

Weight

SPRING 2026

Matters

FOR YOUR HEALTH



p.8

Join Us for a Weekend of Support, Education and Advocacy



**JULY 23-25, 2026
ORLANDO, FL**

p.12

**Introducing
OAC's Lived
Experience
Research
Collaborative**

p.24

**Sharing Your
Story Online
Safely**



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CONTENTS SPRING 2026

- 05 News from the OAC**
From national advocacy and new patient–clinician resources to expanding Regional events and growing Action Teams, OAC continues advancing education, support and advocacy to improve obesity care across the country.
- 06 OAC Community Perspective: Fighting for Health: How One Educator Turned Advocacy Into Access**
by Gianna Toto, OAC Marketing and Communications Manager
Laura Gomez faced barriers to obesity care and refused to accept "no" as the final answer. Her story is a reminder of the power of persistence and patient advocacy to expand access to life-changing care.
- 08 YWM2026 - Join Us for a Weekend of Support, Education and Advocacy**
Experience a weekend of connection, learning and inspiration at the OAC's *Your Weight Matters* National Convention. Join a welcoming community in Orlando for trusted education, meaningful conversations and support that reminds you that you are not alone.
- 12 Introducing OAC's Lived Experience Research Collaborative**
by Hannah Hayes, MPH, BSN, RN
Introducing OAC's Lived Experience Research Collaborative, a new initiative that puts the voices of people living with obesity at the center of research.
- 16 Understanding Clinical Trials in Obesity Research**
by MarieElena Cordisco, NP
Learn how clinical trials are helping researchers better understand obesity and develop new treatment approaches. Find out how you can take part in advancing obesity research.
- 24 Kids Corner: Sharing Your Story Online Safely**
by Michelle "Shelly" Vicari, OAC Director of Programs
Social media sharing is part of everyday life for many teens. Explore how they can share their health journey online in ways that build connection and confidence while learning simple tips to use their voice safely and set healthy boundaries.
- 28 Linked but Distinct: Treating Obesity and Sleep Apnea Together**
by Audrey Wells, MD
Sleep apnea and obesity often occur together and can influence each other in important ways. Learn why treating both conditions as part of a coordinated care plan can improve your sleep, health and quality of life.
- 32 Balancing GLP-1 Use and Your Relationship with Food**
by Julia Lloyd, MPH, RD, LDN, CDCES
GLP-1 medications can quiet constant hunger and food thoughts, but reduced appetite may also raise concerns about your relationship with food. Learn how to stay nourished and recognize when extra support may help.
- 36 Nutrition for Older Adults Living with Obesity**
by Sarah Muntel, RD
Explore how nutrition needs shift with age and why strength, function and overall health become key priorities for older adults. Discover how thoughtful nutrition can support vitality, independence and healthy aging.

Weight Matters

FOR YOUR HEALTH

Spring 2026 | Volume XXI | Issue 3

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

*Dear Beloved
Community,*

Spring is here. We made it through the darkest days of the year and while there may still be some rain, sunnier days are on the way.

As if that weren't exciting enough, we are entering one of my favorite times of the year, the lead-up to the *Your Weight Matters* National Convention. Will you be joining us? This year, we'll gather July 23-25 at the Renaissance Orlando at SeaWorld*.

I still remember my first Convention like it was yesterday. I didn't know what to expect. What I found were educational sessions designed for everyday people like you and me, along with a community that truly understood my experiences and challenges.

There is truly nothing like it. On the final day of the Convention, we come together to share our experiences. Time and again, we hear from first-time attendees that they felt seen and supported, some for the very first time in their lives.

I encourage you to explore the rest of this issue to learn more about what we have planned. And please consider this my personal invitation to join me in Orlando. I want you to experience everything this gathering has to offer, because you deserve it.

Happy spring, everyone.

Nikki Massie

Nikki Massie, MA
OAC Board Chair

Did you stumble on this copy?

If you're not already part of the OAC Community, we'd love to have you join us! Membership is free and connects you with resources, education and support designed for people living with and impacted by obesity.

Want even more? Upgrade to Community+ and receive *Weight Matters Magazine* delivered right to your mailbox, along with other exclusive benefits.

Join Today!



ObesityAction.org/community



Obesity Care Week 2026 Sparks Advocacy and Awareness

Obesity Care Week, held March 2–6, 2026, brought together organizations, clinicians and

advocates to raise awareness and push for better obesity care. During the week, advocates held 32 virtual meetings with Congressional offices and shared patient stories highlighting the barriers people affected by obesity continue to face.

The campaign's Commit to Care theme reinforced a shared message that obesity care must be accessible, affordable, evidence-based and delivered with dignity. Across social media and communities nationwide, supporters shared "I Commit to Care" messages to show their support. That commitment does not end when the week ends. Take the pledge and learn more at ObesityCareWeek.org.

OAC and ABOM Foundation Launch "Commit to Care" Promise

During Obesity Care Week 2026, the Obesity Action Coalition and the ABOM Foundation introduced the Commit to Care Promise, a new resource designed to strengthen communication, trust and shared decision-making between patients and health care professionals. The initiative encourages respectful, evidence-based conversations and reinforces that obesity care works best when patients and clinicians partner together.

The Promise outlines shared expectations for compassionate care, recognizing obesity as a chronic disease and emphasizing the importance of listening, collaboration and individualized treatment. Download the resource at: <https://bit.ly/3OYTRWS>

Your Weight Matters Events Bring Real Support to Communities Nationwide

YOURWEIGHTMATTERS
REGIONAL

OAC's *Your Weight Matters* Regional Events are delivering free, in-person education and support to cities across the country. These half-day events feature guidance from leading experts in weight management, nutrition and mental health — all in a safe, welcoming and judgment-free setting. Attendees also enjoy a free breakfast and walk away with credible information and practical tools to support their health journey.

Designed to meet you where you are, these events deliver evidence-based strategies and resources to help you take charge of your weight and health with confidence. Next stops are Portland, Oregon (4/18), Minneapolis, Minnesota (5/16) and Long Island (Ronkonkoma), New York (8/29). OAC continues to bring education and support to cities across the country. Learn more at YourWeightMatters.com and sign up to be the first to know when cities are announced.

OAC Advocacy Continues to Grow Nationwide



Nearly 200 OAC members from 44 states are now part of OAC's Action Teams, strengthening advocacy efforts across the country. In 2025 alone, OAC was active in 38 states working to expand and protect coverage for comprehensive obesity care.

Members are encouraged to get involved by joining an OAC Action Team and helping support advocacy efforts in their own state. Save the date for upcoming 2026 Action Teams meetings: May 7, August 6 and November 5. Your voice makes a difference, and together we can continue expanding the impact of obesity advocacy. Learn more at: ObesityAction.org/advocacy/actionteams

OAC
Community
Perspectives

Fighting for Health: How One Educator Turned Advocacy Into Access

by Gianna Toto, OAC Marketing and Communications Manager

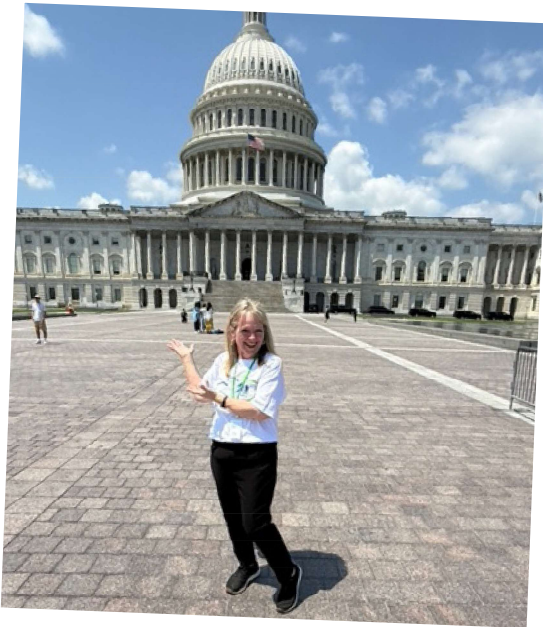


Laura Gomez knows what it means to fight for herself and for others. Diagnosed with polycystic ovarian syndrome, or PCOS, as a teenager, she began experiencing relentless weight gain and hunger despite staying active and eating a nutritious diet. Like many people living with obesity, she cycled through diets and structured programs, losing weight temporarily only to regain it. Over time, the physical toll grew. In 2017, she required total knee replacements due to osteoarthritis, a condition worsened by excess weight. Even a medically supervised weight-loss program in 2019, where she lost 33 pounds, could not break the cycle.

