

# Weight

SPRING 2024

FOR YOUR HEALTH

# Matters

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**OAC**

Obesity Action Coalition

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**Weight**  
Matters  
FOR OUR HEALTH  
Obesity Action Coalition  
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Listen, Empower, Advocate,  
and Drive change  
for rare genetic diseases of obesity

™



## What is a rare genetic disease of obesity?

Not all obesity is the same

The 2 most common symptoms of a rare genetic disease of obesity are **insatiable hunger** and **extreme weight gain in childhood**.

Knowing more about your genetics may help you find out if you have a rare genetic disease of obesity, and may help your doctor better manage it.

Talk to your doctor to learn more.

Everett, who is living with a rare genetic disease of obesity

“ Finding the diagnosis was a matter of me going to the doctor and saying, ‘There’s something wrong with my child.’ The doctor said, ‘**It’s genetics**, not anything you’ve done.’ ”

—Caregiver of a child who is living with a rare genetic disease of obesity



Scan the QR code to learn more about the role of genetics in rare genetic diseases of obesity, or visit [LEADforRareObesity.com](https://LEADforRareObesity.com)



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# Weight Matters

FOR YOUR HEALTH

Spring 2024

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

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*Message from the*



Obesity Action Coalition

**Chair of the Board**

*Hello, OAC Community!*

Spring has sprung, and it's always wonderful to see the pretty colors, new blooms and fresh beginnings all around us! This goes for the OAC as well, as we focus on fresh, new and exciting topics for our OAC Community in this issue of *Weight Matters Magazine*.

One piece of exciting news is the new FDA-approved obesity treatment called Zepbound® (tirzepatide). Our own Dr. Robert Kushner, MD, has written an article to educate us about this new treatment option. We encourage you to speak to your healthcare provider if you're interested in learning whether it could be appropriate for you. If you need to find a healthcare provider specializing in obesity care, please use the OAC's qualified medical provider finder at [ObesityCareProviders.com](https://www.obesitycareproviders.com).

Diving into advocacy updates, we explore the latest happenings within OAC Advocacy and discover ways for readers to "Spring into OAC Action." As more obesity treatment options (like Zepbound®) become available, OAC believes that access to care should not be limited by a person's weight, size or economic status. That's why expanding access to care and reducing treatment barriers is a core focus of the OAC. We believe that patients should be able to access any credible service or science-based treatment option that can improve their health. And we need YOUR voice to ensure people can access these life-changing treatments. Visit [ObesityAction.org/action-center](https://www.obesityaction.org/action-center) to learn more about how to take action and advocate for obesity care access for yourself and others!

Speaking of OAC Action, I'm excited that my great friend Ava Zebrick has an interview on this issue, talking about her advocacy in the state of Louisiana and at the federal level on Capitol Hill. Ava is a tremendous advocate, and I recently had the pleasure of spending the day on Capitol Hill with her, meeting with congressional leaders about supporting the Treat and Reduce Obesity Act (TROA). Learn more about TROA and urge your legislators to cosponsor and support its final passage in the OAC Action Center!

Spring is also about change, so in this issue of *Weight Matters Magazine*, we explore new trends in fitness and take a deeper dive into women's health, examining how life changes like menopause and aging can affect our weight management journey. This is certainly the stage of life that I am in, and as a woman living with the chronic disease of obesity, I appreciate learning about how my weight management journey will change as I age and my body adjusts. I am grateful that the OAC provides education and support on topics that are so relevant to our community members!

As we welcome spring, don't forget to stop and smell the flowers and enjoy the world blooming around you!

*Kristal P. Hartman*

## FREE Print Brochures and Guides Are Available to Request!

The OAC is proud to offer unbiased, science-based education to support individuals along their weight and health journey. To make these resources accessible to all, we've produced a wide variety of free print educational materials available to anyone who requests them. Our brochures include our *Understanding Obesity* Series with details on obesity, childhood obesity and treatment options. We also offer comprehensive brochures on *Understanding Obesity and Type 2 Diabetes* and *Understanding Prediabetes and Excess Weight*.

You can order these materials for yourself or a loved one free of charge. Alternatively, you can order them in bulk for patients or your community for a small fee. Visit [ObesityAction.org/education-support/resources/order-print-resources](https://www.obesityaction.org/education-support/resources/order-print-resources) to place your request!



## Take #OACAction from home! Urge the FDA to ensure that medications are safe and effective for people with obesity.



Did you know that most medications have not been fully tested on people with obesity? Medications or medical devices may be less effective (or sometimes too effective) for people with obesity, and this can have serious consequences for health and possibly lead to harm. To learn more, watch our OAC Health Talk titled “Unveiling Disparities: The Gap in Medication Testing for Individuals with Obesity” on YouTube at [YouTube.com/obesityaction](https://www.YouTube.com/obesityaction).

With just one click, you can urge the FDA to ensure that medications are safe and effective for people living with obesity and that ALL clinical trials include people with obesity.

Take action today at [ObesityAction.org/action-center/access-issues/fda](https://www.ObesityAction.org/action-center/access-issues/fda).

## Obesity Care Week 2024: 10 Years of Raising Awareness and Breaking Obesity Stigma

Obesity Care Week is an annual public awareness event aiming to change how we care for and about obesity. This year, Obesity Care Week hosted its 10<sup>th</sup> annual week-long event, which was supported by over 130 Champion organizations and leaders across the globe. The campaign prioritized awareness, education and advocacy for people living with obesity.

Obesity Action Coalition is a proud Founding Champion of Obesity Care Week and works hard each year to make it a powerful opportunity for change! The goals of the campaign were to raise awareness about what the disease of obesity is – and isn't, provide valuable, science-based resources on weight and health, and garner support for the 5 Principles of Obesity. Participants had access to newly released educational materials, including a fact sheet breaking down the complexities of the disease of obesity and a guide for patients to start the conversation with their healthcare provider about obesity and care options.

Thank you to all of our OAC members who participated in this powerful cause. We look forward to making next year even more impactful! To learn more about Obesity Care Week or to sign up for alerts, please visit [ObesityCareWeek.org](https://www.ObesityCareWeek.org).





# Perspectives

## Making the Case for Change

by Ava Zebrick



**Ava stands holding the Obesity Care Week Proclamation for the State of Louisiana she helped establish in 2016.**

Meet Ava Zebrick, a powerhouse within the Obesity Action Coalition (OAC) whose intelligence, education and determination are driving forces behind her advocacy work. Behind her calm exterior is a sharp mind and a relentless advocate who is dedicated to changing how society understands and treats obesity.

Like many of us, Ava's experiences with obesity began at an early age, significantly shaping who she grew up to be. Today, Ava not only advocates for others affected by obesity but also incorporates the pursuit of health into her full-time job. Both her career and her advocacy work help hold her accountable in her ongoing weight management journey. Ava is also actively involved within the OAC, having served on numerous volunteer committees like the Access to Care and Convention Planning Committees.

In this interview, Ava opens up about the struggles and obstacles she's faced, pushing for policy reforms, and challenging beliefs about obesity.

### Can you share more about your journey with obesity?

I've struggled with overweight and obesity since childhood. In my early 20s, I faced health issues like hypertension, high cholesterol, pre-diabetes, clinical depression and polycystic ovarian syndrome (PCOS). However, my biggest struggle was with self-hatred due to internalized weight bias. No one was more vicious than I was towards myself.

At 25, I hit rock bottom in a doctor's office, looking at an x-ray as he told me my knee caps were out of place. If physical therapy didn't help, he would recommend knee surgery. The realization that I was facing knee surgery at 25 years old was life changing, leading me to seek bariatric surgery to treat my obesity and reclaim my health.

“The realization that I was facing knee surgery at 25 years old was life changing.”

# 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, the latest news, events, ways to get involved, information, and all things OAC!



One defining moment occurred in 2014 when I discovered the OAC through my surgeon's weekly support group meetings. It was during one of these gatherings that I learned about the upcoming *Your Weight Matters* Convention. Eager to learn more, I traveled to the event with a close friend from my support group.

During the Convention's keynote speech, I was struck by a revelation: obesity was described as a disease for the first time in my experience. In the same presentation, I learned that managing this condition was incredibly challenging, and those who made health their job tended to be the most successful in the long run. From that moment on, I had both a diagnosis and a prescription: I needed to make health my job.

Within a year of attending the Convention, I enrolled in a master's program in healthcare management, began working as a patient partner in health research, and actively engaged in obesity advocacy. Within another year, my efforts were recognized when I received the OAC's Barbara Thompson Award for Advocacy.

## **You have faced numerous healthcare battles in your quest for science-based obesity care. What have been some of the barriers you've encountered?**

Among the most challenging barriers has been the lack of insurance coverage. When I first sought care, despite meeting the criteria for bariatric surgery, the insurance provided through my husband's employer didn't cover surgical treatment for dependents. Similarly, the plan through my employer excluded obesity care "regardless of medical necessity." I'll never forget that sentence.

These limitations led me to seriously consider medical tourism, contemplating bariatric surgery in Mexico for a lower cost. However, I ultimately had surgery local to me, which resulted in significant medical debt. Even now, a decade later, I still require ongoing medical support for managing my health. Unfortunately, my insurance, now through a different employer, continues to lack coverage for comprehensive obesity care.

## **Let's Connect!**

**ObesityAction.org/get-connected**

# “ Personal stories can change hearts and minds, and so I share mine when making the case for change. ”

## How can raising awareness about obesity as a disease change public perceptions and reduce stigma? How does this awareness benefit individuals?

Understanding obesity as a disease reveals its complex causes and the physiological processes making it difficult to manage, which helps shift us away from blaming individuals. This realization can free people from internalized bias and the shame of obesity being their fault.

Presenting obesity as a disease in healthcare settings shifts the conversation away from what is all too common: “You are obese. Go do this and that, and I want you to weigh this by the next time I see you.” In my case, my repeated failure to do so drove me to avoid seeking healthcare altogether.

Instead, patients should be given a diagnosis and the offer of partnership: “You have obesity. It’s a chronic disease that is difficult to manage because there are processes in the body that make it hard to lose weight. But we have effective tools in the toolbox to help, and I am here to support you.”

Had I understood this earlier and received proper support from my doctors, I would not have gotten as sick as I did.



**Ava on Capitol Hill with other OAC advocates.**



**Ava stands outside an obesity solutions roundtable she participated in.**

## Your advocacy work on both Capitol Hill and with local elected officials is inspiring. Can you highlight some of the key initiatives you’ve been involved in and the changes you hope to see in obesity care and treatment?

Storytelling is a powerful part of advocacy. Personal stories can change hearts and minds, and so I share mine when making the case for change. I want to see the whole continuum of care for obesity accessible to those like me who need them, including behavioral therapy, medications and bariatric surgery.

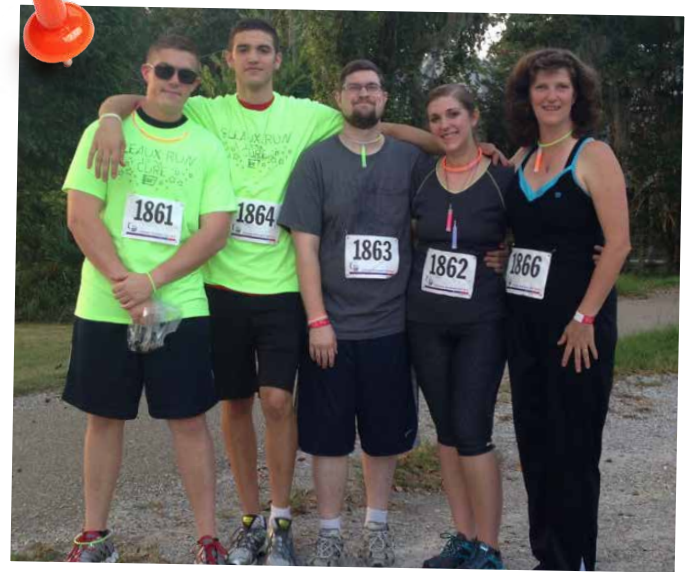
On Capitol Hill, I advocate for the Treat and Reduce Obesity Act (TROA), aiming to enhance access to obesity care nationwide. This bill seeks to broaden reimbursement eligibility for behavioral therapy and extend coverage to anti-obesity medications.

Additionally, I’ve participated in local roundtable policy sessions, such as “The Impact of Obesity and Mental Health on Population and Public Health,” where solutions were discussed.



## In your years in advocacy, have you noticed any positive shifts or heightened awareness regarding the significance of obesity care?

Insurance provided by my husband's employer now includes coverage for bariatric surgery for spouses, albeit not yet for dependent adult children on the plan. Additionally, since my initial visits to Capitol Hill, I've noticed a significant familiarity among legislative staff with the Treat and Reduce Obesity Act (TROA), the very legislation we advocate for. We rarely have to explain the objectives of the bill.



**Ava with friends at a fun fitness event.**

“Everyone's body is different, and no one tool will work forever. I strongly recommend seeking the care of a Board Certified Obesity Medicine Specialist.”

## Do You Want to Share Your Story or Be Interviewed?




Whether you have a story about navigating obesity, facing weight stigma or inspiring others, your voice is important. If you want to share your story to support, inspire or encourage others, please email [membership@obesityaction.org](mailto:membership@obesityaction.org). The power of your voice can light up a future issue of *Weight Matters Magazine*!

**As someone who has experienced the persistent challenges of obesity, what advice would you give to others navigating similar struggles in maintaining weight loss or managing their condition over time?**

Obesity is complex and difficult to manage. Everybody's body is different, and no one tool will work forever. I strongly recommend seeking the care of a Board Certified Obesity Medicine Specialist. My primary care provider holds this specialty, but ideally my whole team would be certified. These healthcare providers undergo extensive education and training to take care of patients like us. You can use the OAC's Find a Provider directory to locate one near you at [ObesityCareProviders.com](http://ObesityCareProviders.com).

