psychological or mental strategies of those maintaining weight-loss, the regular practice of psychological coping skills, positive and encouraging self-talk, mindfulness practice, and self-kindness was reported to be significantly higher (Phelan et al., 2020).

Creating Healthy Behaviors

So now we know what routines are most helpful for weight-loss maintenance. But why are such routines so important? In short, they help make health behaviors automatic. Routines are things you do over and over again and the more you practice them, the more automaticity that is created. When something feels automatic, it requires less and less intentional effort over time, making it feel easier. Therefore, routines are helpful and important because they lower the amount of effort required to do the things you want to do. We're all busy and often overwhelmed so the less effort required to do the things we want to do, the better.

On the flip side, the more disjointed your routines are, the more effort required to engage in the behavior and the higher the stress you likely feel. People without routines spend a lot of time thinking about, planning for, and worrying about doing (or not doing) healthy behaviors. All that worrying, planning and thinking increases stress because stress increases when there is less predictability and controllability (Koolhaas et al., 2011). Stress negatively impacts both physical and mental health, but here's the good news, routines restore a sense of normalcy, controllability, and predictability. Lower stress improves physical and mental health and it makes engaging in health behaviors easier.

When something feels automatic, it requires less and less intentional effort over time making it feel easier. 77

Routines continued on page 40



Picking a Routine

Let's go back to the data and pick one or two of those well-established healthy routines that are known to support weight maintenance we reviewed earlier in this article. Has meal planning or food tracking historically helped you? Or are you someone who loves to walk? Or would you rather work on your psychological coping skills and self-talk? It really doesn't matter what you choose—just pick one from the list we reviewed earlier and go for it. The data support all of those different routines for weight maintenance, so you can feel free to select the one that feels most doable to you now and just get started.

You'll notice I said, "pick one" and get started. I didn't say, "do a total reset starting tomorrow!" I challenge you to tune into your automatic thoughts on this topic and search for your brain's tendency to want to go all-in on routines. While you may know that building up to routines is the sustainable way to make changes, the emotional urgency to make all the changes at once can be quite powerful, especially if you have been struggling.

When we really dig in during a one-on-one session, I've had more than one client tell me that despite what they know (e.g., small changes matter), somewhere deep inside, they have grand notions of cocooning themselves for a period of time and then reentering life at some future point once they have transformed into a metaphorical butterfly (i.e., big changes are what they really, really want). Yet research consistently demonstrates that "too much change, too fast" is likely to end without positive results (Arlinghaus and Johnston, 2018). In other words, pay attention to how much you take on at a time. Go slow, take it one step at a time, and let your routines build over time. Put your routines together like pieces of a puzzle. One by one the pieces will come together and eventually, they will form a beautiful whole.

What Happens When you get Bored?

In my many years of practice, clients have said that they get bored doing the same things over and over again and they blame boredom for interfering with their healthy routines. To this point, I encourage you to consider two main points: a) flexibility within your routine and b) values-oriented connection. We'll start with the values and work backward. Barbalet (1999) taught us that boredom is experienced when one lacks a sense of meaning or purpose in their activities.

Let's use the case of a daily walking routine as an example. When you start out, walking feels important to you on your weight-loss journey and you may regularly consider how good you feel, how much your mobility has improved, and how important it is for you to be active to lose and maintain your weight-loss so you can engage in life differently. Over time, however, your thoughts may wander and the links between this routine behavior (your daily walk) and the original purpose (weight, health, mobility and feeling good goals) may weaken or lose their sharpness. This loss of connection to purpose may be particularly true when shifting from weight-loss to weight maintenance when the reward of the scale going down has disappeared. Suddenly, you feel bored. This example helps us understand why it is so important to consistently and consciously think about how our health behaviors connect to our purpose, goals and values (meaning). Taking charge of your self-talk and making consistent efforts to align your values with your action will keep your actions meaningful and reduce boredom.

Remember, though, that you can and do have the option of mixing things up within your routines! As long as you keep your values at the forefront of your mind, let yourself be flexible in how you get there. If you value being active, for example, so you can more easily play with your kids or your dog, then it doesn't really matter if you shift from your daily walking routine to a weight lifting routine to playing pickleball or taking a weekly salsa class. Whatever you feel like doing at that point in your life is fair game. Flexibility is the key to the consistency of routine. In other words, you don't have to do the same thing for the rest of your life to keep working towards a valued goal.