But when her healthcare team determined bariatric surgery was medically necessary in 2022, Gomez encountered a new barrier: coverage. Her insurer, UnitedHealthcare, initially approved the procedure, but that decision was later reversed. Adding to the frustration, her employer-sponsored plan through Roanoke City Public Schools listed obesity under exclusions for physical appearance, denying coverage. When she asked the school system what could be done, she was told simply, “Nothing. There’s nothing you can do.”

The decision left her stunned and frustrated. After years of trying recommended treatments, the care her doctors said she needed was suddenly out of reach.

Gomez refused to accept that answer. Instead, she began preparing to make her case. Determined to fight for her health, she demanded a meeting with decision-makers, armed with clinical data showing metabolic



“For you, this may be policy. For me, this is a matter of life and death.”

and bariatric surgery is an evidence-based treatment. With guidance from Chris Gallagher, Washington policy adviser for the Obesity Action Coalition, the American Society for Metabolic and Bariatric Surgery and The Obesity Society, she built a detailed case addressing both health outcomes and cost concerns.

Her first presentation in 2022 did not change policy. But Gomez did not walk away. She returned in 2023 better prepared, incorporating additional data and aligning her recommendations with the district’s strategic priorities. She opened her second presentation with words that underscored the stakes:

“For you, this may be policy. For me, this is a matter of life and death,” she told the panel.

Months of persistence paid off. In October 2023, the school board voted to expand coverage, allowing all eligible employees and their families to access bariatric surgery. On July 1, 2024, Gomez underwent gastric bypass surgery — the treatment she had fought nearly two years to access. Since then, she has lost more than 100 pounds, gained mobility, improved cardiovascular fitness and achieved a quality of life that once seemed out of reach.

Her advocacy did not stop at the local level. In March 2024, Gomez traveled to Washington, D.C. to participate in Obesity Action Coalition Advocacy Day, sharing her story with congressional staff and supporting policies to expand access to obesity care nationwide. She returned in 2025 as both a speaker and advocate, inspiring others through her experience and commitment.

Gomez’s experience reflects a challenge many people living with obesity face: access to evidence-based care. For years, she followed recommended lifestyle interventions without lasting results. When medically necessary treatment became available, she was finally able to achieve sustainable change.



Her journey also highlights a broader issue: Too often, individuals living with obesity must fight for coverage for a chronic disease recognized by the medical community but still overlooked in insurance policies.

Through determination and advocacy, Laura Gomez not only changed her own life but also expanded access to care for an entire community. Her story is a testament to the power of persistence, the importance of patient advocacy and the life-changing impact of evidence-based obesity treatment.

About the Author:

Gianna Toto, OAC Marketing and Communications Manager, helps bring the organization’s mission to life through engaging content across social media, newsletters, member emails and other communications. With a background in nonprofit work, she is passionate about building connections, sharing meaningful stories and helping grow a strong community around OAC’s work. Gianna attended the State University of New York College of Agriculture and Technology at Cobleskill, where she majored in Communications in Technology and minored in Marketing.



Join the Community



OAC's YOUR WEIGHT MATTERS

NATIONAL
CONVENTION

**Join Us for a Weekend of Support,
Education and Advocacy**

JULY 23–25, 2026 • ORLANDO, FL

Mark your calendar! The Obesity Action Coalition's (OAC) *Your Weight Matters* National Convention returns July 23-25, 2026, in Orlando, Florida and you're invited to the nation's leading event for individuals seeking expert education and a community of support for their weight and health journey.



Imagine a weekend where you feel supported, energized and inspired.

Since 2012, the Convention has been a place where people feel understood, gain trusted education and connect with others who truly get it. In 2026, attendees can expect inspiring speakers, engaging workshops, meaningful conversations and moments that leave you feeling recharged and hopeful.

Education That Meets You Where You Are

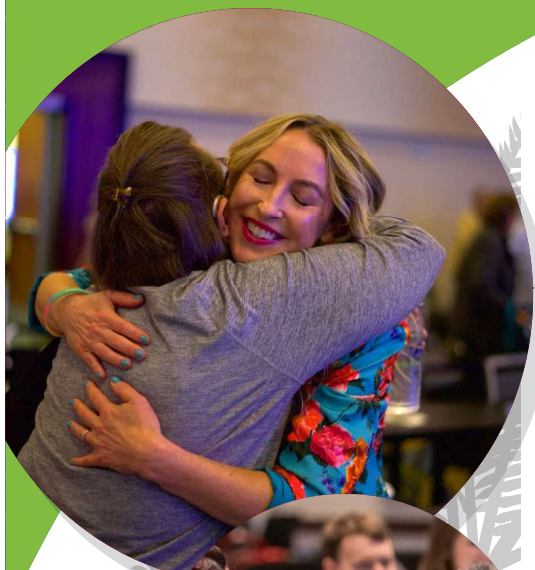
Our science-based education explores why weight is so complex and what current research shows actually supports long-term health. Sessions move beyond outdated advice and examine the real science behind weight, including biology, genetics, environment and mental health. Experts translate emerging discoveries in obesity care into clear insights, practical tools and new perspectives to support you wherever you are on your journey.

Workshops That Make a Difference

Go beyond listening and take part in interactive workshops designed to help you apply what you learn. These sessions explore real-life challenges, offer practical strategies and create space for reflection, conversation and skill-building that supports long-term health and well-being.

Inclusive Fitness for Every Body

Movement should feel welcoming, encouraging and fun. From chair yoga to Zumba to group walks with new friends, the Convention offers opportunities to move in ways that feel comfortable and empowering for people of all abilities and experience levels.



Lunch with the Experts

Sit down for small-group conversations with leading healthcare professionals and researchers. These roundtable discussions offer a rare opportunity to ask questions, share experiences and gain insights you can bring back to your own health journey.

Explore Every Treatment Pathway

Obesity care looks different for everyone. Learn about the full spectrum of treatment options, including medical, surgical and behavioral approaches so you can better understand the many pathways that may support long-term health.

Recharge and Connect

For many attendees, the Convention is the first place they truly feel understood. Meet people who share similar experiences, exchange stories and build friendships that continue long after the weekend ends.

Celebrate Together

Education is only part of the experience. Evening social events, themed celebrations and community gatherings create space to relax, have fun and celebrate your journey alongside people who understand.

Be Part of Something Bigger

See how the Obesity Action Coalition is shaping the future of obesity care through education, advocacy and awareness. From fighting stigma to advocating for better treatment and expanding access to support, OAC is working to change how obesity is understood and addressed. When you attend, you are not just learning. You are joining a community that helps make your voice heard.



Registration Options

Full Convention Registration:

Starting at **\$149**

All educational sessions, workshops, included meals, evening socials, group exercise, Health Hub and an official Convention T-shirt, bag, and pin

Full Convention with CE Credits:

Starting at **\$249**

Includes everything above plus up to 19 Continuing Education (CE) credits for nurses and select health professionals

Register today at
YWMConvention.com

Reserve Your Room in Orlando

The Convention will take place at the Renaissance Orlando at SeaWorld, conveniently located near Orlando's top attractions, restaurants and entertainment.

Room rate: **Starting at \$159 per night**
(single or double occupancy)

Reserve online at
YWMConvention.com

Or call 407-351-5555 and mention OAC's 2026 *Your Weight Matters* National Convention.



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YWM2026 PROGRAM



THURSDAY, JULY 23

1:00 p.m. – 4:00 p.m.
1:00 p.m. – 4:00 p.m.
4:00 p.m. – 5:00 p.m.
5:00 p.m. – 6:30 p.m.
7:00 p.m. – 8:30 p.m.