# SPRING INTO OAC ACTION



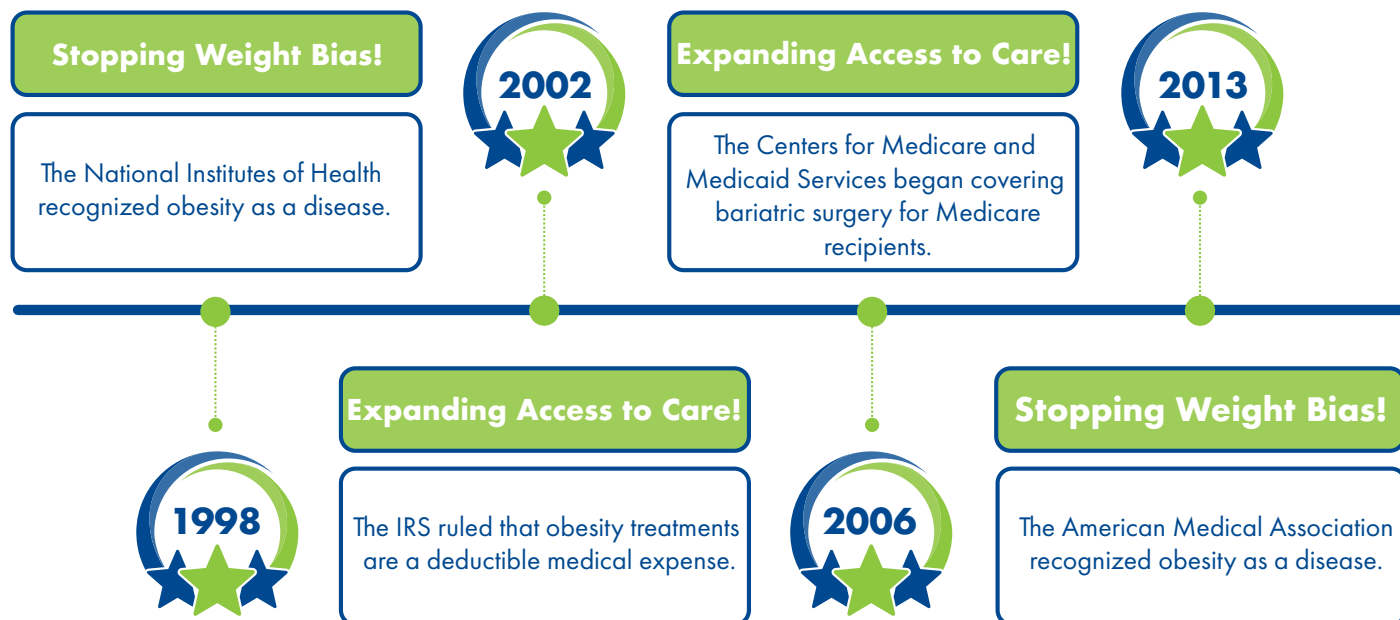
The Obesity Action Coalition (OAC) is the only patient-focused nonprofit organization in the nation that focuses on helping people affected by obesity. While we've achieved a lot over the years, there's still much to do to ensure obesity is treated like other diseases. Everyone should have access to comprehensive obesity treatment options, and we need to keep fighting against discrimination based on weight. Advocacy is how we make these changes happen.

## A History of Driving Change

Over the past 19 years, OAC has made significant progress in expanding access to obesity care and stopping weight bias. Here are just a few of our notable achievements:

*by Chrystal Jones, OAC Advocacy Manager*

## OAC's History of Advocacy Success



Looking back at what the OAC has done, we must recognize that advocacy is what made these victories possible. We will continue strengthening our call for change by demanding that decision-makers prioritize obesity care and that people with obesity are treated with dignity and respect. Advocacy can take multiple forms, from simply sharing information about obesity to standing up against examples of weight bias. It can also involve more complex actions, like working with policymakers to change laws and regulations. Advocacy is how we create change!

As Maya Angelou once said, “When we know better, we do better.” Understanding obesity as a disease and prioritizing care for those affected by it is crucial. The field of obesity treatment is growing rapidly, with advancements in research and more treatment options becoming available. But despite this progress, there’s still work to do.

## Understanding OAC’s Advocacy Issues

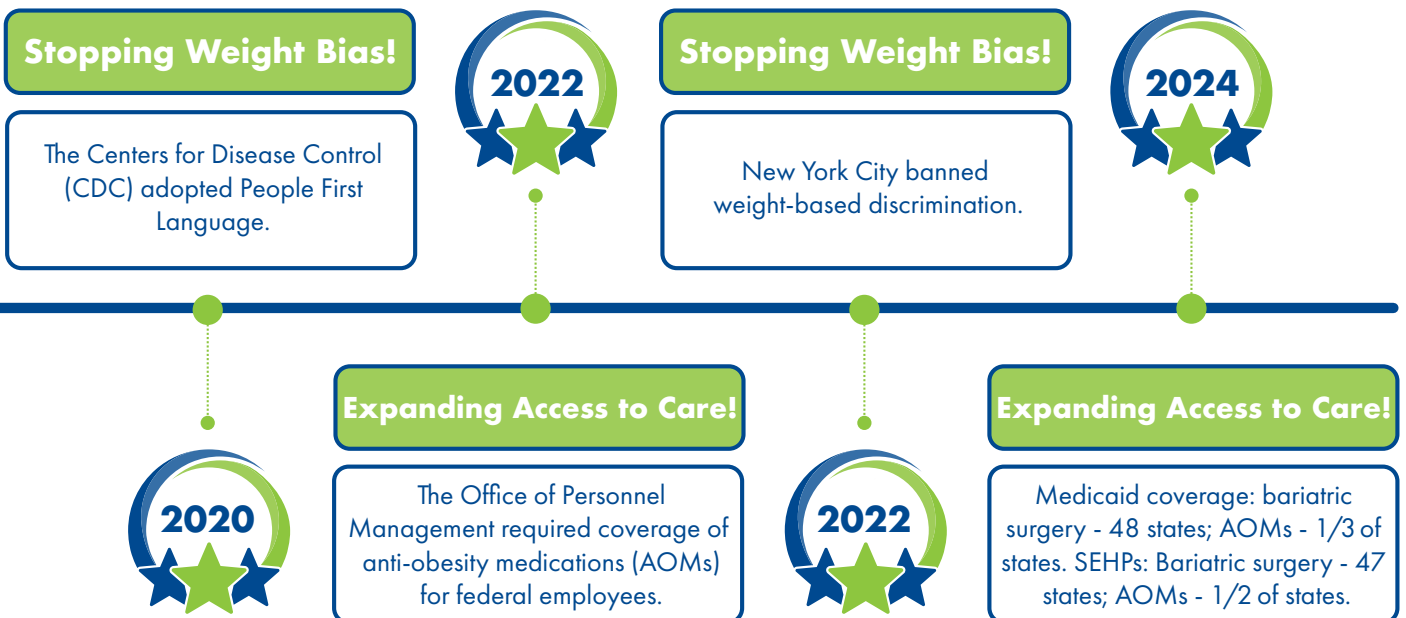
To do better as a society, the OAC focuses our advocacy work on two main areas: stopping weight bias and expanding access to obesity care. There is simply no denying that the barriers we see in accessing obesity treatments are rooted in weight bias. To fix this broken system, we need to address both weight bias and access to care.

Weight bias doesn’t just affect how people view and treat those with obesity; it also influences outdated and unscientific policy barriers that limit treatment options for patients and their healthcare providers. You cannot improve access to obesity treatment without first addressing weight bias. Our organization’s approach of focusing on both issues has led to success, and we believe we can accomplish even more in the years to come. Now is our moment. OAC’s advocacy program is more active than ever. Last year, we worked in nearly 25 states, and in 2024, we’ve already started working in 30 states!

Access to treatment shouldn’t depend on a person’s employer health plan, economic status or zip code. Insurance should cover recommended treatments for obesity, including support for nutrition, mental and behavioral health services, metabolic and bariatric surgery, and anti-obesity medications (AOMs). Individuals shouldn’t be treated differently because of their weight or size. Obesity is a disease and should be treated like any other, such as hypertension or diabetes. These principles drive our advocacy priorities in 2024 and beyond.



*OAC Action continued on page 12*



## OAC's Efforts at the National Level

While we've made progress in expanding access to care for federal employees, there are still gaps in coverage for those on Medicare. For over 11 years, OAC has worked to improve access to obesity treatments under Medicare by supporting the Treat and Reduce Obesity Act (TROA). History has shown that where Medicare goes, other health plans follow. If passed, TROA would expand access to AOMs and improve access to obesity screening and counseling services. Passing TROA would have a significant impact on how obesity treatments are covered across the country.

## OAC's Efforts at the State Level

Currently, only one state and eight cities have laws against weight-based discrimination. State Medicaid programs don't cover bariatric surgery in two states, and they don't cover AOMs in over 30 states. State employee health plans do not cover bariatric surgery in three states, and they don't cover AOMs in about half of the states. But these treatment paths are just the tip of the iceberg. Comprehensive obesity care must also include support for mental and behavioral health, nutrition and more.

In 2023, we worked in nearly 25 states to expand access to care and stop weight bias. We testified at hearings, rallied our members to send letters to decision-makers, partnered with national and state allied organizations, and submitted official comment letters encouraging states to create a better world for people with obesity.

In 2024, we will launch proactive advocacy work in four states: California, Florida, Pennsylvania and Tennessee. Florida and Tennessee have gaps in obesity coverage for Medicaid recipients, and California and Pennsylvania have gaps in coverage for state workers. None of these states have laws against weight-based discrimination. We hope to use these states as examples to expand our work nationwide.

## OAC Advocates in Action

We know that simply "being right" doesn't always lead to getting what you want. Medical debt shouldn't push American families into financial ruin... but it does. People shouldn't be treated differently based on their size, race, ethnicity or disability... but they are. The OAC's true strength comes from our patient members using their voices to advocate for change. In recent months, both new and experienced OAC advocates have spoken up in legislative briefings, community town hall meetings, educational webinars, meetings on Capitol Hill, on social media, through letters to decision-makers, and more. The power of the OAC lies in the voices of our members.

One such advocate is Jordan from South Carolina. Jordan, a state employee, lacks coverage for the treatment recommended by her physician to improve her health. Jordan's situation is common: while her husband's type 2 diabetes treatment is covered by insurance and has led to significant improvements in his health and quality of life, Jordan's treatment isn't covered, and the costs are prohibitively high. Her monthly medication costs more than a typical mortgage payment. Like nearly all our members, Jordan does everything she can to stay healthy, but she's forced to go without essential care due to its expense. She also worries about the long-term consequences of delaying her treatment.



**// The OAC's true strength comes from our patient members using their voices to advocate for change. //**

Jordan recently spoke at a statewide event focusing on the economic impacts of obesity in South Carolina. She shared her story as others discussed the economic burden of obesity on both the state and its residents. South Carolina is one of only three states that don't cover bariatric surgery and one of about two-thirds of states that don't cover AOMs for state employees like Jordan.

Speaking up is how we drive change, and the OAC has achieved significant victories through our advocacy efforts last year. Weight-based discrimination is now prohibited in New York City, and Connecticut now covers AOMs for Medicaid recipients! Every day, we make progress toward our mission.

## Now is the Time to Act!

We need your voice in the fight to create a better world for people with obesity. Your voice is our power, and there are ways for everyone to join in. We offer opportunities for advocates of all levels, whether you're just starting out or you've been involved for a while.

If you're interested in taking your first step as an OAC Advocate, our Action Center is a great place to start! It's easy to use, and you can complete actions in just a few minutes. You can do things like asking your government representatives to support better care for people with obesity, urging the FDA to make sure medications are safe and effective for them, and sharing your story. Visit [ObesityAction.org/action](https://ObesityAction.org/action) to get started.

If you want to take part in advocacy events, training sessions and other activities, please fill out our Advocate survey at [bit.ly/oac-advocacy-survey](https://bit.ly/oac-advocacy-survey).

**By working together as advocates, we can make a real difference, and the time to start is now!**

**Your voice is our power, and there are ways for everyone to join.**



## Sign Up for OAC Advocacy Alerts!

Keep up to date with OAC's advocacy newsletter, **ImpactNOW**, and learn about other opportunities to get involved in our work at [ObesityAction.org/get-involved](https://ObesityAction.org/get-involved). Make sure to check the box for alerts about key advocacy issues!

### **About the Author:**

*Chrystal Jones, OAC Advocacy Manager, joined the OAC team in 2021. She is responsible for the coordination and execution of OAC's advocacy and awareness initiatives and activities in key issue areas. Chrystal has dedicated over 16 years to working in nonprofit organizations with a background that includes managing advocacy campaigns on a broad range of issue areas, including expanding access to health coverage and the State Children's Health Insurance Program. Chrystal graduated from Eckerd College with a BA in Political Science and a minor in International Relations and from Norwich University with a Master's Degree in Public Administration.*

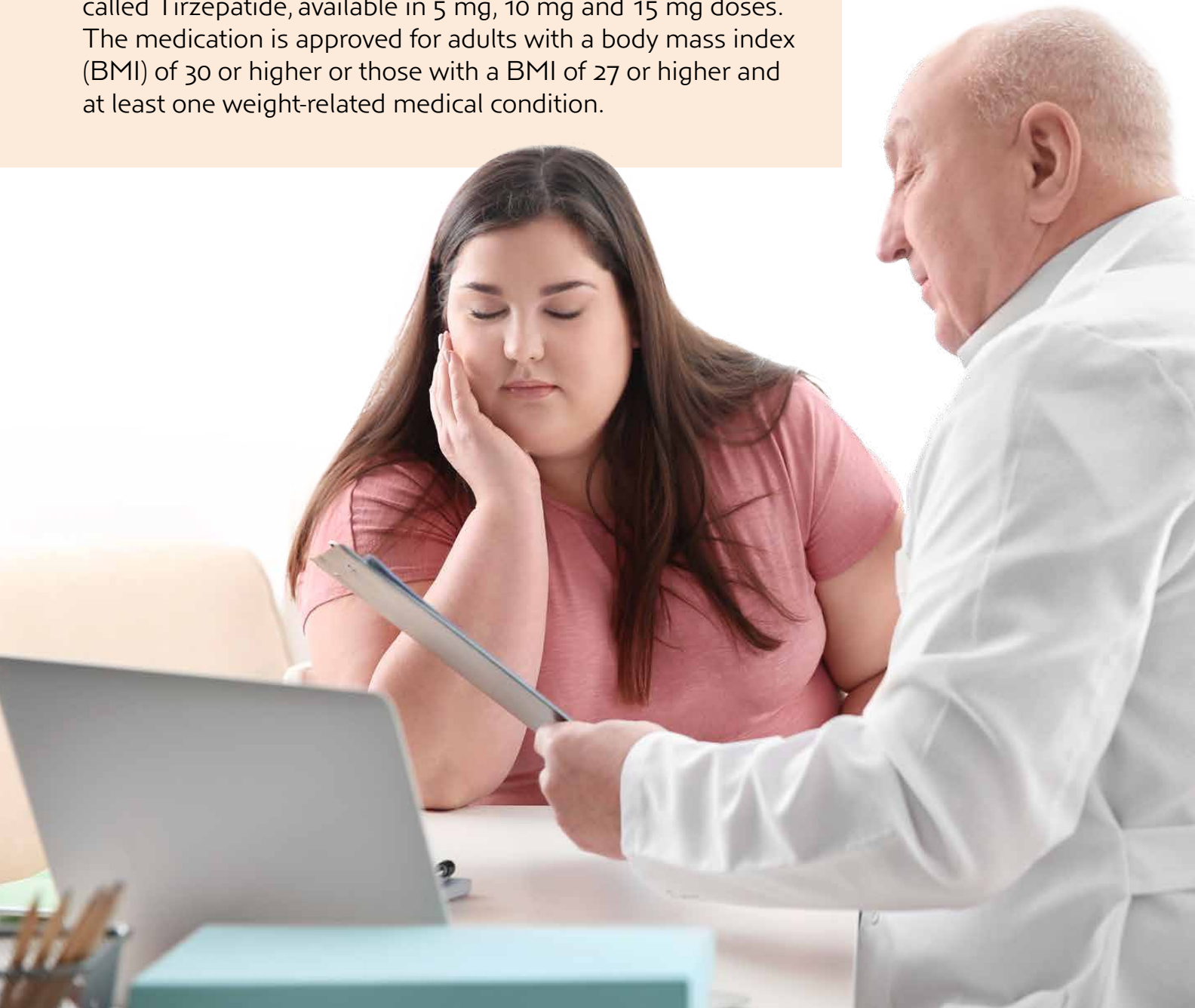
# Zepbound®

## — A New Treatment for Obesity

by Robert Kushner, MD

*Disclaimer: Before considering Zepbound®, consult with your healthcare provider.*

In November 2023, the U. S. Food and Drug Administration (FDA) approved Zepbound® for chronic weight management. Zepbound® is the brand name for a once-weekly injection called Tirzepatide, available in 5 mg, 10 mg and 15 mg doses. The medication is approved for adults with a body mass index (BMI) of 30 or higher or those with a BMI of 27 or higher and at least one weight-related medical condition.