What Happens if I Slip Up?

Do you need to be perfect in sticking to your new routine? Must you do it every day without fail to really create a routine? Do you have to be perfect for 30 days, 45 days, 66 days, or some other magic number of days to really make a routine 'stick?' I'm glad you asked! The short answer is no! Researchers remind us that "occasional non-adherence to a behavior will not derail the progress made to creating the routine, and perfect adherence does not need to be a goal or expectation" (Arlinghaus and Johnston, 2018).

Make Sure You Chose Wisely!

In this article, I have reviewed what routines researchers have told us are most helpful for weight maintenance, including both behavioral and mental strategies, and I examined why these routines matter. But every person is unique and you know yourself best. So tune into yourself and always remember that managing and maintaining weight is about so much more than just what you eat and how much you move. And at times, when you feel overwhelmed, look to your routines as one way to reduce the overall cognitive and emotional load of this work so you can stay aligned with your values. By choosing routines that matter to you, you'll be sure to choose wisely!

About the Author:

Dr. Robyn Pashby, PhD, is a clinical health psychologist, a passionate member of OAC, and someone who has both personal experience with and a family history of obesity. Professionally, 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. She lives in Washington, DC with her family and their dog, and she loves to spend her time outside in nature, listening to alt-country or 80s music, or traveling the world. She looks forward to bringing a richer mental health focus to the OAC's excellent work.



Getting the Most out of Research About

Bariatric Surgery

by David Arterburn, MD, MPH, and Jane Anau

You've been wondering about bariatric surgery. When you first heard about it, you thought weight-loss was the only reason to have the surgery, so learning that bariatric surgery can be used to manage and treat your diabetes and hypertension was eye-opening. Treating these chronic health conditions is more important to you than weight-loss but you are worried about the risks of surgery. It's a big deal, so you've taken your time to talk with your primary care doctor, and you've read real-life stories from people who had chosen to have or not have bariatric surgery. You've imagined the lifestyle changes you might need to make after surgery – will the outcomes be worth it? Is the cost of the surgery worth it? After reflecting on these ideas and talking with your family and friends, you've made the decision that surgery is right for you.

Choosing What's Right for You

Now you face the next step — choosing which type of bariatric surgery to have. You've heard some people wish they'd chosen a different surgery, while other people remain happy with their choice. It's a big decision and you're going to need the help of a surgeon to make it. There are so many things to consider with each procedure, it's hard to know where to even start. Here are some questions you might be asking yourself:

- What can you do to prepare for a meeting with the surgeon?
- What kind of questions will he/she ask you?
- How should you answer?
- Will the surgeon help you understand the pros and cons of each procedure?
- What other resources are available that could help you with your decision-making?

Here's a really important point to remember when planning your visit – there are no right answers and there is no "right" procedure. You and your surgeon enter the discussion with the same goal – to collaborate and make a decision about which type of surgery is right for you.

What Can I expect in my Appointment with a Surgeon?

Here's what to expect in an appointment with a surgeon to consider different bariatric surgery procedure types:

- 1. Your surgeon should make it clear that there is a decision to be made about what is the "right" procedure for you and that they want to help you make the best decision.
- 2. Your surgeon should explain all the options available to you in plain language with information about risks, benefits, and uncertainties of the different operations. It's expected that you may have questions, and you should ask them. This can help make sure you have the information you need to make a good choice.
- 3. Your surgeon should engage you in a conversation about what is most important to you and discuss your treatment goals and concerns. You will talk together about how the different procedure choices align with your preferences.

One source of new research evidence that might help you in talking with your doctor comes from the PCORnet Bariatric Study (PBS), which is the largest long-term U.S. study on bariatric surgery to date. The study uses real-world data from 41 health organizations around the country to examine bariatric surgery results at 1, 3, and 5 years after surgery. Specifically, based on anonymous medical records from over 46,000 people who had bariatric surgery from 2005 to 2015, PBS compared different bariatric procedures in terms of weight-loss and regain, diabetes risk, and safety.

Bariatric Surgery continued on page 44

FERRETTS®

Iron I like because it likes me.