National and State Advocacy Training
Everyday Advocacy: Get Involved with OAC
Thrive Together Program Family Meet & Greet
OAC Community Member Welcome Mixer
Evening Panel: A Conversation on Bias and Lived Experience

FRIDAY, JULY 24

7:00 a.m. – 8:00 a.m.
8:00 a.m. – 8:45 a.m.
9:00 a.m. – 9:25 a.m.
9:25 a.m. – 11:25 a.m.
11:30 a.m. – 12:00 p.m.
12:00 p.m. – 1:00 p.m.
1:15 p.m. – 3:15 p.m.
3:30 p.m. – 4:30 p.m.
4:30 p.m. – 6:00 p.m.
6:00 p.m. – 9:00 p.m.

Morning Movement
Breakfast
Event Welcome: Opening Session with OAC Leadership
General Session Educational Presentations with Leading Experts
Break / Health Hub / Creation Station
Lunch / Lunch with the Experts
Afternoon Workshops
Afternoon Movement Sessions
Break / Health Hub / Creation Station
"Splash Into Support" Costume Party & Dinner



Brand New This Year! The Health Hub, located in the Exhibit Hall, offers attendees free onsite health screenings along with practical tools and trusted resources to help them take the next step in their health journey. Attendees can receive screening results to share with their healthcare providers and explore resources that support informed next steps. The Health Hub also features a mini speaker stage with short talks and demonstrations throughout the Convention.

Stop by the Creation Station, a fun interactive space where you can share your voice and creativity. Record social media content, be a podcast guest or share your story. Whether you want to inspire others, advocate for better obesity care or capture your Convention experience, our team will be there to help with ideas and make it easy and fun.

AGENDA



SATURDAY, JULY 25

| | |
|-------------------------|--|
| 7:00 a.m. – 8:00 a.m. | Morning Movement |
| 8:00 a.m. – 8:45 a.m. | Breakfast |
| 9:00 a.m. – 11:25 a.m. | General Session Educational Presentations with Leading Experts |
| 11:30 a.m. – 12:00 p.m. | Break / Health Hub / Creation Station |
| 12:00 p.m. – 1:00 p.m. | Lunch / Lunch with the Experts |
| 1:15 p.m. – 3:15 p.m. | Workshops and Thrive Together Programming |
| 3:30 p.m. – 4:30 p.m. | Afternoon Movement Sessions |
| 4:30 p.m. – 6:00 p.m. | Break / Health Hub / Creation Station |
| 6:00 p.m. – 9:00 p.m. | "Reflections & Connections" Dinner |

Note: We continue to add to the Program Agenda, so visit YWMConvention.com for the most up-to-date schedule.



HEAR WHAT ATTENDEES ARE SAYING!

"When I attended the National Convention last year, I went in without knowing anyone else there, so it was nerve wracking. What I found was a community that was welcoming and embraced me without hesitation, it was one of my top highlights of 2025. The friendships and community I made have been priceless, I'm so excited for 2026!" - Gianna Beasley



"OAC Your Weight Matters National Convention was a profound experience for me. It felt like the first place I was ever truly seen with zero judgment, including being surrounded by people and a physical environment that is fully inclusive." - Jamie Selzler



"The Your Weight Matters National Convention brings together leading clinicians and physicians to educate attendees about the disease of obesity. Beyond learning, the Convention fosters lifelong friendships, meaningful support and powerful connections, uniting advocates and patients to create a better world for everyone affected by obesity." - Nanette Wilson



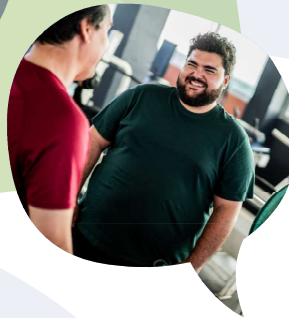
"My favorite part of attending the OAC's National Convention is reconnecting with friends and meeting new ones and also attending the workshops and lunch with the experts. It's an opportunity to learn from professionals and other individuals who are on the same journey." - Kevin Stephens



INTRODUCING

OAC's Lived Experience Research Collaborative

by Hannah Hayes, MPH, BSN, RN



A New Way to Do Research

The Obesity Action Coalition (OAC) is launching an exciting new initiative called the Lived Experience Research Collaborative. Through this effort, the OAC aims to transform how obesity research is conducted by involving the community every step of the way. The goal is to make sure research reflects what matters most to people living with obesity and is guided by their voices so it is fair, practical and useful. This work will help generate new knowledge and allow us to apply what is learned to improve care, influence policy and create positive change.

Community Matters

To support this work, OAC is developing a research plan centered on community engagement and health equity. Community engagement involves working alongside people to address issues that matter to them. Health equity means everyone has a fair and just opportunity to be as healthy as possible.

To move this work forward, OAC will build the skills, tools and support needed to conduct community-engaged research. Above all, the organization wants to learn directly from people living with obesity to guide research grounded in evidence, real-life experience and meaningful action.



" The OAC aims to transform how obesity research is conducted by involving the community every step of the way. "

Research is a way to discover new knowledge. Obesity is one of the most studied health conditions. However, much of the existing obesity research has relied on quantitative methods to examine health risks and measure how treatments work. These findings are often shared through numbers that show patterns and trends.

Qualitative research has been used less often in obesity research. This approach explores the “why” behind people’s behaviors and health outcomes. It also looks at how experiences and choices are shaped by the conditions in which people live, learn, work and play.

In the past, researchers often decided what to study without asking the people most impacted by an issue about what mattered most to them. Rather than being partners, people living with obesity were often left out of research and policy decisions that directly affected their health.

Learning From Lived Experience

In recent years, there has been growing recognition of the importance of including people with lived experience in research. Lived experience is knowledge that comes from a person’s experiences, identity, and point of view, not just from their education or job.



When lived experience is used and valued in research, the results are more likely to reflect what communities truly need. That also makes it easier to apply research findings in the real world. This improves the likelihood that treatment will be effective and leads to better health outcomes.

Including lived experience in research aligns closely with OAC’s mission to give a voice to individuals affected by obesity and empower them throughout their health journey. OAC sees lived experience as an important and valuable form of knowledge. By partnering with the community, OAC aims to support research that informs programs and advocacy and helps guide decisions based on both data and the priorities of those most affected.

Our Approach

Community engagement means making sure people are involved and heard in discussions about issues that affect them. It means valuing people’s ideas and experiences to identify ways to address problems. It requires honest, responsible collaboration to pursue fair solutions.

Community engagement is not a one-time event. It is an ongoing process that takes time, flexibility and commitment to build trust and strong relationships. Studies show that effective community engagement has the potential to strengthen health systems and advance health equity.

Community-Based Participatory Action Research is a research approach grounded in these principles. Community-based means the work is centered on a community’s needs, challenges and strategies. Participatory means community members and their

Research Collaborative continued on page 14

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Gold: \$50,000 - \$99,999 Patron: \$1,000 - \$4,999
Silver: \$10,000 - \$49,999

List as of 3/20/2026

knowledge are included throughout the research process. Action-based means the research is meant to inform strategic action and drive change.

In this type of research, community members are partners. They help decide on research questions, collect data, analyze results and share findings. This approach helps ensure research is relevant and useful to the people it is intended to serve.

Making It Happen

As OAC moves forward with the Lived Experience Research Collaborative, it is inspired by the National Bleeding Disorders Foundation. This organization works to find cures and prevent complications from blood disorders through research, education and advocacy. The National Bleeding Disorders Foundation recognized that people with rare disorders and those in underserved communities often experienced gaps in care. To help close those gaps, the organization created a research collaborative that engages the community to guide research that matters to them.

Using the National Bleeding Disorders Foundation as a model, OAC is taking a phased approach to building a research collaborative centered on the lived experience of people affected by obesity.