## What is Zepbound®?

Zepbound® is a prescription medication given by injection. It is intended for adults with obesity or excess weight who have weight-related medical problems to lose weight and keep it off. Medically, Zepbound® is a type of drug called a glucose-dependent insulinotropic polypeptide (GIP) and glucagon like peptide-1 (GLP-1) receptor dual-agonist that is engineered in a laboratory. This means Zepbound® mimics the two natural GIP and GLP-1 hormones that are released by the intestine into our bloodstream within minutes after we ingest food. These gut hormones do several important things in our bodies, including:

- Regulating blood sugar
- Slowing down how fast the stomach empties food
- Managing appetite

## What Does the Research Show?

Research studies, called the SURMOUNT program, have looked into the effectiveness, safety and tolerability of Zepbound®. The four studies involved around 5,000 people worldwide who were either affected by obesity or classified as overweight with co-existing weight-related medical problems.

Everyone in these studies was given advice on lifestyle changes and was randomly assigned (by the flip of a coin) to take either Zepbound® or a placebo, which is a substance with no real effect, for 72 to 88 weeks. The results of these studies were impressive. On average, people taking Zepbound® lost between 34 to 57 pounds. For someone weighing 230 pounds, this is significant weight-loss that can greatly improve their health. In the SURMOUNT-1 study, over one-third of people taking the 15 mg dose lost at least 25% of their weight.

The studies also showed significant improvements in:

- Waist circumference
- Blood pressure
- Blood fats
- Inflammation
- Physical ability



Waist circumference



Blood pressure



Blood fats



Inflammation



Physical ability

“Zepbound® mimics the two natural GIP and GLP-1 hormones that are released by the intestine into our bloodstream within minutes after we ingest food.”

## When Should Zepbound® Be Used?

Zepbound® should be used for the chronic management of obesity or overweight with an existing weight-related medical condition such as type 2 diabetes, hypertension or sleep apnea. Like other medications approved for weight management, it should be taken alongside a healthy diet, regular physical activity and behavioral counseling.

## How is Zepbound® Administered?

Zepbound® is a self-injectable drug administered under the skin once weekly using a pre-filled pen injector. Patients start with a dose of 2.5 mg once a week for the first four weeks. After that, your dose will gradually increase every month until you find what works best for you, usually between 10 mg to 15 mg per week for most people. Increasing the dose slowly helps reduce the risk of side effects. Make sure to talk to your healthcare provider to figure out the best dosing schedule for you.

*Zepbound® continued on page 16*

Zepbound® continued from page 15

## What Are the Side Effects of Zepbound®?

The most common side effects of Zepbound® include:

- Nausea
- Diarrhea
- Constipation
- Vomiting

Zepbound® may also cause hypoglycemia (low blood sugar) when used with other anti-diabetic drugs.

## Are There Any Concerns About Zepbound®?

Zepbound® should not be used by patients who have had serious allergic reactions to tirzepatide or by those with a personal or family history of medullary thyroid carcinoma or a rare condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).

Zepbound® also contains warnings about:

- Severe stomach issues
- Kidney damage
- Gallbladder problems
- Pancreatitis (inflammation of the pancreas)
- Changes in vision for people with type 2 diabetes
- Depression or thoughts of suicide

## Conclusion

Zepbound® marks a new era in hormonal medications for chronic weight management that are more effective for weight-loss and for improving cardiovascular and metabolic health risks. Medications are an important tool in the medical management of obesity for many individuals. We expect that in the years to come, more highly effective medications will emerge, assisting those affected by obesity in their weight management journey.

### **About the Author:**

*Robert Kushner, MD, is a Professor of Medicine and Medical Education at Northwestern University Feinberg School of Medicine, and Director of the Center for Lifestyle Medicine at Northwestern Medicine in Chicago, IL. He is a founder of the American Board of Obesity Medicine (ABOM), past President of The Obesity Society (TOS), and past board member of the Obesity Action Coalition (OAC). Dr. Kushner has also served as the Chair and Co-Chair of the planning committee for OAC's Your Weight Matters Annual Convention. Additionally, he serves on the Medical Advisory Board for Eli Lilly, for which he receives compensation.*



“Medications are an important tool in the medical management of obesity for many individuals.”



## Check out OAC's Resource Library!



- Quality science-based information on obesity, treatment, nutrition, exercise and much more!



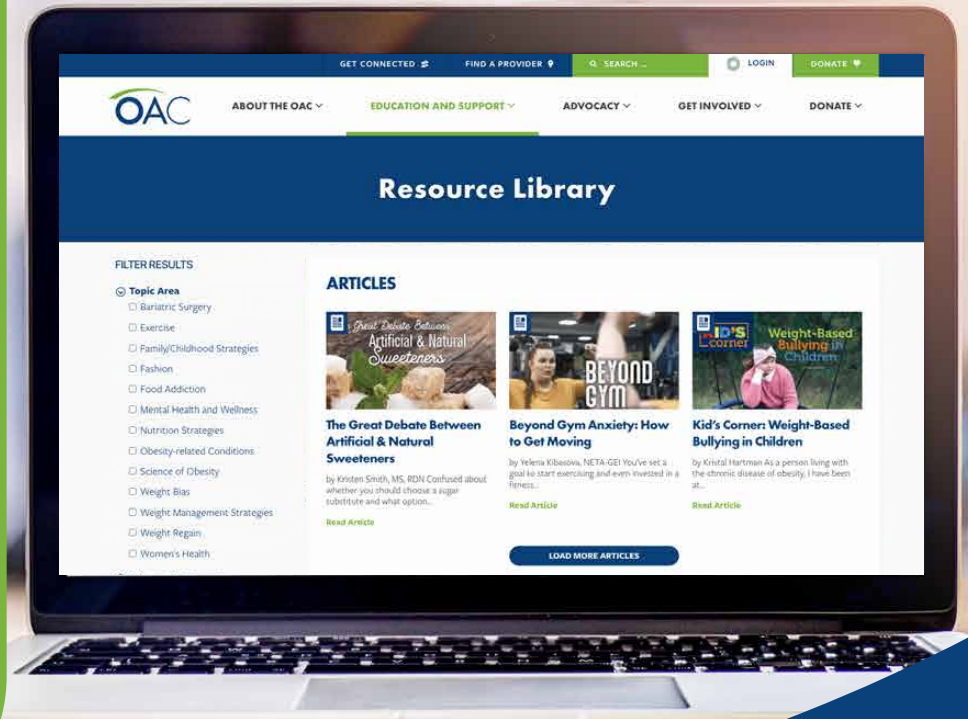
- Comprehensive information on hundreds of topics!



- Variety of print and video educational resources!



- Interactive library with filtering tools to help you find what you need!



The OAC is proud to offer a top-notch educational resource tool to help you on your journey with weight and health: the **OAC Resource Library!**

The library features a wealth of information on topics such as, nutrition strategies, the science of obesity, bariatric surgery, weight bias, exercise and more. From resource articles to video guides, you'll find a wealth of high-quality, science-based education that the OAC is known and respected for.

Ready to explore OAC's Resource Library?  
Visit: [ObesityAction.org/library](https://ObesityAction.org/library)



# Aging, MENOPAUSE and Obesity:

## NAVIGATING HEALTH CHALLENGES

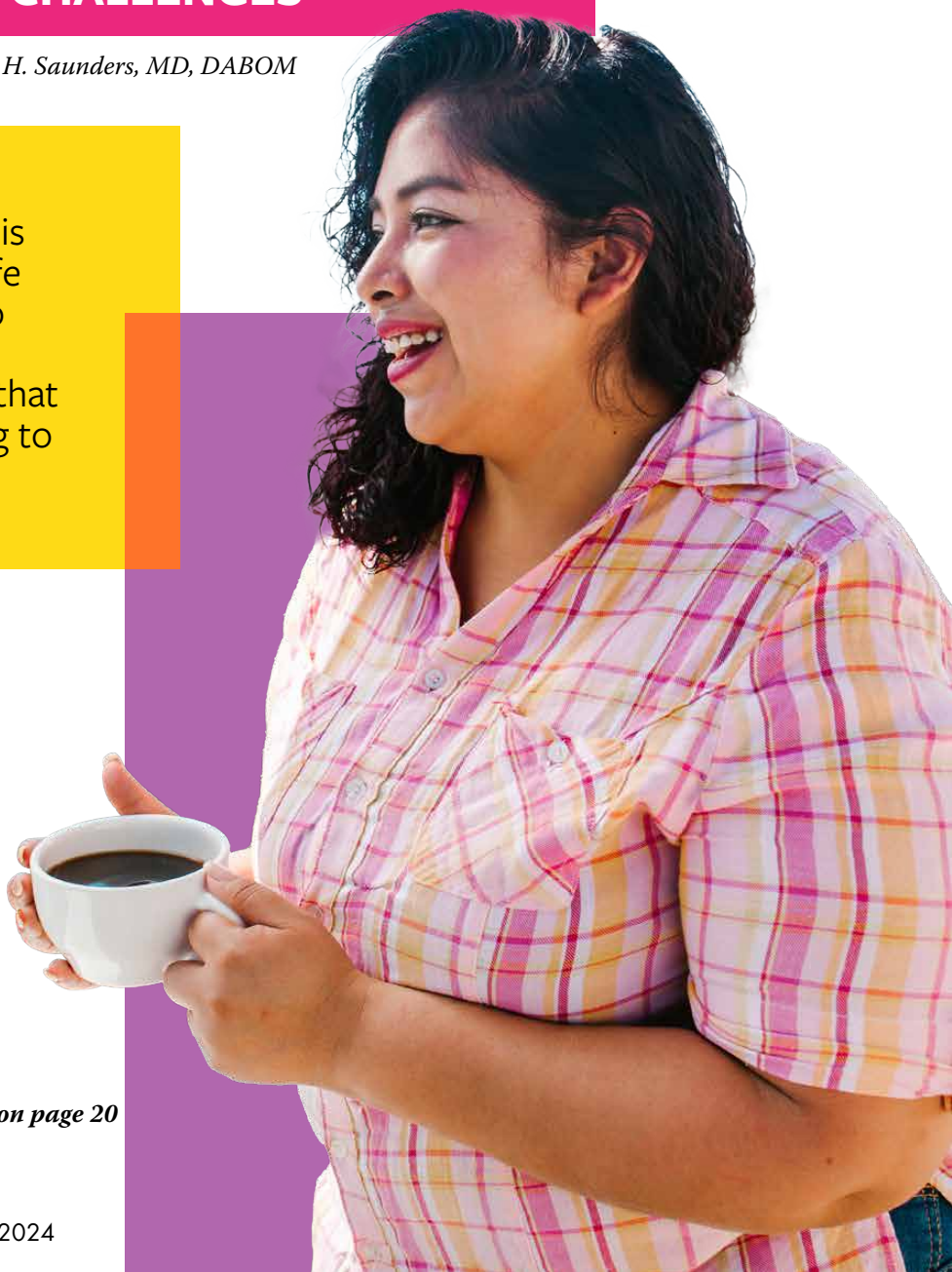
by Katherine H. Saunders, MD, DABOM

Menopause probably isn't anyone's idea of fun. While this natural phase of a woman's life does mean saying goodbye to periods, it also brings many physical and mental changes that can vary from mildly annoying to downright debilitating.

### Hormonal Changes Cause Side Effects.

During perimenopause, which is the transition to menopause, many common side effects such as hot flashes and night sweats occur due to hormonal shifts. These symptoms typically improve and eventually disappear after menopause, which is characterized as not having a period for over a year. However, some issues caused by lower levels of estrogen and progesterone may persist.

*Aging, Menopause and Obesity continued on page 20*



# Telehealth is Now Available!

## Why wait to LOSE WEIGHT?



**Lomaira**<sup>TM</sup> <sup>CIV</sup>  
(phentermine HCl)  
8 mg tablets

A Low Dose of the #1 Prescribed Weight-Loss Medication for Nearly 60 Years<sup>1</sup>

LOMAIRA<sup>TM</sup> (phentermine hydrochloride USP) 8 mg tablets, CIV is an appetite suppressant used for a short period of time (a few weeks) for weight loss and should be used together with regular exercise and a reduced-calorie diet.

- LOMAIRA is for adults with an initial BMI\* of 30 or more (obesity) or 27 or more (overweight) with at least one weight-related medical condition such as controlled high blood pressure, diabetes, or high cholesterol.
- The limited usefulness of this drug class (anorectics), including LOMAIRA, should be measured against possible risk factors inherent in their use.

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



Like us on Facebook  
[facebook.com/LomairaOfficialPage](https://facebook.com/LomairaOfficialPage)



Download the  
Daily Dose Tracker app



### IMPORTANT SAFETY INFORMATION

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

<sup>1</sup> \*Phentermine HCl is the active ingredient in Lomaira<sup>TM</sup>

\*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m<sup>2</sup>.

**Lomaira™ (phentermine hydrochloride USP) 8mg tablets, CIV**

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

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

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

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

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

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

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

For Full Prescribing Information, visit [www.lomaira.com](http://www.lomaira.com).

\*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m<sup>2</sup>.

<sup>1</sup>Lomaira Package Insert

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*Aging, Menopause and Obesity continued from page 18*

## Weight Gain is Common.

One of the long-term side effects of menopause is weight gain, which is a hot topic right now. Some studies suggest that weight gain happens as a normal result of getting older rather than menopause itself, and not all women gain weight. Still, menopause brings various changes that can affect weight, like more fat buildup, especially around the belly.