Ferretts® Tablets

(325 mg Ferrous Fumarate)

- Gentle
- Giuten Fr
- Dye Free
- Sugar Free
- Small Easy to Swallow Tablet



Ferretts® IPS Liquid Iron

- Gentle
- Non Constipating
- Gluten Free
- Ideal for those who have difficulty absorbing iron



Ferretts[®] IPS Capsules

- Gentle Elemental Iron in Gastric Protection Complex
- Non Constipating



Ferretts® Chewable

- Carbonyl iron is naturally regulated by the body for better absorption
- Delicious & Gentle
- Gluten Free

Available online or at your local Pharmacy, Ask the Pharmacist

FREE SHIPPING

on orders over \$25 with Coupon Code **YWM**Coupon Expires 12/31/2023 (via USPS, USA only)

Call Now 800-456-4138 www.BetterIron.com



Quality Nutraceuticals Since 1970

*These statements have not been evaluated by the FDA. These products are not intended to diagnose, cure or prevent any disease. You and your surgeon enter the discussion with the same goal – to collaborate and make a decision about which type of surgery is right for you.

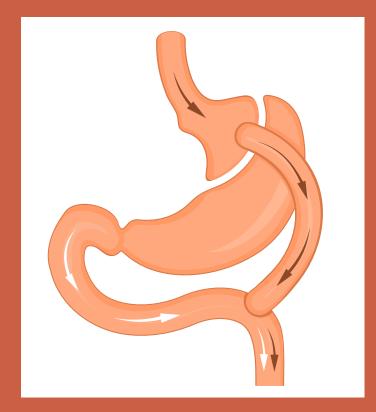
What are my Surgical Options?

There are several types of bariatric surgery, but the two most common operations are the gastric bypass and the sleeve gastrectomy.

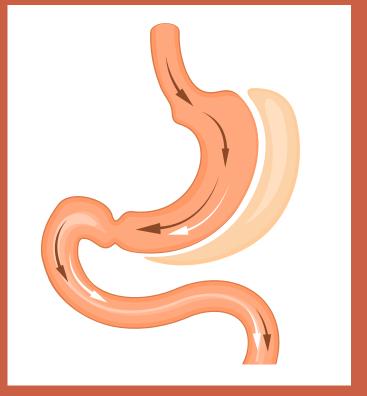
- In gastric bypass, also called a Roux-en-Y (pronounced roo-en-wi) procedure, a surgeon uses part of the stomach to create a pouch that holds a small amount of food. The surgeon attaches this pouch to the small intestine. This procedure causes the body to absorb fewer calories.
- In sleeve gastrectomy, a surgeon removes a large part of the stomach, which limits the amount of food a person can eat.

Other bariatric operations are less commonly performed in the United States, including the adjustable gastric banding operation. Adjustable gastric banding is now less common because research shows better results and fewer long-term complications with gastric bypass or sleeve gastrectomy. For example, the PBS found that adults had more weight-loss with gastric bypass or sleeve gastrectomy than with adjustable gastric banding. Adults also had a higher chance of improvements in type 2 diabetes with gastric bypass or sleeve gastrectomy than with adjustable gastric banding. In addition, patients who had gastric banding had the highest risk of needing another surgery. For these reasons, the evidence below focuses on how sleeve gastrectomy compares to gastric bypass.

Roux-en-Y



Sleeve Gastrectomy



How Can These New Research Results Help You Prepare for the Appointment with Your Surgeon?

The PBS studied how gastric bypass and sleeve gastrectomy compare when it comes to weight-loss, effect on diabetes, and safety. The information below is based on the results of surgeries in adults aged 20 to 79 years old at the time of their surgery.

If your main concern is weight-loss, the PBS study found:

- Gastric bypass and sleeve gastrectomy are both effective in promoting large, durable weight-loss among adults. However, when compared head-to-head the gastric bypass procedure was the best option for losing weight and maintaining the weight-loss.
 - People who had gastric bypass lost 31% of their weight in the first year and people who had sleeve gastrectomy lost 25%.
 - At five years after surgery, people who received gastric bypass lost about 19 pounds more than people who had sleeve gastrectomy.

If your main concern is diabetes, our study found:

- Gastric bypass and sleeve gastrectomy are both effective at reducing the risk of diabetes but gastric bypass was slightly more effective in improving blood sugar levels long-term.
 - With both gastric bypass and sleeve, diabetes went away, at least for some time, for most people with type 2 diabetes.
- For 86% of people who had gastric bypass and 84% who had sleeve gastrectomy, at some point in the 5 years after surgery, their records showed normal blood sugar and no prescriptions for diabetes medications.
 - For some people, diabetes recurred after it went away.
 - For people who had gastric bypass surgery, diabetes was slightly less likely to return than for people who had sleeve gastrectomy.