- **Phase 1** will focus on learning about community needs and priorities. This will include listening sessions, surveys and input from people with lived experience and experts in the field.
- **Phase 2** will focus on developing a research plan. This will include forming committees and working with partners to turn what is learned into action steps.
- **Phase 3** will focus on building research skills and support. This includes identifying funding opportunities and fully integrating leaders with lived experience into the research process.



How You Can Participate

OAC is kicking off this project this summer with community listening sessions. During these sessions, the OAC wants to hear what matters most to people in obesity research. The sessions will be offered online and in person at the *Your Weight Matters* National Convention in Orlando, Florida. Learn more about the Convention at: YWMConvention.com

A group of OAC leaders will help plan, facilitate and analyze the sessions. To share power in the research process, a group of OAC community members will also help interpret findings, develop recommendations and share what is learned.

If you would like to help shape research that affects you, OAC invites you to join a listening session this summer. The organization wants to hear from people with diverse backgrounds and experiences so many voices are represented. These discussions will help identify what matters most to the community and highlight possible research priorities for the future.

Stay tuned! More information is coming soon. If you are an OAC member and would like to get involved or have questions, email: research@obesityaction.org.

Note: This article draws on published research and community-engaged practice guidelines. A full reference list is available upon request.

About the Author:

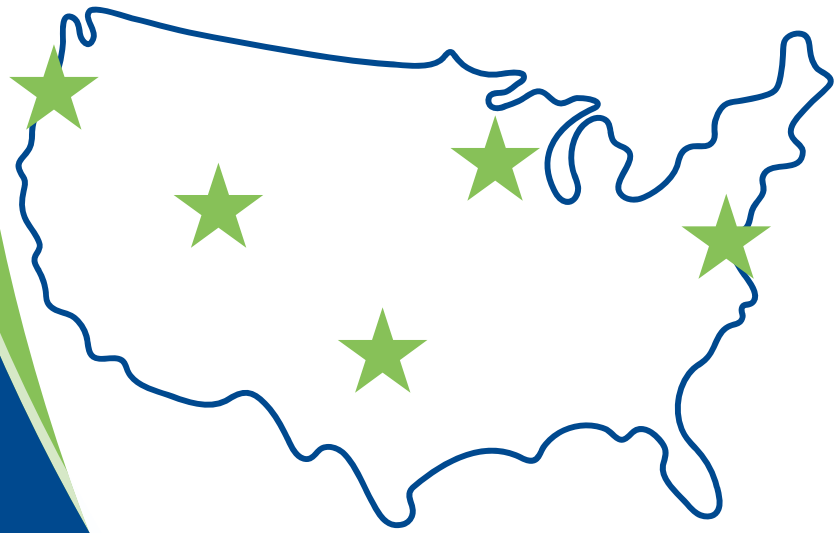
Hannah Hayes, MPH, BSN, RN, is a nurse and public health professional with experience in community health and translating evidence into practice. She is consulting with the Obesity Action Coalition to support research initiatives centered on the needs and voices of the community.

Presented by **OAC**
Obesity Action Coalition

YOURWEIGHTMATTERS REGIONAL

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UNDERSTANDING CLINICAL TRIALS IN OBESITY RESEARCH

by MarieElena Cordisco, NP



Obesity is one of the most urgent health challenges today, and research is advancing quickly. Scientists are learning more about how the body regulates weight, why weight changes over time and which treatments help most. Breakthroughs, especially in GLP-1 medicines and cardiometabolic care, are changing how obesity is understood and treated. Clinical trials play a key role in this progress, testing new medicines, tools and care approaches to learn what truly works. Yet many people living with obesity do not realize they can take part in these studies and help advance discoveries that may improve care for millions.

Joining a clinical trial may provide access to new care options while helping researchers better understand what works for real patients. Researchers depend on diverse participants to ensure treatments are safe, effective and relevant to patient needs. Modern trials include strong protections and clear communication so participants understand what to expect.

This article explains what clinical trials are, why they matter in obesity research, how participants are protected and how people can get involved.

WHAT ARE CLINICAL TRIALS?

Clinical trials are research studies that test new ways to prevent, find or treat health conditions. They may include medicines, medical devices, digital tools or lifestyle programs, such as nutrition coaching, activity plans or sleep support. Sometimes a trial uses a combination of these. Before a trial begins, researchers write a detailed plan called a protocol. It explains who can join, what will happen during the study, how often visits will take place and how participants will stay safe. The protocol also lists what information will be collected, such as lab tests, questionnaires or activity data, and how the trial will measure success.

In obesity research, trials look at much more than weight loss. They study improvements in mobility, how easily someone can move and do daily tasks, heart health, including blood pressure, cholesterol and heart rhythm, mental well-being, including mood, sleep, stress and confidence, and liver function. Many trials also focus on the quality of weight loss by tracking muscle mass, metabolism and emotional health, not just the number on the scale. This is important because a person can lose weight but still feel weak if they lose too much muscle. Strong, balanced results help people feel better in their daily lives.

CLINICAL TRIALS USUALLY HAPPEN IN PHASES.



PHASE 1

tests safety and dose in a small group.

PHASE 2

looks at whether the treatment seems to work and continues to watch for side effects.



2



PHASE 3

tests the treatment in larger groups to confirm benefits and monitor safety.

PHASE 4

studies happen after a treatment is approved, checking how it works over time in real-world settings.



4

Together, these phases help doctors and patients trust that a treatment is both safe and useful.

WHY PARTICIPATION MATTERS

As research becomes more advanced, trials need participants who reflect the full diversity of people living with obesity. That means people of different ages, body sizes, races and ethnicities, locations and life experiences. It also includes people with other health conditions, such as diabetes or sleep apnea, because many people live with more than one condition at the same time. When groups are missing, researchers may miss important information about how a treatment works for real people.

To make trials easier to join, teams take several steps:

- Offer flexible scheduling and virtual visits, which can reduce travel time and missed work.
- Use clear, respectful language so everyone understands what to expect.
- Train staff to welcome participants with kindness and patience.
- Choose outcomes that matter to patients, such as energy level, comfort and how easy it is to do daily activities like walking, cooking or playing with children.

Clinical Trials continued on page 18

Participation also helps communities. When more people join studies, new treatments can be tested faster and helpful options can become available sooner. Participants often gain access to expert teams and close monitoring, which can help spot health concerns early. Even if someone decides not to join, learning about trials and sharing trustworthy information with friends and family can still make a positive difference.

THE IMPACT OF LOW PARTICIPATION

Even with exciting new treatments, many clinical trials struggle to find and keep participants. This can slow down research or make it hard to answer important questions. Trials may fall behind for many reasons. Some people do not know these studies exist. Others worry about transportation, time away from work or child care. Some people have had negative experiences in the health care system and worry they will not be treated with respect. Technology can be another barrier if a study uses apps or devices that are new to the participant.

Patient engagement, the way a study informs, involves and supports participants, is a key part of success. When trials are designed with patients in mind, people are more likely to join, stay and share honest feedback. For example, studies that send helpful reminders, offer travel help or parking vouchers and allow some visits to happen by phone or video often have better attendance. Clear instructions and friendly check-ins also reduce stress and confusion.

This is especially true in obesity research. Because obesity is complex and often linked to other conditions, trials must include real-world participants and reflect their everyday experiences. Otherwise, results may not apply to the people who need the help most. Strong engagement, clear plans and patient-centered design can be the difference between a trial that finds helpful answers and one that does not. When participation is high and diverse, the results are stronger and more useful for doctors, patients and families.

ADDRESSING BIAS AND BUILDING TRUST

Some people hesitate to join trials because of weight bias, which happens when people are judged unfairly because of their size. Weight bias can cause stigma, hurtful attitudes, rushed or poor care and sometimes misdiagnosis. These experiences can make people feel nervous, embarrassed or even unsafe, which reduces interest in joining a study.

To build trust, research teams are improving how they welcome and support participants. They use simple, respectful language and avoid labels that make people feel blamed or shamed. They make sure equipment fits all body sizes, including chairs, exam tables, blood pressure cuffs and scales. They offer emotional support and encourage open conversations about worries and goals. Many teams create private, accessible spaces so participants feel comfortable. Some partner with community groups, churches and local leaders to share information and invite people to learn more in safe, familiar places.