## Muscle Mass Decreases.

During menopause, your body burns fewer calories when resting or active, so you exert less energy. These changes in body composition and metabolism can be tough, especially for women who have never had weight issues. For those who already have excess weight, especially women with obesity, these added challenges can raise the risk of weight-related health problems.

## Estrogen and Progesterone Levels Drop.

Menopause leads your body to make less estrogen and progesterone. Progesterone loss partly affects weight by making you retain more water, but the drop in estrogen has bigger and longer-lasting effects. For example, losing estrogen can weaken the signals in your brain that tell you when you're full, increasing the likelihood of binge eating and reducing the calories you burn.

## Insulin Resistance Creates a Vicious Cycle.

During menopause, your body may become less sensitive to insulin, which leads to higher blood sugar levels and more fat storage. This starts something of a vicious cycle where more belly fat leads to even more insulin resistance, raising the risk of type 2 diabetes and heart disease, two of the most common and serious weight-related health issues.

## Treatment Options Exist.

So, how do we tackle weight gain during menopause? Surprisingly, hormone replacement therapy, a common treatment for many menopause symptoms, doesn't seem to affect weight much at all. However, there are other ways to help, and weight gain is not inevitable.

“Physical activity helps fight insulin resistance and supports weight-loss.”

## You Need a Comprehensive Approach.

Eating right and staying active are the foundations of weight management. But to beat your body's resistance to weight-loss, especially if you have obesity, you need a comprehensive plan. This means getting ongoing support to make lasting lifestyle changes and considering all factors that affect weight, including medical options.

## A Sustainable Diet is Important.

Various eating plans can help with insulin resistance, like low-carb and Mediterranean diets. The most important thing is to find a way of eating that you can stick to long-term, one that becomes part of a healthy lifestyle rather than a temporary effort. This means the food must be tasty and satisfying without feeling too strict.

## Find an Activity Plan That Works for You.

Physical activity helps fight insulin resistance and supports weight-loss. The ideal plan includes both aerobic exercise, which burns calories and improves heart health, and strength training, which builds muscle and reduces fat. Once again, sustainability is crucial. Physical activity should fit your lifestyle and your schedule and be something you enjoy. It doesn't have to be "traditional" exercise or require going to the gym.

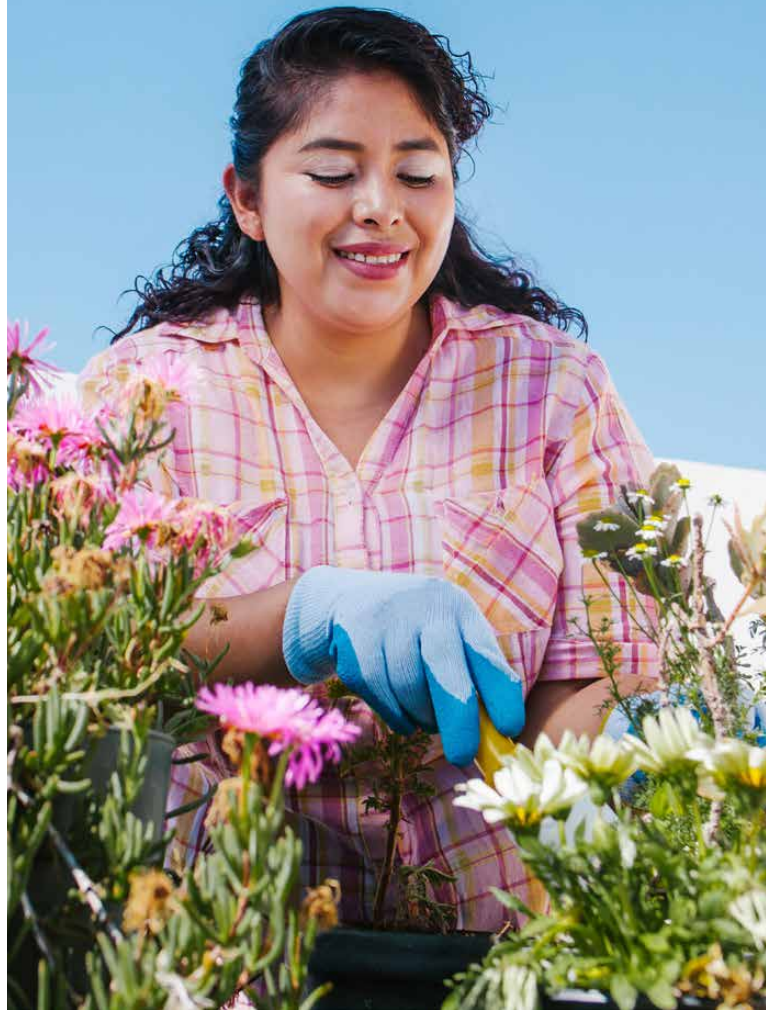
## Medications Might Help.

If your weight doesn't respond to diet and physical activity, and your BMI is over 30 (or over 27 with weight-related health problems), anti-obesity medications could be an option. These medications — such as metformin, liraglutide, phentermine/topiramate, naltrexone/bupropion, semaglutide and tirzepatide, among others — can counteract the effects of insulin resistance.

When combined with diet and exercise, medications can help overcome some of the hormonal, metabolic and neurobehavioral ways your body tries to stop you from losing weight. For instance, they can help if you hit a weight plateau or start having strong cravings.

## Don't Be Afraid to Ask for Help.

The bottom line is that gaining weight during menopause is very common, but we don't talk about it enough. If changing your lifestyle hasn't worked, don't be afraid to talk with your primary care provider, gynecologist or weight management provider (if you have one). They can give you a thorough checkup focused on your weight and make a personalized treatment plan. This plan should address everything causing weight gain and anything stopping you from losing weight. Getting ongoing support from your healthcare team is super important for managing your weight in the long run. And if you feel comfortable, talk to your friends going through menopause — they probably understand what you're going through and would love to share experiences!



### About the Author:

*Katherine H. Saunders, MD, DABOM, is a physician entrepreneur and a leading expert in Obesity Medicine. She is at the forefront of delivering effective and compassionate treatment for obesity. Dr. Saunders co-founded Intellihealth, a company that provides software and clinical services to make comprehensive medical obesity treatment more accessible. She practices at Flyte Medical, which is affiliated with Intellihealth's clinical services, and she serves on the faculty at Weill Cornell Medicine. Dr. Saunders earned her undergraduate degree Phi Beta Kappa/Summa Cum Laude from Dartmouth College and her medical degree from Weill Cornell Medical College, where she was inducted into the Alpha Omega Alpha Honor Medical Society. She completed her residency in Internal Medicine at NewYork-Presbyterian Hospital, and she was the first clinical fellow in Obesity Medicine at Weill Cornell Medicine.*

# ASK THE EXPERTS

## What Can I Do if My Insurance Won't Cover Obesity Treatments?

by Paul Davidson, PhD; Sunil Daniel, MD, FTOS, FOMA;  
and Sarah Bramblette, MSHL

Answer provided by Paul Davidson, PhD

This section of *Weight Matters Magazine* is dedicated to bringing you insightful discussions with knowledgeable professionals who can provide valuable advice on various health-related topics. In this issue, we asked a panel of experts to share their thoughts on options and actions people can take when they don't have insurance coverage for obesity treatments. Here's how a psychologist, a medical doctor and someone with lived personal experience with obesity answered the question.

Life can seem unfair, especially for people dealing with obesity. Insurance companies have to balance paying for medical care with making money, which can lead to decisions that feel unfair. If you're denied treatment for obesity, it can be disappointing, frustrating, or even infuriating. But it's not the end of the world. Obesity being seen as a disease needing medical treatment is relatively new, so it might take time for more treatments to be accepted and offered to more people. Remember, we've lived without these treatments for a long time, and while they offer hope, they don't replace the ability to change behavior.

Even if you're denied treatment now, there's hope for approval in the future. In the meantime, you can do things to help yourself, like staying hydrated, eating healthier foods, being more active and eating smaller, more frequent meals. Don't let the denial of care become an excuse to eat mindlessly and self-sabotage. There are also medications that insurance might cover, even if they're not the newest treatments. You can find qualified providers who can help you on your weight management journey, including behavioral health specialists, through resources like the OAC. Visit the OAC's provider locator at [ObesityCareProviders.com](https://www.obesitycareproviders.com) to get started.



Powered by the Obesity Action Coalition

You can also advocate for yourself. Talk to your doctor about getting approval for treatment. Sometimes exceptions are made if there are strong reasons for you to get specific obesity treatment. Pharmaceutical companies might have programs to help you afford treatment based on your income. Additionally, you can do an online search for prescription discount programs such as GoodRx. During open enrollment periods, you can look into other insurance plans that might cover the treatment you need. Participating in a clinical trial could give you access to new treatments and possibly some money, too. Some states offer help with medication costs to people who meet income requirements. And on a bigger scale, supporting bills like the Treat and Reduce Obesity Act (TROA) can help improve insurance coverage for obesity treatment.



Answer provided by Sunil Daniel, MD, FTOS

To identify if someone has obesity or excess weight, healthcare providers often measure body mass index (BMI). Here's what the different classifications mean:

- **Overweight:** BMI between 25.0 and 29.9
- **Obesity:** BMI of 30 or more

Obesity Treatment Modalities

	BMI Centric
<b>Surgery</b>	<ul style="list-style-type: none"> <li>• BMI 35 – 39.9 kg/m<sup>2</sup> with one or more comorbidities</li> <li>• BMI greater than or equal to 40 kg/m<sup>2</sup></li> </ul>
<b>Pharmacotherapy</b>	<ul style="list-style-type: none"> <li>• BMI 27 – 29.9 kg/m<sup>2</sup> with one or more comorbidities</li> <li>• BMI greater than or equal to 30 kg/m<sup>2</sup></li> </ul>
<b>Lifestyle Modification</b>	<ul style="list-style-type: none"> <li>• BMI greater than or equal to 25 kg/m<sup>2</sup></li> </ul>

There are various ways to treat obesity, such as changing your lifestyle, taking anti-obesity medications or having bariatric surgery. Healthcare providers decide if treatment is needed based on certain criteria. These criteria include other health problems such as diabetes, heart disease, sleep apnea and others. If insurance doesn't cover obesity treatment, there are still options for patients and their healthcare providers to consider.

For support with changing lifestyle habits, there are programs like the Diabetes Prevention Program (DPP) at many YMCAs, as well as many commercial programs such as Weight Watchers, Noom, TOPS, etc.

Anti-obesity medications (AOMs) can be a bit complicated to understand. They are generally grouped into the following categories:

- **First-generation medications:** These include orlistat, phentermine, phentermine and topiramate extended-release, bupropion and naltrexone extended-release, and liraglutide. On average, these medications lead to weight-loss of 5-10%. These medications might be more affordable than some of the newer AOMs.

- Platinum**
- Novo Nordisk
- Gold**
- American Society for Metabolic & Bariatric Surgery  
Boehringer Ingelheim  
Eli Lilly and Company  
Pfizer  
Potomac Currents

- Silver**
- Amgen  
Boston Scientific  
Currax Pharmaceuticals

- Bronze**
- Biohaven Pharmaceuticals  
Carmot Therapeutics Inc  
Geisinger Healthcare System  
KVK Tech  
Madrigal Pharmaceuticals  
Rocky Mountain Associated Physicians  
Structure Therapeutics  
Wondr Health®

- Patron**
- Altimmune, Inc  
Bariatric Advantage  
Bariatric Medicine Institute  
Billings Clinic  
BonusLife  
Celebrate Vitamins  
ConscienHealth  
Form Health  
Found  
Gainesville Medical Obesity Specialty Clinic  
Intellihealth  
New Life Center for Bariatric Surgery  
ProCare Health  
Rhythm Pharmaceuticals  
Seca Medical Body Composition  
The Better Weigh Center  
The Obesity Society  
Weight In Gold Wellness  
Woman's Hospital  
WW

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

List as of 01/09/2024

For adults with obesity or some adults with excess weight and weight-related medical problems, along with a reduced-calorie meal plan and increased physical activity

# Lose weight and keep it off



Actor portrayal.

## This is Wegovy® This is me



### What is Wegovy®?

Wegovy® (semaglutide) injection 2.4 mg is an injectable prescription medicine that may help adults with obesity (BMI  $\geq 30$ ) or some adults with excess weight (BMI  $\geq 27$ ) (overweight) who also have weight-related medical problems to help them lose weight and keep it off. Wegovy® should be used with a reduced calorie meal plan and increased physical activity.

- Wegovy® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines
- It is not known if Wegovy® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products
- It is not known if Wegovy® can be used safely in people with a history of pancreatitis
- It is not known if Wegovy® is safe and effective for use in children under 12 years of age

### Important Safety Information

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

**Wegovy® may cause serious side effects, 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 rodents, Wegovy® and medicines that work like Wegovy® caused thyroid tumors, including thyroid cancer. It is not known if Wegovy® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people

- Do not use Wegovy® 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)

#### Do not use Wegovy® if:

- you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- you have had a serious allergic reaction to semaglutide or any of the ingredients in Wegovy®

#### Before using Wegovy®, tell your healthcare provider if you have any other medical conditions, including if you:

- have or have had problems with your pancreas or kidneys
- have type 2 diabetes and a history of diabetic retinopathy
- have or have had depression, suicidal thoughts, or mental health issues
- are pregnant or plan to become pregnant. Wegovy® may harm your unborn baby. You should stop using Wegovy® 2 months before you plan to become pregnant
- are breastfeeding or plan to breastfeed. It is not known if Wegovy® passes into your breast milk

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



## WEGOVY® IS THE FIRST FDA-APPROVED ONCE-WEEKLY WEIGHT-MANAGEMENT MEDICINE

ADULTS ON AVERAGE  
ACHIEVED ~15% WEIGHT LOSS

~35<sup>LB</sup>

~232 LB STARTING WEIGHT

- People taking placebo in the study (not on medicine) lost an average of 6 lb (or ~2.5% body weight)
- Average starting weight in both groups: ~232 lb\*

- **83% of adults** taking Wegovy® **lost 5% or more** weight, compared to 31% taking placebo
- **66% of adults** taking Wegovy® **lost 10% or more** weight, compared to 12% taking placebo
- **48% of adults** taking Wegovy® **lost 15% or more** weight, compared to 5% taking placebo

ABOUT 1 IN 3 ADULTS ACHIEVED 20% WEIGHT LOSS

46<sup>LB</sup>

CALCULATED FROM ~232 LB STARTING WEIGHT

- **30% of people** taking Wegovy® **lost 20% or more** weight, compared to 2% of people taking placebo, in a supportive measure

\*Results are from a 68-week medical study of adults with obesity (BMI ≥30) and adults with excess weight (BMI ≥27) who also had weight-related medical problems including high blood pressure or high cholesterol. People with type 2 diabetes were excluded. Both groups received instruction for a reduced-calorie meal plan and increased physical activity. 7% of people taking Wegovy® (92 people) left the medical study due to side effects, compared to 3.1% of people taking placebo (20 people).