If your main concern is the safety of the surgical procedure, the PBS found:

- Bariatric surgery has a low risk of death.
 - Overall, in our study, fewer than 1 in 100 people died—for any reason at all—within five years of either gastric bypass or sleeve gastrectomy surgery.
- Gastric bypass patients had a higher risk than sleeve gastrectomy patients of needing another operation or treatment related to their bariatric surgery.
 - At five years after surgery, 12% of gastric bypass patients had a procedure related to their surgery compared to 9% of sleeve gastrectomy patients.
 - Gastric bypass patients also had a higher risk than sleeve gastrectomy patients of other events such as hospitalization.
 - People who have gastric bypass surgery risk more follow-up treatments because it is a more complex surgery than sleeve gastrectomy.

As you think about the information presented above, what seems most important to you? Is it the amount of weight-loss, the improvement in diabetes, or the risk of complications? Can you rank these in order of importance for you? Given what is most important to you, which operation appears to be best overall for that particular goal?



Bariatric Surgery continued from page 45

These questions can help you get closer to understanding what operation might be right for you, but you should still have a conversation with your surgeon. Every person is different, and your surgeon can help you to understand whether the results from the PBS study apply well to you – your individual health characteristics and your goals. Also, there might be other reasons why another procedure might be a good option. Having a conversation with your surgeon about the benefits and risks of the different operations, including data like those presented above, can help you make an informed choice that is guided by your own preferences, goals, and concerns. This can lead to better confidence in your decision-making and better satisfaction with your care long-term.

Summary

Information about weight-loss, diabetes risk, and the safety of the most common bariatric surgery procedures can help guide the conversation on procedure choice between you and your surgeon. Remember, there is no "right" choice. You and your surgeon can make a shared decision on which procedure is best for you. No matter what treatment options you are considering, we encourage exploring shared decision-making with a trusted medical professional.

Eligibility for the PBS

The PBS used anonymized and completely "de-identified" medical record data to study people who had bariatric surgery, including the following criteria:

- 1. Individuals had to have had one of three bariatric procedures: Adjustable gastric band (AGB) commonly known as lap band Roux-en-Y gastric bypass (RYGB) commonly known as bypass and Sleeve gastrectomy (SG) commonly known as sleeve.
- 2. Their surgery happened between January 1, 2005, and September 30, 2015. It was required that the surgery was the first time the person had a bariatric surgery.
- 3. Individuals had to have a BMI of \geq 35 kg/m2 within a year prior to their surgery.
- 4. Individuals who did not have cancer.

To learn more, please visit the following links:

- pcori.me/3BTbqeJ
- · www.pcornetbariatricstudy.org
- · www.pcori.org/evidence-updates/comparing-benefits-and-harms-bariatric-procedures
- www.pcori.org/research-results/2015/comparing-three-types-weight-loss-surgery-pcornetr-bariatric-study

Funding Acknowledgement:

The PCORnet Bariatric Study was conducted in the National Patient-Centered Clinical Research Network, PCORnet. This study was funded by PCORI® via contract OBS-1505-30683. The views expressed in this article are solely the responsibility of the authors and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute (PCORI), its Board of Governors or Methodology Committee. To learn more, please visit **pcori.me/3BTbqeJ**.

About the Authors:

David Arterburn, MD, MPH, FACP, FTOS, FASMBS (Hon) is a general internist and researcher at the Kaiser Permanente Washington Health Research Institute and Affiliate Professor with the University of Washington's Department of Medicine in Seattle. He has published over 150 scientific papers on obesity, diabetes, and shared decision-making. The main focus of his current research is on identifying safe, effective, and affordable interventions to reduce the medical and psychosocial burden of obesity, with a special emphasis on the long-term outcomes of bariatric surgery.

Jane Anau, BS is a research project manager at the Kaiser Permanente Washington Health Research Institute. She works on studies related to bariatric surgery, diabetes, and persistent pain.



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



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

GENETIC TESTING CAN HELP UNCOVER:

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

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

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



For more information, visit RareObesityTest.com