These actions help participants feel safe, respected and valued. When people feel this way, they are more likely to join and stay in a trial. This leads to better research and stronger results and helps build a more welcoming health care system for everyone.

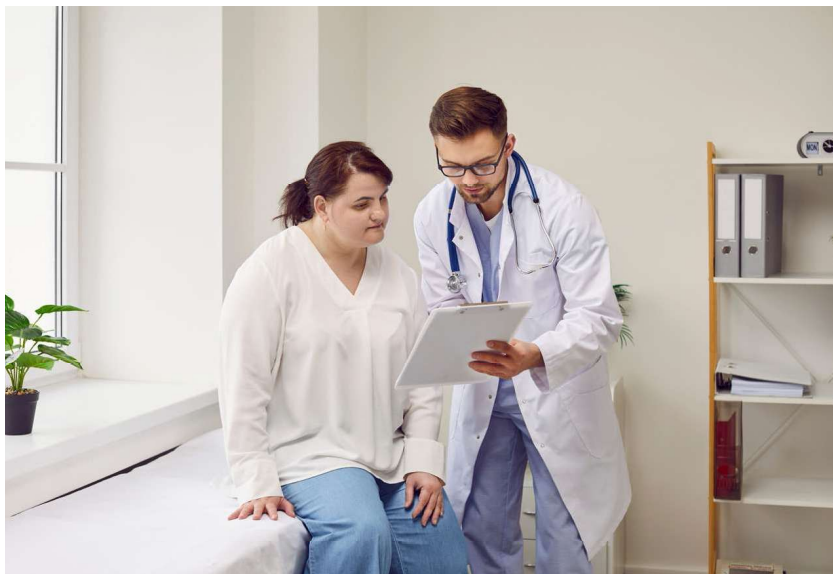
PROTECTING PARTICIPANTS

All clinical trials must follow strict ethical and legal rules. Safety comes first. Before a person joins, they go through informed consent. This is a conversation and a written form that explains the study's purpose, what will happen, how long it will last, possible risks and benefits and who to contact with questions. Informed consent is not about pressure. It is about understanding. It helps people make a clear, confident choice.

Every study is reviewed by an independent ethics committee, often called an IRB, or Institutional Review Board. The IRB checks that the study is fair and safe and continues to monitor the study throughout the process. Participants have the right to leave at any time for any reason. Their health information is kept private by law and by study rules. If the study involves children or teens, parents or guardians must also give permission and special protections are used to keep young people safe.

Many people who join trials say they feel proud and empowered because they are helping improve care for others. Some also appreciate the extra medical attention, such as regular checkups or lab tests, which can be reassuring during the study.

Clinical Trials continued on page 23



Check out OAC's Resource Library!



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



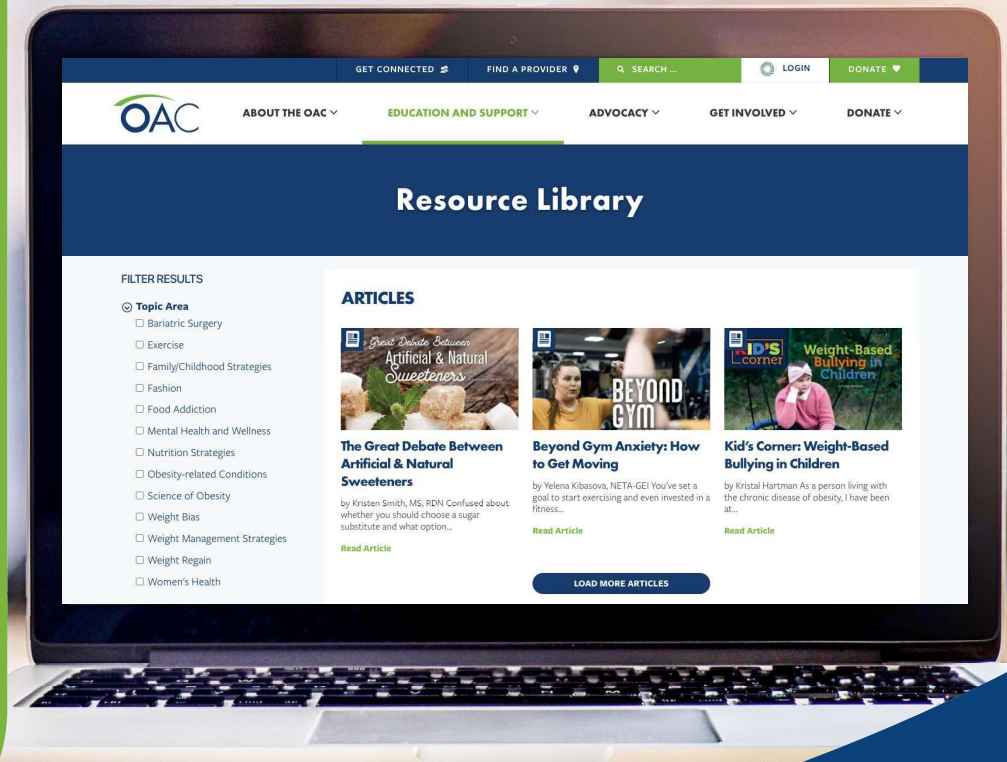
- Comprehensive information on hundreds of topics!



- 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



For adults with obesity, along with diet and exercise, lose weight and keep it off

LIVE LIGHTER™

with less weight vs before starting Wegovy®



Proven weight loss with Wegovy®, in a once-daily pill.

On average, adults achieved 14% weight loss

LOST ~33 lb

Based on 235 lb starting weight

AND SOME LOST EVEN MORE

About 1 in 4 adults lost 20% or more

LOST ~47 lb

OR MORE

Based on 235 lb starting weight

In a 64-week medical study of 307 adults living with obesity, or with overweight and at least one weight-related medical problem, along with a reduced calorie diet and increased physical activity:

- Adults taking Wegovy® pill lost an average of **14% body weight (~33 lb)** vs 2.4% (~6 lb) taking placebo (not on medicine). Based on 235 lb (Wegovy®) and 231 lb (placebo) starting weights*
 - **76% of adults** taking Wegovy® pill lost **5% or more** weight vs 31% taking placebo
 - 60% of adults taking Wegovy® pill lost 10% or more weight vs 14% taking placebo
 - 47% of adults taking Wegovy® pill lost 15% or more weight vs 6% taking placebo
 - 28% of adults taking Wegovy® pill lost 20% or more weight vs 3% taking placebo

*Results are from a 64-week medical study of 307 adults with obesity (BMI ≥ 30 kg/m²), or with overweight (BMI ≥ 27 kg/m²) and at least one weight-related medical problem, including high blood pressure or high cholesterol. Adults with type 2 diabetes were excluded. Patients were taking either Wegovy® pill or placebo. During the trial, 18% of adults in the Wegovy® group discontinued treatment compared with 25.5% of adults in the placebo group. BMI, body mass index.

What is Wegovy®?

Wegovy® (semaglutide) injection 1.7 mg or 2.4 mg and Wegovy® (semaglutide) tablets 25 mg are prescription medicines used with a reduced calorie diet and increased physical activity to:

- reduce the risk of major cardiovascular events such as death, heart attack, or stroke in adults with known heart disease and with either obesity or overweight.
- help adults with obesity, or some adults with excess weight (overweight) who also have weight-related medical problems to lose weight and keep the weight off.

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® injection is safe and effective:

- to reduce the risk of major cardiovascular events (death, heart attack, or stroke) in people under 18 years
- to help children under 12 years of age lose weight and keep the weight off

It is not known if Wegovy® tablets are safe and effective for use in people under 18 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 other 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® injection or Wegovy® tablets. See symptoms of serious allergic reaction in **"What are the possible side effects of 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
- are scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation)
- 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. Breastfeeding is not recommended during treatment with Wegovy® tablets. It is not known if Wegovy® when received through an injection 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

ONCE-DAILY

wegovy[®]

semaglutide tablets 25 mg

Scan to see how
much you can save



Ask your prescriber about
how much you could lose
with Wegovy[®] pill!