ONCE-WEEKLY

wegovy®

semaglutide injection 2.4 mg

Check your cost and coverage at [Wegovy.com](http://Wegovy.com) before asking your health care provider for Wegovy®



### Important Safety Information (cont'd)

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

**Wegovy® may cause serious side effects, including:**

- **inflammation of your pancreas (pancreatitis).** Stop using Wegovy® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back
- **gallbladder problems.** Wegovy® may cause gallbladder problems, including gallstones. Some gallstones may need surgery. Call your healthcare provider if you have symptoms, such as pain in your upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools
- **increased risk of low blood sugar (hypoglycemia) in patients with type 2 diabetes, especially those who also take medicines for type 2 diabetes such as sulfonylureas or insulin.** This can be both a serious and common side effect. Talk to your healthcare provider about how to recognize and treat low blood sugar and check your blood sugar before you start and while you take Wegovy®. Signs and symptoms of low blood sugar may include dizziness or light-headedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, or feeling jittery
- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration
- **serious allergic reactions.** Stop using Wegovy® and get medical help right away, if you have any symptoms of a serious allergic reaction, including swelling of your face,

lips, tongue, or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat

- **change in vision in people with type 2 diabetes.** Tell your healthcare provider if you have changes in vision during treatment with Wegovy®
- **increased heart rate.** Wegovy® can increase your heart rate while you are at rest. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes
- **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 Wegovy® may include:** nausea, diarrhea, vomiting, constipation, stomach (abdomen) pain, headache, tiredness (fatigue), upset stomach, dizziness, feeling bloated, belching, gas, stomach flu, heartburn, and runny nose or sore throat.

Wegovy® is a prescription medication. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

FDA, US Food and Drug Administration.

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

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November 2023



<p><b>Brief Summary of Information about WEGOVY® (semaglutide) injection</b></p> <p><b>wegovy®</b> semaglutide injection 2.4 mg</p> <p><b>Rx Only</b> This information is not comprehensive. How to get more information:</p> <ul style="list-style-type: none"> <li>• Talk to your healthcare provider or pharmacist</li> <li>• Visit <a href="http://www.novo-pi.com/wegovy.pdf">www.novo-pi.com/wegovy.pdf</a> to obtain the FDA-approved product labeling</li> <li>• Call 1-833-Wegovy-1</li> </ul>	<p><b>How should I use WEGOVY®?</b></p> <ul style="list-style-type: none"> <li>• WEGOVY® is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm. <b>Do not</b> inject WEGOVY® into a muscle (intramuscularly) or vein (intravenously).</li> <li>• Change (rotate) your injection site with each injection. <b>Do not</b> use the same site for each injection.</li> <li>• <b>Use WEGOVY® 1 time each week, on the same day each week, at any time of the day.</b></li> <li>• If you take too much WEGOVY®, you may have severe nausea, severe vomiting and severe low blood sugar. Call your healthcare provider or go to the nearest hospital emergency room right away if you experience any of these symptoms.</li> </ul>
<p><b>What is the most important information I should know about WEGOVY®?</b></p> <p><b>WEGOVY® may cause serious side effects, including:</b></p> <ul style="list-style-type: none"> <li>• <b>Possible thyroid tumors, including cancer.</b> 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 rodents, WEGOVY® and medicines that work like WEGOVY® caused thyroid tumors, including thyroid cancer. It is not known if WEGOVY® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.</li> <li>• Do not use WEGOVY® 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).</li> </ul>	<p><b>What are the possible side effects of WEGOVY®?</b></p> <p><b>WEGOVY® may cause serious side effects, including:</b></p> <ul style="list-style-type: none"> <li>• <b>See “What is the most important information I should know about WEGOVY®?”</b></li> <li>• <b>inflammation of your pancreas (pancreatitis).</b> Stop using WEGOVY® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.</li> <li>• <b>gallbladder problems.</b> WEGOVY® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms: <ul style="list-style-type: none"> <li>◦ pain in your upper stomach (abdomen)</li> <li>◦ yellowing of skin or eyes (jaundice)</li> <li>◦ fever</li> <li>◦ clay-colored stools</li> </ul> </li> <li>• <b>increased risk of low blood sugar (hypoglycemia) in patients with type 2 diabetes, especially those who also take medicines to treat type 2 diabetes mellitus such as sulfonylureas or insulin.</b> Low blood sugar in patients with type 2 diabetes who receive WEGOVY® can be both a serious and common side effect. Talk to your healthcare provider about how to recognize and treat low blood sugar. You should check your blood sugar before you start taking WEGOVY® and while you take WEGOVY®. Signs and symptoms of low blood sugar may include: <ul style="list-style-type: none"> <li>◦ dizziness or light-headedness</li> <li>◦ sweating</li> <li>◦ shakiness</li> <li>◦ blurred vision</li> <li>◦ slurred speech</li> <li>◦ weakness</li> <li>◦ anxiety</li> <li>◦ hunger</li> <li>◦ headache</li> <li>◦ irritability or mood changes</li> <li>◦ confusion or drowsiness</li> <li>◦ fast heartbeat</li> <li>◦ feeling jittery</li> </ul> </li> <li>• <b>kidney problems (kidney failure).</b> In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration.</li> <li>• <b>serious allergic reactions.</b> Stop using WEGOVY® and get medical help right away, if you have any symptoms of a serious allergic reaction including: <ul style="list-style-type: none"> <li>◦ swelling of your face, lips, tongue or throat</li> <li>◦ severe rash or itching</li> <li>◦ very rapid heartbeat</li> <li>◦ problems breathing or swallowing</li> <li>◦ fainting or feeling dizzy</li> </ul> </li> <li>• <b>change in vision in people with type 2 diabetes.</b> Tell your healthcare provider if you have changes in vision during treatment with WEGOVY®.</li> <li>• <b>increased heart rate.</b> WEGOVY® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take WEGOVY®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes.</li> <li>• <b>depression or thoughts of suicide.</b> 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.</li> </ul>
<p><b>What is WEGOVY®?</b></p> <p>WEGOVY® is an injectable prescription medicine that may help adults and children aged 12 years and older with obesity, or some adults with excess weight (overweight) who also have weight-related medical problems to help them lose weight and keep the weight off.</p> <ul style="list-style-type: none"> <li>• WEGOVY® should be used with a reduced calorie meal plan and increased physical activity.</li> <li>• WEGOVY® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines.</li> <li>• It is not known if WEGOVY® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.</li> <li>• It is not known if WEGOVY® can be used safely in people with a history of pancreatitis.</li> <li>• It is not known if WEGOVY® is safe and effective for use in children under 12 years of age.</li> </ul>	<p><b>Do not use WEGOVY® if:</b></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• you have had a serious allergic reaction to semaglutide or any of the ingredients in WEGOVY®. Symptoms of a serious allergic reaction include: <ul style="list-style-type: none"> <li>◦ swelling of your face, lips, tongue or throat</li> <li>◦ fainting or feeling dizzy</li> <li>◦ problems breathing or swallowing</li> <li>◦ very rapid heartbeat</li> <li>◦ severe rash or itching</li> </ul> </li> </ul>
<p><b>Do not use WEGOVY® if:</b></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• you have had a serious allergic reaction to semaglutide or any of the ingredients in WEGOVY®. Symptoms of a serious allergic reaction include: <ul style="list-style-type: none"> <li>◦ swelling of your face, lips, tongue or throat</li> <li>◦ fainting or feeling dizzy</li> <li>◦ problems breathing or swallowing</li> <li>◦ very rapid heartbeat</li> <li>◦ severe rash or itching</li> </ul> </li> </ul>	<p><b>The most common side effects of WEGOVY® in adults or children aged 12 years and older may include:</b></p> <ul style="list-style-type: none"> <li>• nausea</li> <li>• stomach (abdomen) pain</li> <li>• dizziness</li> <li>• stomach flu</li> <li>• diarrhea</li> <li>• headache</li> <li>• feeling bloated</li> <li>• heartburn</li> <li>• vomiting</li> <li>• tiredness (fatigue)</li> <li>• belching</li> <li>• runny nose or sore throat</li> <li>• constipation</li> <li>• upset stomach</li> <li>• gas</li> </ul> <p>Talk to your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of WEGOVY®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>
<p><b>Before using WEGOVY®, tell your healthcare provider if you have any other medical conditions, including if you:</b></p> <ul style="list-style-type: none"> <li>• have or have had problems with your pancreas or kidneys.</li> <li>• have type 2 diabetes and a history of diabetic retinopathy.</li> <li>• have or have had depression or suicidal thoughts, or mental health issues.</li> <li>• are pregnant or plan to become pregnant. WEGOVY® may harm your unborn baby. You should stop using WEGOVY® 2 months before you plan to become pregnant. <ul style="list-style-type: none"> <li>◦ <b>Pregnancy Exposure Registry:</b> There is a pregnancy exposure registry for women who use WEGOVY® during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your healthcare provider about how you can take part in this registry or you may contact Novo Nordisk at 1-877-390-2760.</li> </ul> </li> <li>• are breastfeeding or plan to breastfeed. It is not known if WEGOVY® passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using WEGOVY®.</li> </ul> <p><b>Tell your healthcare provider about all the medicines you take,</b> including prescription and over-the-counter medicines, vitamins, and herbal supplements. WEGOVY® may affect the way some medicines work and some medicines may affect the way WEGOVY® works. Tell your healthcare provider if you are taking other medicines to treat diabetes, including sulfonylureas or insulin. WEGOVY® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.</p>	<p><b>Before using WEGOVY®, tell your healthcare provider if you have any other medical conditions, including if you:</b></p> <ul style="list-style-type: none"> <li>• have or have had problems with your pancreas or kidneys.</li> <li>• have type 2 diabetes and a history of diabetic retinopathy.</li> <li>• have or have had depression or suicidal thoughts, or mental health issues.</li> <li>• are pregnant or plan to become pregnant. WEGOVY® may harm your unborn baby. You should stop using WEGOVY® 2 months before you plan to become pregnant. <ul style="list-style-type: none"> <li>◦ <b>Pregnancy Exposure Registry:</b> There is a pregnancy exposure registry for women who use WEGOVY® during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your healthcare provider about how you can take part in this registry or you may contact Novo Nordisk at 1-877-390-2760.</li> </ul> </li> <li>• are breastfeeding or plan to breastfeed. It is not known if WEGOVY® passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using WEGOVY®.</li> </ul> <p><b>Tell your healthcare provider about all the medicines you take,</b> including prescription and over-the-counter medicines, vitamins, and herbal supplements. WEGOVY® may affect the way some medicines work and some medicines may affect the way WEGOVY® works. Tell your healthcare provider if you are taking other medicines to treat diabetes, including sulfonylureas or insulin. WEGOVY® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.</p> <p>This Medication Guide has been approved by the U.S. Food and Drug Administration. Issued: 07/2023</p> <p>Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark <b>More detailed information is available upon request.</b> Available by prescription only. For more information, go to <a href="http://startWegovy.com">startWegovy.com</a> or call 1-833-Wegovy-1. WEGOVY® is a registered trademark of Novo Nordisk A/S. © 2023 Novo Nordisk All rights reserved. US23SEMO00541 August 2023</p>



- **Second-generation medications:** These include semaglutide and tirzepatide, which typically result in weight-loss between 15-22%. Some second-generation medications are available in generic forms, which might be cheaper if you're paying out of pocket.

Finally, bariatric surgery is a highly effective option for long-term weight-loss if someone meets the criteria (as mentioned before). As we see fewer medications covered by insurance, bariatric surgery remains a strong choice, often resulting in a weight-loss of 25-35% or more, especially when medications aren't an option.

### Answer provided by Sarah Bramlette, MSHL

If you find that your insurance doesn't cover treatments for obesity, the first step is to get it confirmed in writing. Different employers and government insurance offer various plans, so it's crucial to know what your plan specifically covers. You can call the Customer Service number to ask for your Plan Document, which may be available online and should contain all your coverage details. Depending on the treatment you're seeking, check under general physician services, surgical benefits and prescription benefits. You might have a separate plan for prescription coverage.

It's important to not only see what's covered but also to read the exclusion section to understand exactly what's not covered. For instance, I once had insurance that excluded obesity treatment, but it made an exception for surgical treatment of severe obesity.

If, after carefully reading your coverage details, you discover there's no coverage for obesity treatments or the specific treatment you need, consider talking to your benefits administrator, usually the Human Resources (HR) department. Sometimes, self-funded insurance plans offer more coverage options. If coverage isn't available this year, ask what can be done to add it for the next year.

The OAC has information you can share with your benefits administrator, explaining why coverage is essential. Adding your personal story can be persuasive. You can also check the OAC Action Center to contact your members of Congress and urge them to improve coverage for obesity treatments. There might be specific actions for your state.

Other options for paying for treatments include borrowing from your 401(k) and using flexible spending accounts (FSA) or healthcare savings account (HSA) funds. Additionally, considering the availability of many medications that are in the pipeline, see if there are any research studies in your area that you could participate in.

### About the Authors:

*Paul Davidson, PhD, is an independent behavioral consultant specializing in bariatrics with over 30 years of clinical experience. He is deeply dedicated to his family and to counseling, teaching, research, and advocacy in obesity treatment. For the past decade, he has been a prominent figure in the American Society for Metabolic and Bariatric Surgery (ASMBS), served as Director of Behavioral Services for the Center for Weight and Wellness at Brigham and Women's Hospital, and instructed at Harvard Medical School. He is also a proud member and contributor to the Obesity Action Coalition (OAC).*

*Sunil Daniel, MD, is a board-certified obesity medicine physician with fellowship training in clinical nutrition and obesity management. He is a fellow of The Obesity Society and has authored several scientific papers on obesity and its medical management. Dr. Daniel is a Duke University-trained Integrative Health Coach and an innovator who is passionate about developing mobile technology-enabled weight management solutions that are both evidence-based and meaningful to the user. He takes pride in sharing his own successes and challenges with weight-loss and maintenance.*

*Sarah Bramlette, MSHL, is a patient living with lipedema, lymphedema and obesity. She founded Higher Standard of Care LLC to offer consulting services focusing on access to care for patients with higher weights and larger bodies. She utilizes her decades of lived experience to spread awareness about her conditions while advocating for improved diagnosis, treatment and insurance coverage. Recently, she became a Standardized Patient to aid in the development of future doctors' skills in treating patients of all sizes. Sarah currently serves as Board Chair of the Lymphedema Advocacy Group (LAG) and played a pivotal role in the passage and implementation of the Lymphedema Treatment Act. Additionally, she serves on the National Board of Directors for the Obesity Action Coalition (OAC) and advocates for the passage of the Treat and Reduce Obesity Act (TROA). Her blend of personal experience, education and policy knowledge makes her an impactful advocate whose efforts have benefited millions.*

Some second-generation medications are available in generic forms, which might be cheaper if you're paying out of pocket.

# Introducing YOURWEIGHTMATTERS REGIONAL

by Kendall Griffey,  
OAC Communications Manager



We have officially kicked off *Your Weight Matters* Regional – our series of free weight and health events across the United States! *Your Weight Matters* Regional presents a wide range of topics, from weight management to nutrition and mental health, and expert speakers provide valuable insights and science-based strategies to help guide attendees on their personal health journeys. Our first stop was in San Diego, California, in February 2024.

Attendees were welcomed with a delicious and nutritious complimentary breakfast and had the opportunity to meet others, some of whom would become local friends by the end of the day. They also filled out their raffle tickets for the great prizes attendees had a chance to win!

Our first presentation of the day was by Dr. Angela Fitch, MD, FACP, FOMA, ABOM Diplomate. Dr. Fitch started the day off by answering a few of the most prevalent questions we all have when it comes to weight: “Why are we gaining weight, and why is it so difficult to lose weight and keep it off?” In her presentation, she covered the contributing factors to weight gain and obesity, why not everyone gains weight (spoiler alert: it has to do with your genetics!) and how our brains and hormones affect our appetites.

“Every *Your Weight Matters* Regional event will teach attendees something new.”

“ Attendees walked away with the necessary information to initiate a conversation with their doctor. ”



Then, Cassie Story, RD, gave helpful tips in her presentation, “Finding an Eating Strategy That Works For YOU.” She taught us how a dietician or nutritionist could help in our journey to improved health, how to determine portion sizes that work for us and how to go about mindful eating and self-monitoring. By the end of her presentation, everyone had an eating strategy that aligned with their personal goals.

Next, Kelly Forsy Donahue, PhD, gave us insight into how stress impacts weight — and, more importantly, how we can manage our stress to help with weight management. In her presentation, “Managing the Stress without the Calories,” she taught us how to distinguish between the things that are in your control and the things that are out of your control and how to shift your mindset when experiencing life events.

To wrap up the day, Dr. Fitch returned to present “Understanding Your Treatment Options.” In her presentation, she explained the various treatment options available for obesity, including all FDA-approved anti-obesity medications and types of bariatric surgery. We learned that while responses to obesity treatment vary for each person, lifestyle changes combined with medical interventions are the most effective approach for weight management and improved health. Attendees walked away with the necessary information to initiate a conversation with their doctor.

Every *Your Weight Matters* Regional event will teach attendees something new. Plus, there was something for everybody, no matter what their personal journey with weight and health has been like thus far. We bring in experts who truly “get it” when it comes to weight and how hard it can be to manage, and who will break down the complexity behind weight in a way that is easy to understand.

But the best part is, each event is FREE! You can learn science-based, hands-on strategies in mental health, nutrition, weight management and more, all free of cost. If you’re ready to take the next step in your journey to improved health, visit [YourWeightMatters.com](https://YourWeightMatters.com) to learn more.

## Where Your Weight Matters Regional is Headed Next:

Indianapolis, IN – April 13, 2024

Tampa, FL – July 2024

Austin, TX – September 21, 2024

Boston, MA – October 2024

Want to find out when we’re coming to a city near you? Sign up for alerts at [YourWeightMatters.com](https://YourWeightMatters.com).

We hope to see you soon!

### **About the Author:**

*Kendall Griffey, OAC Communications Manager, graduated from the University of North Florida with a B.S. in Communications with a focus in public relations. Kendall is passionate about her work in the nonprofit sector and is driven to make a meaningful impact.*

# The Role of **Endoscopic Bariatric Procedures** in Patient Care

by Matthew Lester Brengman, MD, MSHA, FACS

Exciting advancements are happening in weight management and obesity treatment. Even though effective surgical treatments have been around in the United States for more than 50 years, only a small number of patients choose surgery to treat overweight and obesity. Many people prefer less intense treatments, which has led to the development of medications and less invasive procedures.

Recently, medications like liraglutide, semaglutide, and now tirzepatide have sparked enthusiasm. However, some patients aren't satisfied with these medications, saying they didn't lose enough weight or they experienced unpleasant side effects. They also wonder if they'll need to take these medications forever to avoid weight regain.

For patients worried about medication who aren't keen on surgery, a newer option called endoscopic or endoluminal procedures is becoming more popular. These procedures, done through the mouth with special instruments, don't require incisions.

## **Understanding Weight-loss in Other Procedures**

To understand where endoscopic procedures fit in treating obesity, let's look at how modern weight-loss treatments work. Consider gastric bypass surgery. It involves creating a small pouch out of the upper stomach. When someone eats, this small pouch fills up quickly, signaling to the brain that they're full. This is called "restriction," and it is the foundation of most bariatric surgical procedures. For example, sleeve gastrectomy removes a part of the stomach, creating restriction. Adjustable gastric banding places a small circular band below the connection between the esophagus and stomach, forming a small "pouch" for restriction.

Some surgeries also affect hormones, which helps with weight-loss. Gastric bypass, for instance, alters the intestines, causing food to move faster through them, leading to higher hormone levels that control hunger. These hormones are the basis of the new GLP-1 medications.

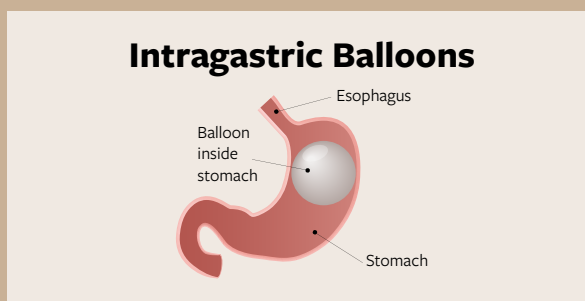
Modern weight-loss treatments generally involve hormonal/medication-based hunger control, mechanical/restriction-based hunger control, or a combination of both.

# Endoscopic Procedures

Now, let's talk about endoscopic weight-loss interventions. There are two common types: intragastric balloons and endoscopic sleeve gastropasty.

## Intragastric Balloons:

There are three FDA-approved intragastric balloons. These are devices, inflated with either gas or liquid, that are swallowed or placed using an endoscope. They stay in the stomach for up to eight months, taking up space and slowing down food emptying, leading to early fullness and prolonged hunger control (restriction). When the balloon is ready to be removed, it is done in a quick procedure using the endoscope.



The intragastric balloon is very safe. Although most patients experience some symptoms for the first few days after placement, overall, they tolerate the balloon well. On average, patients lose about 10% of their total body weight during their balloon therapy. Most obesity management programs include intragastric balloons in a thorough follow-up plan involving frequent visits with dietitians and obesity medicine physicians.

The amount of weight lost with the balloon can vary, which makes sense because stomach sizes vary among individuals. There is now an FDA-approved adjustable gastric balloon, which seems to lead to greater weight-loss compared to single-size balloons.

Many patients see the temporary nature of the intragastric balloon as an advantage. It provides them with the push they need to manage their weight without permanently altering their stomach. However, long-term weight outcomes with the balloon are mixed. Like when stopping medications, removing the balloon can lead to the return of obesity for some patients.

## Endoscopic Sleeve Gastropasty:

The other FDA-approved endoscopic procedure for obesity treatment is endoscopic sleeve gastropasty, or ESG. This incision-less procedure is also done through the mouth with a special sewing device on the endoscope. With this device, the doctor can take thick bites of the stomach from the inside. Taking multiple bites and tightening the suture shrinks the stomach size by up to 90%.

Inside, the stomach can look like a surgical sleeve gastrectomy. This "restriction" is done without incisions or removing part of the stomach. Large studies have shown ESG to be much safer than gastric sleeve surgery. After a few days of getting used to eating and drinking differently, the patient can go back to their usual activities. Most centers do ESG as a same-day procedure, with patients going home a couple of hours after.



ESG patients can expect to lose 15-20% of their total body weight. This dramatic weight-loss seems to last for at least two years and five years, as shown by studies. Weight-loss happens because patients feel full sooner and can control hunger longer after eating a small amount of food. Studies haven't shown a significant hormonal change after ESG. Some people see this as a downside, while others see it as a chance to use medications for a bigger effect on obesity without surgery. Using medications and endoscopic procedures together for obesity treatment is new but promising.

How do these endoscopic procedures fit into treating obesity? Choosing the right treatment is complex. It's about balancing patients' medical goals with the risks and side effects of treatment. Treating obesity is no different. We look at how severe someone's obesity is, often measured by body mass index (BMI) and other health issues linked to obesity. We balance these with how intense the treatment is and possible complications and side effects.

When I talk to patients about this, we start with how severe their obesity and related conditions are. Endoscopic procedures are FDA-approved for patients with a BMI of 30-50. These procedures usually result in losing 10-20% of total body weight. For patients with a BMI between 30 and 40, losing 20% of their total body weight can significantly improve obesity-related medical issues. With the low impact of the initial procedure and very few complications and side effects, endoscopic procedures are an important, safe and lasting tool for treating obesity in this group.

### About the Author:

*Matthew Brengman, MD, MSHA, FACS, is a board-certified general and bariatric surgeon practicing in Richmond, Virginia.*

# Embracing the Future: TOP 10 Fitness Trends of 2024

by Yelena Kibasova

The fitness world is evolving, with new trends and innovations that promise to revolutionize how we approach health and wellness. From cutting-edge technologies to holistic approaches, the top fitness trends of 2024 are set to inspire people to embark on transformative journeys towards a healthier lifestyle. Here's a look at what to watch out for this year.

## 1. Virtual Fitness

Technology and fitness are teaming up to redefine how we exercise. Virtual fitness experiences are gaining a ton of popularity, letting people access guided workouts, classes and personal training sessions from the comfort of their homes. Virtual reality (VR) workouts add excitement and engagement by transporting users to virtual places (like a forest path or urban running trail) while they break a sweat. Some examples of virtual reality workouts are FitXR and Beat Saber.







## 2. Inclusive Fitness

Inclusion and diversity take center stage in the fitness industry as it strives to serve people of all ages, sizes and abilities. Fitness programs and facilities are adapting to be more inclusive, offering modifications and accessibility features to help everyone take part. Advertising and media about fitness are showing more diverse groups of people. Gyms are offering more classes for older adults since many want to stay active as they age into their later years.

## 3. Biohacking for Better Performance

Biohacking, which means using technology and lifestyle changes to improve how your body and mind work, is emerging as a significant trend in 2024. From wearable devices that track the body's measurements to personalized nutrition plans based on genetic testing data, people are embracing biohacking to help their bodies work at their best. However, this trend can cost a lot of money, so it's not equally accessible to everyone.



## 4. Mind-Body Fusion

In 2024, there's a big emphasis on holistic wellness and the connection between the mind and body. Activities like yoga, meditation and tai chi are combined with high-intensity workouts to create a balanced fitness routine. These workouts include mindful movement and breathing exercises, which don't just help physically but also bring mental clarity and calmness to reduce stress. In recent years, fitness professionals have paid more attention to the mind-body connection when helping people with their fitness goals.

## 5. Sustainable Fitness

With more focus on the environment, sustainable fitness is becoming more popular. The fitness industry is making strides in reducing its impact on the planet, like using eco-friendly workout gear and building energy-efficient gyms. Outdoor workouts, such as trail running and fitness classes in parks, are gaining popularity, promoting both staying active and connecting with nature.



## 6. Personalized Nutrition Plans

In 2024, there's growing recognition that diets are not one-size-fits-all, so personalized nutrition plans are gaining traction. With advances in genetic testing and nutrition science, people can customize their diets to fit their own genetics, metabolism and health goals. They can get precise nutrition advice and meal plans based on their DNA to improve their health. However, while these advances are promising, they can be expensive, so not everyone can afford them.

*Top 10 Fitness Trends continued on page 37*

# Reduce hunger and control cravings with CONTRAVE®\*



Not an Actual Patient.

## What is CONTRAVE?

Along with diet and exercise, CONTRAVE is a prescription weight-loss medicine that may help some adults with a BMI  $\geq 30$  kg/m<sup>2</sup> (obese) or with a BMI of  $\geq 27$  kg/m<sup>2</sup> (overweight) with at least one weight-related medical problem such as high blood pressure, high cholesterol, or type 2 diabetes, lose weight and keep the weight off.

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

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

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

## IMPORTANT SAFETY INFORMATION

**CONTRAVE can cause serious side effects including:**

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

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

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

Stop taking CONTRAVE and call a healthcare provider right away if you or your family members notice any of the following symptoms, especially if they are new, worse, or worry you: thoughts about suicide or dying;

attempts to commit suicide; depression; anxiety; feeling agitated or restless; panic attacks; irritability; aggression, anger, or violence; acting on dangerous impulses; an extreme increase in activity and talking; other unusual changes in behavior or mood; trouble sleeping.

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

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

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

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

**CONTRAVE may cause serious side effects, including:**

- **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who take higher doses of CONTRAVE, have certain medical conditions, or take CONTRAVE with certain other medicines. **Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them.** If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.

Everyone has different challenges when it comes to weight loss.  
**Don't let cravings from boredom sabotage your success.**

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



Scan the QR Code to **Pay \$99 or Less<sup>†</sup>**  
**+ Free Shipping<sup>‡</sup> for CONTRAVE.**

  
**Contrave<sup>®</sup>**  
(naltrexone HCl/bupropion HCl)  
8 mg/90 mg • Extended-Release Tablets

*Control starts now.*

\*The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.

<sup>†</sup>The price of CONTRAVE is \$99 per month with free shipping through the CurAccess Program. If your insurance covers CONTRAVE, it may cost less. CurAccess Program is offered by our partner pharmacies. Subject to patient eligibility.

<sup>‡</sup>Free shipping through the CurAccess Program is offered by a third-party partner.

#### IMPORTANT SAFETY INFORMATION (cont'd)

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

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

- have trouble breathing
- become very drowsy with slowed breathing
- have slow, shallow breathing
- feel faint, very dizzy, confused, or have unusual symptoms
- **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid including street drugs, prescription pain medicines, cough, cold, or diarrhea medicines that contain opioids, or opioid dependence treatments, for at least 7 to 10 days before starting CONTRAVE. Using opioids in the 7 to 10 days before you start taking CONTRAVE may cause you to suddenly have symptoms of opioid withdrawal when you take it. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before a medical procedure or surgery.
- **Severe allergic reactions.** Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction: rash, itching, hives, fever, swollen lymph glands, painful sores in your mouth or around your eyes, swelling of your lips or tongue, chest pain, or trouble breathing.
- **Increases in blood pressure or heart rate.** Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking, and while you take CONTRAVE.