Actor portrayals

or insulin. Wegovy[®] slows stomach emptying and can affect medicines that need to pass through the stomach quickly.

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 nausea or vomiting. Sometimes 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), especially those who also take medicines for diabetes such as insulin or sulfonylureas.** This can be a serious 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
- **dehydration leading to kidney problems.** Diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems. It is important for you to drink fluids to help reduce your chance of dehydration. Tell your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away
- **severe stomach problems.** Stomach problems, sometimes severe, have been reported in people who use Wegovy[®]. Tell your healthcare provider if you have stomach problems that are severe or will not go away

- **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
- **food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).** Wegovy[®] may increase the chance of food getting into your lungs during surgery or other procedures. Tell all your healthcare providers that you are taking Wegovy[®] before you are scheduled to have surgery or other procedures

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, low blood sugar in people with type 2 diabetes, gas, stomach flu, heartburn, and runny nose or sore throat.

For additional information, please see Brief Summary of Information about Wegovy[®] on the following page.

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Brief Summary of Information about WEGOVY® (semaglutide) injection and WEGOVY® (semaglutide) tablets

wegovy®
semaglutide tablets 25 mg
semaglutide injection 2.4 mg

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

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/wegovy.pdf to obtain the FDA-approved product labeling
- Call 1-833-Wegovy-1

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 other 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).

What is WEGOVY®?

- WEGOVY® injection is a prescription medicine used with a reduced-calorie diet and increased physical activity to:
 - reduce the risk of major cardiovascular events such as death, heart attack, or stroke in adults with known heart disease and with either obesity or overweight).
 - 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 lose weight and keep the weight off.
 - treat adults with metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis), but not with cirrhosis of the liver.
- WEGOVY® tablets are a prescription medicine used with a reduced-calorie diet and increased physical activity to:
 - reduce the risk of major cardiovascular events such as death, heart attack, or stroke in adults with known heart disease and with either obesity or overweight.
 - help adults with obesity, or some adults with excess weight (overweight) who also have weight-related medical problems to lose weight and keep the weight off.
- 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® injection is safe and effective:
 - to reduce the risk of major cardiovascular events (death, heart attack, or stroke) in people under 18 years.
 - to help children under 12 years of age lose weight and keep the weight off.
 - for the treatment of MASH in people under 18 years of age.
- It is not known if WEGOVY® tablets are safe and effective for use in people under 18 years of age.

Do not use WEGOVY® if:

- you or any of your family have ever had a type of thyroid cancer called MTC or if you have an endocrine system condition called MEN 2.
- you have had a serious allergic reaction to semaglutide or any of the ingredients in WEGOVY® injection or WEGOVY® tablets. See **“What are the possible side effects of WEGOVY®?”** for symptoms of a serious allergic reaction.

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.
- are scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).
- 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.
 - **Pregnancy Exposure Registry:** 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 or www.wegovypregnancyregistry.com.
- are breastfeeding or plan to breastfeed. Breastfeeding is not recommended during treatment with WEGOVY® tablets. It is not known if WEGOVY® when received through an injection passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using WEGOVY®.

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.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I use WEGOVY®?

- If you take too much WEGOVY®, you may have severe nausea, severe vomiting and severe low blood sugar. Call your healthcare provider or Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away. Advice is also available online at poisonhelp.org.

WEGOVY® Injection

- WEGOVY® is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm. **Do not** inject WEGOVY® into a muscle (intramuscularly) or vein (intravenously).
- Change (rotate) your injection site with each injection. **Do not** use the same site for each injection.
- Use WEGOVY® 1 time each week, on the same day each week, at any time of the day.

WEGOVY® Tablets

- Take 1 WEGOVY® tablet by mouth on an empty stomach in the morning with water (no more than 4 ounces). **Do not** take WEGOVY® tablets with any other liquids besides water.
- **Do not** split, crush, chew or dissolve WEGOVY® tablets. Swallow WEGOVY® tablets whole.
- **Do not** take more than 1 WEGOVY® tablet each day.
- After 30 minutes, you can eat, drink, or take other oral medicines.
- If you miss a dose of WEGOVY®, skip the missed dose and go back to your regular schedule for the next dose.

What are the possible side effects of WEGOVY®?

WEGOVY® may cause serious side effects, including:

- See **“What is the most important information I should know about WEGOVY®?”**
- **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 nausea or vomiting. Sometimes you may feel the pain from your abdomen to your back.
- **gallbladder problems.** WEGOVY® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
 - pain in your upper stomach (abdomen)
 - yellowing of skin or eyes (jaundice)
 - fever
 - clay-colored stools
- **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 an insulin or a sulfonylureas.** 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:
 - dizziness or light-headedness
 - sweating
 - blurred vision
 - slurred speech
 - weakness
 - anxiety
 - hunger
 - headache
 - irritability or mood changes
 - confusion or drowsiness
 - fast heartbeat
 - feeling jittery
- **dehydration leading to kidney problems.** Diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems. It is important for you to drink fluids to help reduce your chance of dehydration. Tell your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away.
- **severe stomach problems.** Stomach problems, sometimes severe, have been reported in people who use WEGOVY®. Tell your healthcare provider if you have stomach problems that are severe or will not go away.
- **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
 - severe rash or itching
 - problems breathing or swallowing
 - very rapid heartbeat
 - fainting or feeling dizzy
- **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. 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.
- **food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sleepiness (deep sedation).** WEGOVY® may increase the chance of food getting into your lungs during surgery or other procedures. Tell all your healthcare providers that you are taking WEGOVY® before you are scheduled to have surgery or other procedures.

The most common side effects of WEGOVY® in adults or children aged 12 years and older may include:

- nausea
- stomach (abdomen) pain
- dizziness
- gas
- diarrhea
- headache
- feeling bloated
- stomach flu
- vomiting
- tiredness (fatigue)
- belching
- heartburn
- constipation
- upset stomach
- runny nose or sore throat
- low blood sugar in people with type 2 diabetes

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.

How should I store WEGOVY®?

WEGOVY® Injection

- Store the WEGOVY® pen in the refrigerator between 36°F to 46°F (2°C to 8°C).
- If needed, before removing the pen cap, WEGOVY® can be stored from 46°F to 86°F (8°C to 30°C) in the original carton for up to 28 days.
- Keep WEGOVY® in the original carton to protect it from light.
- Do not freeze.
- Throw away the pen if WEGOVY® has been frozen, has been exposed to light or temperatures above 86°F (30°C), or has been out of the refrigerator for 28 days or longer.

WEGOVY® Tablets

- Store WEGOVY® tablets at room temperature between 68°F and 77°F (20°C to 25°C).
- Store tablets in the original closed WEGOVY® bottle until you are ready to take one. Do not store in any other container.
- Store in a dry place away from moisture.

Keep WEGOVY® and all medicines out of the reach of children.

Marketed by: Novo Nordisk Inc., Plainsboro, NJ 08536

More detailed information is available upon request.

Available by prescription only.

WEGOVY® is a registered trademark of Novo Nordisk A/S.

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

For more information, go to startWegovy.com or call 1-833-Wegovy-1.

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HOW TO GET INVOLVED

Many people do not realize they can join clinical trials, but getting started is easier than it seems. A great place to search for studies is clinicaltrials.gov, where you can filter by condition, location, age and more. The Obesity Action Coalition (OAC) offers patient-friendly guides and education about trials and obesity care, including articles like this one and the Understanding Your Obesity Treatment Options brochure available in the Resource Library at obesityaction.org/library. Your health care provider or a local specialty clinic may also know about studies nearby and can explain what to expect.

Before joining, make sure the trial is a good fit. Check the eligibility rules, who can join, including age range, health history, medicines you take and other factors. Think about the time commitment. How many visits are required? Are they in person or virtual? Will you need to travel? Ask if the study offers support, such as travel vouchers, evening or weekend appointments or phone and video visits.