- **Liver damage or hepatitis.** Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems: stomach area pain lasting more than a few days, dark urine, yellowing of the whites of your eyes, or tiredness. Your healthcare provider may need to stop treating you with CONTRAVE if you get signs or symptoms of a serious liver problem.
- **Manic episodes.** Bupropion can cause some people who were manic or depressed in the past to become manic or depressed again.
- **Visual problems (angle-closure glaucoma).** Signs and symptoms may include: eye pain, changes in vision, swelling or redness in or around the eye. Talk with your healthcare provider to find out if you are at risk for angle-closure glaucoma and to get treatment to prevent it if you are at risk.
- **Increased risk of low blood sugar in people with type 2 diabetes mellitus who also take medicines to treat their diabetes (such as insulin or sulfonyleureas).** You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

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

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.

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



CONTRAVE<sup>®</sup> is a registered trademark of Currax Pharmaceuticals LLC.

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<p><b>Summary of Important Information about CONTRAVE® (naltrexone HCl/bupropion HCl) Extended-Release Tablets Rx Only</b></p> <p>The risk information provided here is not comprehensive. To learn more, talk to your healthcare provider or pharmacist. Visit <a href="http://CONTRAVE.com">CONTRAVE.com</a> or call 1-800-793-2145 to get FDA-approved product labeling, including Medication Guide.</p>	<p><b>How should I take CONTRAVE?</b></p> <ul style="list-style-type: none"> <li>Take CONTRAVE exactly as your healthcare provider tells you to. Your healthcare provider will change your dose if needed.</li> <li><b>Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.</b></li> <li><b>Do not</b> take CONTRAVE with high-fat meals. It may increase your risk of seizures.</li> <li>If you miss a dose of CONTRAVE, wait until your next regular time to take it. <b>Do not</b> take more than 1 dose of CONTRAVE at a time.</li> </ul>
<p><b>What is the most important information I should know about CONTRAVE?</b></p> <p><b>CONTRAVE can cause serious side effects, including:</b></p> <ul style="list-style-type: none"> <li><b>Suicidal thoughts or actions.</b> One of the ingredients in CONTRAVE is bupropion. Bupropion has caused some people to have suicidal thoughts or actions or unusual changes in behavior, whether or not they are taking medicines used to treat depression. Bupropion may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment. If you already have depression, or other mental illnesses, taking bupropion may cause it to get worse, especially within the first few months of treatment. <b>Stop taking CONTRAVE and call a healthcare provider right away if you, or your family member, have any of the following symptoms, especially if they are new, worse, or worry you:</b> <ul style="list-style-type: none"> <li>thoughts about suicide or dying</li> <li>attempts to commit suicide</li> <li>new or worse depression</li> <li>new or worse anxiety</li> <li>feeling very agitated or restless</li> <li>panic attacks</li> <li>new or worse irritability</li> <li>acting aggressive, being angry, or violent</li> <li>acting on dangerous impulses</li> <li>an extreme increase in activity and talking</li> <li>other unusual changes in behavior or mood</li> <li>trouble sleeping</li> </ul> </li> </ul> <p><b>While taking CONTRAVE, you or your family members should:</b></p> <ul style="list-style-type: none"> <li>Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when you start taking CONTRAVE or when your dose changes.</li> <li>Keep all follow-up visits with your healthcare provider as scheduled. Call your healthcare provider between visits as needed, especially if you have concerns about symptoms.</li> </ul> <p>CONTRAVE has not been studied in and is not approved for use in children under the age of 18.</p>	<p><b>What should I avoid while taking CONTRAVE?</b></p> <ul style="list-style-type: none"> <li><b>Do not</b> drink a lot of alcohol while taking CONTRAVE. If you drink a lot of alcohol, talk with your healthcare provider before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your chance of having a seizure.</li> </ul>
<p><b>What is CONTRAVE?</b></p> <p>CONTRAVE is a prescription medicine used with a reduced calorie diet and increased physical activity that may help some obese or overweight adults, who also have weight related medical problems, lose weight and keep the weight off. It is not known if CONTRAVE changes your risk of heart problems or stroke or of death due to heart problems or stroke. It is not known if CONTRAVE is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products. CONTRAVE is not approved to treat depression or other mental illnesses, or to help people quit smoking.</p>	<p><b>What are the possible side effects of CONTRAVE?</b></p> <p><b>CONTRAVE may cause serious side effects, including:</b></p> <ul style="list-style-type: none"> <li>See "WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT CONTRAVE?"</li> <li><b>Seizures.</b> There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: <ul style="list-style-type: none"> <li>take higher doses of CONTRAVE</li> <li>take CONTRAVE with certain other medicines</li> <li>have certain medical conditions</li> </ul> </li> </ul>
<p><b>Do not take CONTRAVE if you:</b></p> <ul style="list-style-type: none"> <li>have uncontrolled hypertension.</li> <li>have or have had seizures.</li> <li>use other medicines that contain bupropion.</li> <li>have or have had an eating disorder called anorexia or bulimia.</li> <li>are dependent on opioid pain medicines or use medicines to help stop taking opioids, or are in opiate withdrawal.</li> <li>drink a lot of alcohol and abruptly stop drinking, or use medicines called sedatives, benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden.</li> <li>are taking medicines called monoamine oxidase inhibitors (MAOIs). <b>Do not</b> start CONTRAVE until you have stopped taking your MAOI for at least 14 days.</li> <li>are allergic to naltrexone or bupropion or any of the ingredients in CONTRAVE.</li> </ul>	<p><b>If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.</b> You should not take CONTRAVE again if you have a seizure.</p> <ul style="list-style-type: none"> <li><b>Risk of opioid overdose.</b> One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. <b>Do not</b> take large amounts of opioids to try to overcome the opioid-blocking effects of naltrexone. This can lead to serious injury, coma, or death. If you have used opioid street drugs or opioid-containing medicines in the past, using opioids in amounts that you used before treatment with naltrexone can lead to overdose and death. <b>You or someone close to you should get emergency medical help right away if you:</b> <ul style="list-style-type: none"> <li>have trouble breathing</li> <li>become very drowsy with slowed breathing</li> <li>have slow, shallow breathing</li> <li>feel faint, very dizzy, confused, or have unusual symptoms</li> </ul> </li> <li><b>Sudden opioid withdrawal.</b> People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before a medical procedure or surgery.</li> <li><b>Severe allergic reactions.</b> Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. <b>Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away</b> if you have any of the following signs and symptoms of an allergic reaction: <ul style="list-style-type: none"> <li>rash</li> <li>itching</li> <li>hives</li> <li>fever</li> <li>swollen lymph glands</li> <li>painful sores in your mouth or around your eyes</li> <li>swelling of your lips or tongue</li> <li>chest pain</li> <li>trouble breathing</li> </ul> </li> <li><b>Increases in blood pressure or heart rate.</b> Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking, and while you take, CONTRAVE.</li> <li><b>Liver damage or hepatitis.</b> One of the ingredients in CONTRAVE, naltrexone, can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems: <ul style="list-style-type: none"> <li>stomach area pain lasting more than a few days</li> <li>dark urine</li> <li>yellowing of the whites of your eyes</li> <li>tiredness</li> </ul> </li> </ul>
<p><b>Before taking CONTRAVE, tell your healthcare provider about all of your medical conditions, including if you:</b></p> <ul style="list-style-type: none"> <li>have or have had depression or other mental illnesses. (such as bipolar disorder)</li> <li>have attempted suicide in the past</li> <li>have or have had seizures</li> <li>have had a head injury</li> <li>have had a tumor or infection of your brain or spine</li> <li>have had a problem with low blood sugar or low levels of sodium in your blood</li> <li>have or have had liver problems</li> <li>have high blood pressure</li> <li>have or have had a heart attack, heart problems, or have had a stroke</li> <li>have kidney problems</li> <li>are diabetic taking insulin or other medicines to control your blood sugar</li> <li>have or have had an eating disorder</li> <li>drink a lot of alcohol</li> <li>abuse prescription medicines or street drugs</li> <li>are over the age of 65</li> <li>are pregnant or plan to become pregnant. Losing weight while pregnant may harm your unborn baby. <b>Stop taking CONTRAVE</b> if you become pregnant. Tell your healthcare provider if you become pregnant or you think you may be pregnant during treatment with CONTRAVE.</li> <li>are breastfeeding or plan to breastfeed. CONTRAVE can pass into your breast milk and may harm your baby. You and your healthcare provider should decide if you should take CONTRAVE or breastfeed. You should not do both.</li> </ul> <p><b>Tell your healthcare provider about all the medicines you take,</b> including prescription and over-the-counter medicines, vitamins, and herbal supplements. CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works, causing side effects.</p>	<ul style="list-style-type: none"> <li><b>Manic episodes.</b> One of the ingredients in CONTRAVE, bupropion, can cause some people who were manic or depressed in the past to become manic or depressed again.</li> <li><b>Visual problems (angle-closure glaucoma).</b> One of the ingredients in CONTRAVE, bupropion, can cause some people to have visual problems. Signs and symptoms of angle-closure glaucoma may include: <ul style="list-style-type: none"> <li>eye pain</li> <li>changes in vision</li> <li>swelling or redness in or around the eye</li> </ul> </li> <li><b>Increased risk of low blood sugar in people with type 2 diabetes mellitus who also take medicines to treat their diabetes.</b> Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.</li> </ul> <p><b>The most common side effects of CONTRAVE include:</b></p> <ul style="list-style-type: none"> <li>nausea</li> <li>constipation</li> <li>headache</li> <li>vomiting</li> <li>dizziness</li> <li>trouble sleeping</li> <li>dry mouth</li> <li>diarrhea</li> </ul> <p>These are not all of the possible side effects of CONTRAVE. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.</p> <p>Distributed by: <b>Curax™ Pharmaceuticals LLC</b>, Brentwood, TN 37027  CONTRAVE® is a registered trademark of Curax™ Pharmaceuticals LLC  All other trademarks are the property of their respective owners.  © 2022 Curax™ Pharmaceuticals LLC  This Brief Summary is based on CON-LC116.02, 11/2021. CON-1295-001 02/2022</p>



## 7. AI-Powered Fitness Coaching

Artificial intelligence (AI) is revolutionizing how fitness coaching works. Virtual trainers powered by AI look at user data, follow progress and give feedback instantly. These virtual coaches adjust workouts according to each person's performance, making fitness more personalized and effective. The convenience of having a virtual coach ready to help anytime, anywhere is why AI is becoming more popular in fitness.

## 8. Hybrid Group Fitness

Group fitness takes on a new form in 2024 by blending the energy of in-person classes with the flexibility of virtual connections. Hybrid group fitness classes let people join from different places, creating a community feel while fitting into busy schedules. Social platforms make the group fitness experience even better, allowing participants to share achievements, struggles and encouragement. As a group fitness instructor, offering virtual classes lets me support people in their fitness journeys from all over the country and even the world. Many instructors provide free workouts on platforms like YouTube.



## 9. Recovery-focused Fitness

There is a growing understanding in 2024 of how important recovery is to overall fitness. That's why there's a big increase in recovery-focused activities. Special recovery centers are popping up that offer treatments like cryotherapy and compression therapy. People are using tools at home like massage devices and foam rollers to recover after workouts. By focusing on recovery, individuals can perform better and reduce the risk of injuries.

## 10. Wellness Travel

Wellness travel continues to gain popularity as individuals seek fitness experiences beyond traditional gyms. Fitness retreats, adventure trips focused on wellness, and races in scenic destinations offer chances to stay active while exploring new places. These immersive experiences not only offer a change of scenery but also contribute to overall well-being. While these experiences are unique, they may not be financially accessible to many.



As we journey through 2024, the fitness world is all about new ideas, inclusivity, and taking care of both body and mind. These top 10 fitness trends show that people are moving toward a more mindful, sustainable and personalized approach to fitness. Embracing these trends help individuals start a journey toward healthier and happier lives.

### About the Author:

Yelena Kibasova is a Certified Fitness Instructor who got a fresh chance at a healthier life after having bariatric surgery in 2008. She has maintained a 150-pound weight-loss and has inspired her fitness students for the last four years. She believes in a holistic approach when it comes to managing her overall health. Contact Yelena at [MoreThanMyWeight.com](https://www.morethanmyweight.com)

# Spring Snacks to Celebrate the Season

by Sarah Muntel, RD

Spring has sprung, bringing sunnier and warmer days! For many, this change of seasons is an opportunity to kickstart healthier eating habits. Often, individuals embark on a “spring clean” of their diet, making healthier choices. Another notable change in spring for families involves a shift in activities and schedules. It’s a time for kids to explore new sports, families to spend more time outdoors, and groups to gather more frequently. However, as activities and events fill the calendar, more time is spent away from home, and snacks tend to find their way into the mix!

## Why Consider Snacking?

Snacking becomes essential for various reasons:

- **Kids and Small Portions:** Children may consume small meal portions or leave meals unfinished, leading to the need for snacks between meals. Some may prefer having healthy snacks throughout the day instead of three traditional meals.
- **Busy Schedules:** Older kids who are engaged in practices or activities may require snacks before or after these events. As schedules become hectic, adhering to regular mealtimes often becomes challenging, making snacks a convenient solution for delayed dinners or lunches.
- **Nutrient Boost:** Snack time is always an opportunity to enrich your kids’ diet with extra nutrients!

## What’s in Season this Spring?

Whenever you incorporate produce, it’s a win! Fruits and vegetables bring a variety of vitamins, minerals and fiber to your diet. Whether fresh, frozen or canned, they provide essential nutrition. Shopping for seasonal produce is beneficial because it ensures higher quality and freshness.

According to the USDA, the following fruits and vegetables are in season during spring:

- **Seasonal Fruits:** Apples, apricots, bananas, kiwi fruit, lemons, limes, pineapples, strawberries.
- **Seasonal Vegetables:** Asparagus, avocados, broccoli, cabbage, carrots, celery, collard greens, kale, lettuce, mushrooms, onions, peas, radishes, rhubarb, spinach, Swiss chard, turnips.