Most importantly, consider your safety and comfort. Do you feel good about the study plan? Do you understand possible risks and benefits? Do you know who to call with questions? Good decision-making includes asking questions, understanding your rights, including the right to leave at any time, and getting support from family, friends or your doctor. You can also bring a trusted person to your appointment to help you take notes and think through your choices.

QUESTIONS TO ASK BEFORE JOINING A CLINICAL TRIAL

Thinking about participating in a clinical trial? Asking questions can help you understand the study and decide if it is the right fit for you.

- What is the purpose of this study?
- What will I be asked to do, and how often?
- How long does the study last?
- What are the possible risks and benefits?
- Will I have costs, or will travel or parking be reimbursed?
- Who do I contact if I have questions or concerns?
- How will my privacy be protected?
- What happens after the study ends?



" PARTICIPATION IN RESEARCH HELPS SHAPE WHAT WE LEARN ABOUT OBESITY AND HOW CARE CONTINUES TO IMPROVE. "

THE BOTTOM LINE: YOUR PARTICIPATION MATTERS

Obesity is a chronic and complex disease, and there is no single approach. Research is bringing new hope every day. Clinical trials help turn ideas into proven treatments that can change lives. When people from different backgrounds join studies, research becomes stronger, fairer and more useful for everyone. Whether you are newly diagnosed, managing other health conditions or exploring your treatment options, remember:

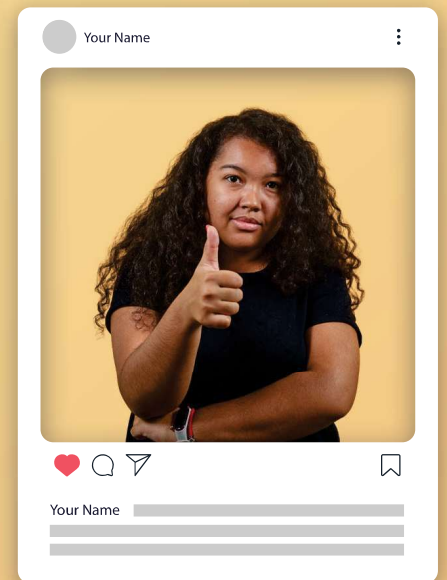
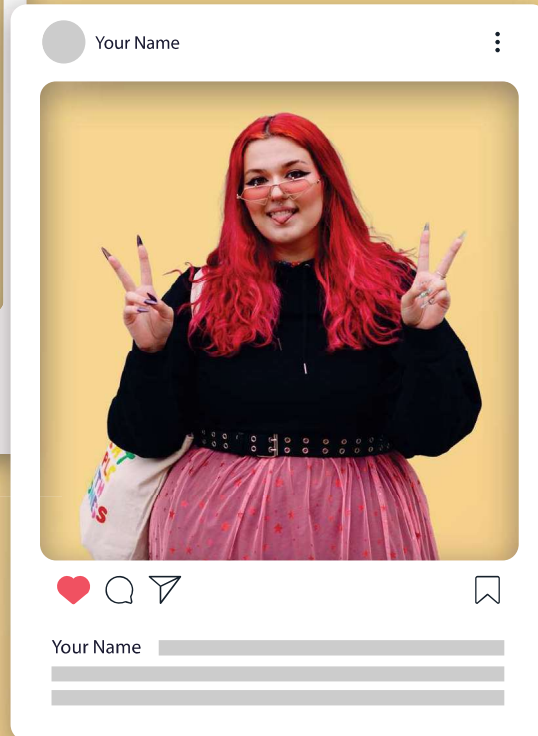
Your questions matter. Your experiences matter. Participation in research helps shape what we learn about obesity and how care continues to improve.

About the Author:

MarieElena Cordisco, NP, works for Worldwide Clinical Trials, a global contract research organization (CRO). A CRO helps pharmaceutical companies design, run, and manage clinical trials that test new medicines and medical treatments. CROs provide the scientific expertise, project management, data collection, and regulatory support needed to conduct safe, reliable, and efficient studies. This work helps bring new treatments to patients faster while ensuring high-quality research at every step.

SHARING Your Story Online SAFELY

by Michelle "Shelly" Vicari, OAC Director of Programs



// With a little thought and a few boundaries, teens and parents can make smart choices about what to share and what to keep just for themselves. //

About 95% of teens have access to a smartphone and nearly half say they are online almost constantly, according to the Pew Research Center. Social media is a major part of everyday life. Teens message friends, share photos, watch videos and follow people who inspire them, much like the rest of us, but more of their lives take place online than in previous generations. Today, there is often an expectation that people share most of their lives online.

If you have ever thought about sharing your experiences online, you might have mixed feelings. Part of you may feel excited about connecting with others who understand, while another part wonders how people might respond. That is completely normal. Sharing your story can help others feel less alone and remind you that you are not the only one going through certain experiences. The key is finding a way to share that feels comfortable for you while still protecting your privacy. With a little thought and a few boundaries, teens and parents can make smart choices about what to share and what to keep just for themselves.

Why Share at All?

Teens share parts of their lives online for many different reasons, and there is no single “right” way to do it. For some, social media works almost like a digital journal. It becomes a place to document moments from daily life, reflect on what they are learning and look back at how far they have come. For teens navigating a journey with weight and health, posting can be a way to celebrate small wins, talk about challenges or share something that helped them feel stronger or more confident.

Sharing can also help others. When one teen speaks honestly about their experiences, it can help another teen realize they are not the only one going through something similar. It can open the door to understanding, encouragement and support from people who truly get it.

The most important thing to remember is that sharing is always your choice. You never have to post anything personal if you do not want to.



Positive Things That Can Happen

Sharing parts of your story can lead to meaningful and encouraging experiences.



Connection

You may find other teens who understand what you are going through. Those connections can make you feel supported and remind you that you are not alone.



Learning

You might discover new ideas from other teens about fun snacks, ways to stay active, getting better sleep or managing stress. At the same time, something you share might help someone else learn too.



Confidence in Communication

Talking about your experiences can help you get more comfortable explaining your needs, asking questions and speaking up for yourself with doctors, teachers or family members.



Helping Others

Your story could help another teen feel seen and understood. Sometimes just knowing someone else has faced similar challenges can give another person hope and encouragement.

Handling Comments and Protecting Your Space Online

Online spaces include many kinds of people. Some will be supportive, some may ask questions and others may leave comments that are not thoughtful or kind. Sometimes people post negative remarks simply to get a reaction or start an argument.

If someone leaves a mean or hurtful comment, remember that it says more about them than it does about you. You do not have to respond. Ignoring those comments is often the best choice.

You are in charge of your page. If a comment feels uncomfortable, you can delete it, block the account or limit who can comment. Many platforms also allow you to filter certain words or approve comments before they appear. If something online upsets you, it can help to step away and talk with a parent or trusted adult. Setting boundaries online is healthy and important.

Safety and Privacy

Before posting, pause and think about safety. Online information can spread quickly and be hard to remove once shared. Do not post personal details such as your home address, phone number, school name, classroom information, daily routines, appointment locations, private documents or family information. It is also safer not to share your location while you are still there and instead post later.

Using privacy settings is one of the best ways to protect yourself. Consider setting your account to private or friends-only so only approved people can see your posts. Many apps also allow comment filters, comment approval, tag approval and restricted accounts so you control who interacts with you. Parents and teens can review these settings together and adjust them as needed over time.

Even with these settings, anything posted online can still be shared by others. Before posting, make sure you feel comfortable with what you share being seen beyond your intended, immediate audience.

Kid's Corner continued on page 26

Social Media Platform Privacy Tips



YouTube: If you post videos, consider setting them to Unlisted or Private so only people you choose can see them.



TikTok: Turn off video downloads, duets and stitches for personal posts so others cannot reuse your content.



Instagram: Use the Close Friends feature for more personal stories and turn on tag approval so you control when you are tagged.



Snapchat: Turn on Ghost Mode in Snap Map so your location is not visible to others.



Facebook: Set posts to Friends Only and review timeline and tag settings so you approve posts before they appear on your profile.