## Putting it Together

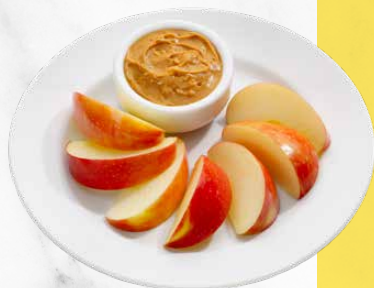
Create a quick snack list to simplify life for busy families. Spring offers the perfect opportunity to introduce a variety of produce that will give your family diverse nutrients:

### Snack Ideas:

- **Apples and Peanut Butter:** Enjoy a crunchy apple for fiber and Vitamin C paired with protein-rich peanut butter.
- **Yogurt and Banana:** Indulge in potassium and magnesium-packed bananas on top of low-sugar yogurt for a creamy, sweet snack.
- **Avocado Toast:** Savor healthy fats from avocados for flavor and satiety on whole-grain toast, adding fiber and energy to your snack.
- **Fruit and Dip:** Pair any spring fruit with a low-fat dip for an easy way to enjoy more produce.
- **Carrots, Celery and Cheese:** Benefit from the three C's – Vitamin C and A from veggies coupled with protein and calcium from cheese.
- **Cottage Cheese and Pineapple:** Experience Vitamin C, fiber and energy from juicy pineapple on top of cottage cheese for a satisfying snack.
- **Smoothie:** Blend kale, greens, apples and bananas with milk and protein powder for a quick power smoothie.
- **Hummus and Vegetables:** Dip your favorite veggies (peppers, carrots, cucumber) in hummus for a protein and fiber boost.

## Give it a Try!

*Kid's Corner continued on page 40*





*Kid's Corner continued from page 39*

Looking for an on-the-go snack with grains, vegetables and fruit? Try these muffins for a delicious way to get some nutrients and energy.

## Carrot and Banana Muffins

From [EatingWell.com](http://EatingWell.com)

### Ingredients:

- 1 cup raisins
- $\frac{3}{4}$  cup whole-wheat flour
- $\frac{3}{4}$  cup all-purpose flour
- 1 cup oat bran
- $\frac{1}{2}$  cup toasted wheat germ
- 2 teaspoons baking powder
- 1 teaspoon baking soda
- $\frac{1}{4}$  teaspoon salt
- 2 teaspoons ground cinnamon
- $\frac{1}{4}$  teaspoon ground allspice
- 4 large egg whites
- 1 cup packed brown sugar or  $\frac{1}{2}$  cup Splenda Sugar Blend for baking
- 1 cup mashed bananas (2 medium bananas)
- $\frac{1}{2}$  cup low-fat milk
- $\frac{1}{4}$  cup canola oil
- 1 teaspoon vanilla extract
- 2 cups shredded carrots (4 medium carrots)
- $\frac{1}{3}$  cup chopped walnuts

### Directions:

1. Preheat oven to 400 degrees F. Coat 18 standard-size (2  $\frac{1}{2}$ -inch) muffin cups with cooking spray.
2. Place raisins in a small bowl and cover with hot water; let soak for 5 minutes. Drain and set aside.
3. Whisk whole-wheat flour, all-purpose flour, oat bran, wheat germ, baking powder, baking soda, salt, cinnamon and allspice in a large mixing bowl.
4. Whisk egg whites in a medium bowl until frothy. Add brown sugar (or Splenda) and whisk until dissolved. Mix in bananas, milk, oil and vanilla.
5. Make a well in the center of the dry ingredients. Add the wet ingredients, then stir with a rubber spatula until just combined. Gently stir in carrots and the drained raisins.
6. Scoop the batter into the prepared pan and sprinkle with nuts. Bake the muffins until the tops spring back when touched lightly, 15 to 20 minutes. Let cool in the pan for 5 minutes. Loosen the edges and turn the muffins out onto a wire rack.



Looking to infuse more produce into your day? A quick after-school snack can give you a boost of Vitamin C, A, and fiber! Serve with whole-grain chips, pretzels or apple slices.

## Avocado Mango Salsa

From *SkinnyTaste.com*

### Ingredients:

- 1 ripe mango, peeled and diced
- 5 ounces diced avocado from 1 medium
- 1 plum tomato, diced
- 1 clove garlic minced
- 1 jalapeño, seeded and diced
- ¼ cup chopped fresh cilantro
- 2 tablespoons fresh lime juice
- ¼ cup chopped red onion
- ½ tablespoon olive oil
- kosher salt and fresh pepper to taste



### Directions:

Combine all the ingredients and let them marinate in the refrigerator for 30 minutes before serving.

On the way to soccer practice? Need a quick snack? Try one of these on the way, or add protein powder for an extra boost of nutrients!

## Super Mint Green Smoothie

From *Taste.com*

### Ingredients:

- 2 ½ cups (625ml) So Good Almond Long Life Milk, chilled
- Half of a ripe avocado, chopped
- 1 banana, frozen
- 4 Medjool dates, pitted and chopped
- ½ cup fresh mint leaves
- 1 cup baby spinach leaves
- 2 tablespoons honey



### Directions:

Place all the ingredients into a blender and blend until smooth and combined. Pour into glasses and serve.

### About the Author:

*Sarah Muntel, RD, is a Registered Dietitian with more than 20 years of experience working with surgical and medical weight-loss patients. She is passionate about helping people reach their health and wellness goals. In her free time, Sarah enjoys spending time with her husband and children, watching her children's activities, and going on walks with friends.*

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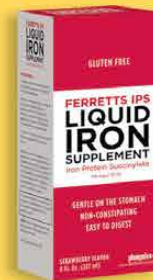


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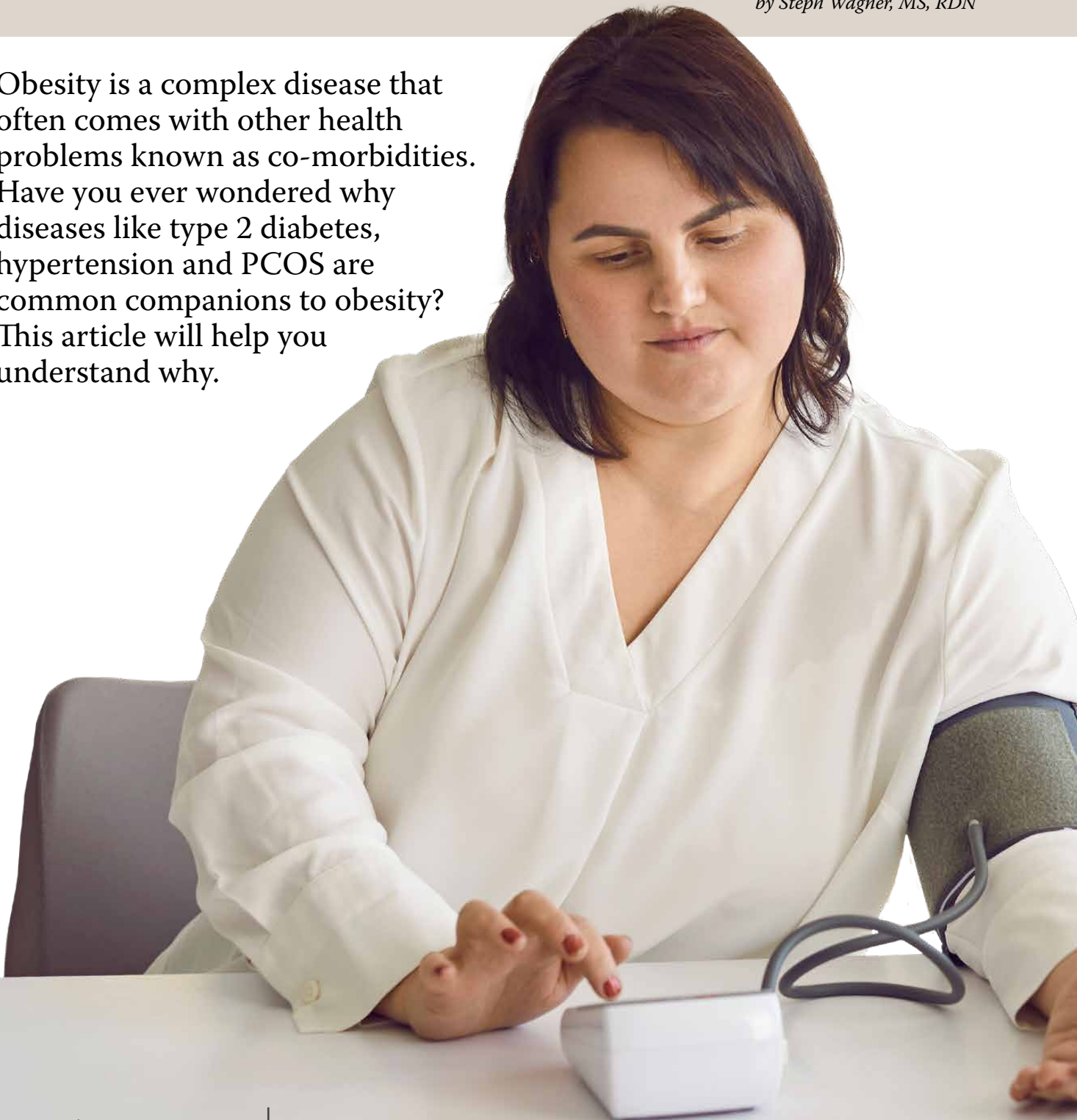
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# TAKING CONTROL: MANAGING OBESITY-RELATED DISEASES

*by Steph Wagner, MS, RDN*

Obesity is a complex disease that often comes with other health problems known as co-morbidities. Have you ever wondered why diseases like type 2 diabetes, hypertension and PCOS are common companions to obesity? This article will help you understand why.



# WHY OBESITY CONNECTS TO OTHER DISEASES

Various factors like behavior, genes, environment, immune system, hormones and health conditions can cause obesity. These factors can lead our body to store excess fat, which can bring health issues affecting how our bodies work, move, and even our mental and emotional well-being.

While there are several reasons for these diseases, obesity stands out as a major factor. Having too much fat tissue can lead to type 2 diabetes, high blood pressure, heart disease, acid reflux, PCOS and MASLD (formerly non-alcoholic liver disease). When dealing with obesity, our body systems have to work harder, leading to more problems and other conditions. The good news is that making lifestyle changes, adopting healthier habits and talking with your doctor about obesity treatments can help manage weight and improve obesity-related diseases. Reducing excess body fat eases stress on the body's systems, often leading to improvements in blood pressure, acid reflux, diabetes, PCOS and more. It's like a chain reaction of benefits!

# MANAGING OBESITY-RELATED DISEASES WITH LIFESTYLE CHANGES

Keeping things simple is key to maintaining a healthy lifestyle. Focus on five fundamental areas to build a strong foundation for well-being. Instead of thinking in strict terms, consider how your daily choices and habits contribute to your overall health. This approach helps you see how your lifestyle supports essential aspects of a healthy life. Let's look at these five key areas.

## 1. Hydration

It's essential to keep your body hydrated for it to work properly. Every cell in your body relies on water to function well. A well-hydrated body operates better, resulting in fewer headaches, reduced hunger and more energy. Drink hydrating liquids like water, herbal tea, broth or flavored waters. Sometimes, our body sends signals that we misinterpret, leading to unnecessary snacking when we really just need a drink. Staying hydrated helps you recognize your body's signals, often reducing the urge to snack and keeping your appetite in check.



*Taking Control continued on page 44*

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## 2. Meal Planning and Food Quality

Meal planning in advance is a smart way to ensure healthy options and reduce stress about what to eat. Keep it simple by making a list of breakfasts and lunches that focus on lean protein, vegetables and fruits. Create a recipe binder with easy dinner options you enjoy and can make easily. Set aside time each week for meal planning and consider using grocery pickup or delivery services to avoid impulse buys at the store, saving both time and money. Prioritize protein in your meals with lean meats, eggs and low-fat cheese to manage hunger, cravings and blood sugar levels.



## 3. Movement

Instead of thinking about “exercise,” focus on activities that encourage movement and that you genuinely enjoy. Whether it’s tracking your steps, swimming with friends, walking the track at the community center, or dancing while cleaning, find what brings you joy. Consider the impact of seasons on your activity levels and create a list of both outdoor and indoor options to ensure the weather doesn’t stop you from staying active. Viewing movement as a positive experience can lead to a more sustainable and fulfilling lifestyle.



## 4. Sleep

Physical activity plays a significant role in improving sleep quality. Stick to a consistent bedtime routine and sleep schedule to promote better sleep. This helps establish regular sleep patterns and mealtime routines, aligning with other rhythms in your day for overall well-being. If you struggle with sleep, talk to your healthcare provider for assistance.



## 5. Medications, Vitamins and Monitoring Your Markers



Regularly check your medications and vitamin recommendations with your healthcare provider during visits. Keep a visible schedule and set reminders to help you remember to take them. Consistency with prescribed medications and supplements is crucial for managing weight. Keep track of body markers like blood pressure, blood sugar, female cycles and other health-related information to monitor progress and discuss with your doctor.

## MANAGING OBESITY WITH MEDICAL HELP

With so much information about weight-loss and diets, it’s easy to feel overwhelmed. Before you invest time and money in a new program, talk to your healthcare provider about your goals. There are many treatment options for obesity available, and it’s essential to discuss them with your healthcare team.

## CONCLUSION

When you feel overwhelmed about managing your weight and related health issues, focus on these five areas. Choose one or two things to work on and take small steps towards improvement. Whether it’s drinking herbal tea, going for a walk, trying a new recipe, or getting enough sleep, every little change brings you closer to a healthier you.

### **About the Author:**

*Steph Wagner, MS, RDN, is a Registered Dietitian specializing in obesity and bariatric surgery. She is the Policy and Advocacy Leader for the Weight Management DPG with the Academy of Nutrition and Dietetics. In 2013, Steph founded Bariatric Food Coach to provide everyday nutrition resources online for post-op patients.*

“ FOCUS ON FIVE FUNDAMENTAL AREAS TO BUILD A STRONG FOUNDATION FOR WELL-BEING. ”



# ARE YOU INTERESTED IN TAKING ACTION TO HELP THE OAC MAKE A DIFFERENCE?

The OAC envisions a better world for people affected by obesity where many current challenges are reduced or eliminated. These issues include pervasive weight bias and stigma, limited access to obesity healthcare and science-based treatment options, and a general lack of understanding around obesity. You can help! There are many ways you can support the OAC's cause and join us in our mission to make the world a better place for individuals affected by the disease of obesity.



Taking action doesn't have to be hard, intimidating or time consuming. With all the different opportunities available to you, making a difference can be as quick and easy as you want it to be! OAC members can take action in many ways:



## AWARENESS

Sharing quality, unbiased and science-based information to help others understand the disease of obesity and make informed health decisions.



## EDUCATION

Raising awareness of obesity as a complex, chronic disease that is influenced by different factors and is not a character flaw or failure.



## ADVOCACY

Standing up for the rights of individuals affected by obesity and ensuring that their voices are always heard and represented.



## SUPPORT

Helping people affected by obesity by listening to, encouraging and empowering them in their health journeys.

# ACT NOW!

Visit OAC's Action Center today to get started!  
[obesityaction.org/action](https://obesityaction.org/action)



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Actor portrayal.

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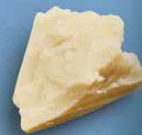


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