All Platforms: Check your privacy settings regularly and limit who can comment, message or share your posts. Before posting a photo, check what appears in the background, such as school logos, street signs or house numbers that could reveal your location.

What Can You Share?

You are in charge of your story and what you choose to share. Many teens focus on everyday moments instead of private details. That might include trying a new activity, sharing a favorite playlist for a walk, posting about a snack you discovered, talking about better energy or sleep, celebrating a small win at school, learning a new fitness routine, sharing a photo from a walk with a friend, posting something helpful you learned at a healthcare visit or offering encouragement to someone else who may need it. Sometimes the most relatable stories come from the small moments of real life.

You do not have to include scale numbers, measurements or medical details. Health includes many parts of daily life, not just one number.



Tips for Teens

- Take breaks from posting when you need them. Posts do not have to be daily.
- Protect your mental health first. If social media starts to feel stressful, overwhelming or negative, step away.
- Avoid comparing yourself to other accounts. Social media shows only small, edited parts of people's lives.
- Focus on what helps you feel confident, supported and positive about yourself.
- If posting starts to feel uncomfortable, pause.

Tips for Parents

- Stay connected by openly following your teen's account so you understand the spaces they spend time in online.
- Let your teen know you are there to support them, not monitor every post.
- Talk about what they experience online.
- Help your teen decide what feels comfortable to share.
- Practice simple ways to handle negative remarks and set healthy boundaries together.

The 30-Minute Pause Rule

Before posting something personal, give yourself 30 minutes. Ask yourself two quick questions: Would I be okay if more people saw this? Will I still feel good about this next week? If you are not sure, save it as a draft and look at it later.

Pick What Feels Okay to Share

- Something new I learned about my health
- A habit I am working on
- A way I handle a stressful day
- A "win" I am proud of
- Advice I would give another teen
- Something that helps me feel strong or confident
- A small goal I set for myself
- A challenge I handled in a positive way
- How I spoke up for myself at school or at a doctor visit
- A healthy routine that makes my day easier
- A myth about health or weight I used to believe
- A reminder I wish more people understood
- Something I am still figuring out
- A supportive person in my life and what they taught me
- A recipe or product that has helped me in my journey
- A playlist of inspirational songs
- A shoutout to a person or group that has been supportive
- A moment when I chose kindness toward myself

Sharing Your Story

Sharing parts of your life online can be a positive experience that creates connection, encouragement and understanding. If you choose to share, do so in ways that feel comfortable and safe, and lean on trusted adults when you need support.

The Obesity Action Coalition often shares real experiences from teens and families to help others feel understood and supported. If you are comfortable sharing your journey, you can send your story to membership@obesityaction.org. Your story may help someone else realize they are not alone.

About the Author:

Michelle "Shelly" Vicari is the Director of Programs for the Obesity Action Coalition (OAC). She studied Child Development & Family Studies and Political Science at San Diego State University and previously served as Curriculum Director for the largest NAEYC-accredited child care centers in Southern California. At OAC, she leads a variety of education and support initiatives, including Thrive Together, a youth and families program that provides resources, community and events for children, teens and parents affected by obesity.



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Linked but Distinct: Treating Obesity and Sleep Apnea Together

by Audrey Wells, MD



Obstructive sleep apnea (OSA) and obesity often occur in the same person, yet they are frequently treated as separate health issues. This can leave people feeling confused, blamed or only partially helped. In reality, these conditions are closely connected and addressing both together can make a meaningful difference in sleep, overall health and quality of life.

OSA is a medical condition in which breathing repeatedly stops or becomes shallow during sleep because the airway collapses. Obesity is a chronic disease that affects how the body stores and uses energy. Each condition can worsen the other and both increase the risk for serious health problems over time. When sleep apnea is treated without addressing obesity, or obesity is treated without evaluating sleep, an important opportunity to improve health can be missed.

Sleep apnea is not just loud snoring or feeling tired. Untreated OSA is a serious breathing disorder that increases the risk for high blood pressure, heart disease, stroke, diabetes, depression, memory problems and accidents caused by daytime sleepiness. Many people are surprised to learn that sleep apnea can affect mood, thinking and emotional health in addition to physical health.

Sleep apnea severity is measured by how many breathing interruptions occur per hour of sleep. Some people have breathing problems throughout the night. Others have what is called REM-predominant sleep apnea, meaning their breathing problems occur mostly during REM sleep. REM sleep is the stage of sleep linked to dreaming, memory and emotional regulation.

REM sleep typically occurs more during the second half of the night. Because of this, sleep apnea treatments that are only used for part of the night may not fully protect the brain or heart. Consistent and effective treatment throughout the night matters.

For many years, treatment for sleep apnea focused almost entirely on PAP therapy. PAP stands for positive airway pressure. CPAP and AutoPAP machines gently blow air through a mask worn on the face to keep the airway open during sleep.

PAP therapy works very well when it is properly fitted, used every night and worn for the full night. For many people, it remains the most effective and reliable treatment. However, PAP is not the right solution for everyone and some people need additional or alternative approaches.



Today, there is a broader range of sleep apnea treatment options, including:

- PAP therapy, which remains the gold standard for many people
- Oral appliance therapy, where a custom dental device moves the jaw forward to help keep the airway open
- Weight loss, which can reduce pressure on the airway and lungs
- Positional therapy, which helps people avoid sleep positions that worsen apnea
- Upper airway surgeries that address specific areas of blockage
- Implantable nerve stimulators that activate tongue muscles during sleep to help keep the airway open

In many cases, the best results come from layered treatment, meaning more than one therapy is used together. For example, weight loss may be combined with PAP therapy, or an oral appliance may be paired with positional therapy. Sleep apnea care is most effective when it is individualized.



People who have both obesity and sleep apnea often ask an important question: If I lose weight, will my sleep apnea go away?

The honest answer is sometimes, but not always. Large studies show that when people with obesity and moderate to severe sleep apnea lose about 20 percent of their body weight, around half experience remission of sleep apnea. Similar results are seen in people who achieve comparable weight loss through bariatric surgery. Remission means the condition improves enough that it no longer meets the criteria for diagnosis.

For people whose sleep apnea does not fully resolve with weight loss, treatment is still needed to protect breathing and overall health. However, weight loss often lowers the amount of air pressure needed for PAP therapy, improves comfort and increases tolerance. It may also make people eligible for additional non-PAP treatment options. These changes can significantly improve quality of life.

Sleep Apnea continued on page 30



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Even when sleep apnea improves or enters remission, it can return if weight is regained. This does not reflect a lack of effort or motivation. Instead, it reflects the chronic and biological nature of obesity and how weight affects the airway. For this reason, it is more accurate to talk about sleep apnea remission rather than cure.

Age also increases the risk of sleep apnea over time. Women face additional risk during and after menopause, when hormonal changes affect airway muscle tone. This means sleep apnea can appear or worsen later in life, even without major weight gain. Ongoing awareness and periodic reassessment are important.

One of the most important messages I share with patients is that symptoms alone are not enough to determine whether sleep apnea has resolved with weight loss. Feeling better is meaningful, but symptoms do not always match what is happening in the airway during sleep. Some people feel rested and alert but still experience frequent breathing interruptions. Others may have few symptoms even when apnea is severe. Consumer sleep trackers and smartwatches can provide useful information about sleep habits, but they are not accurate enough to diagnose or rule out sleep apnea.

After significant weight loss, or after surgery or device-based treatments, repeat sleep testing is essential. Retesting allows clinicians to adjust treatment settings, determine whether therapy is still needed and identify ongoing sleep problems that require care. Retesting is usually recommended once weight has stabilized, often about one year after starting medical weight loss therapy.

If sleep apnea remains after meaningful weight loss, this does not mean the weight loss failed. Persistent sleep apnea is often caused by factors unrelated to weight, such as jaw or airway structure, genetic risk, muscle tone during sleep, hormonal changes, medications or other medical conditions.

Blaming sleep apnea on weight alone can delay effective treatment and increase stigma. People deserve clear explanations about why their sleep apnea persists and continued access to therapies that protect their health.

Another important point is often overlooked. People with obesity tend to have poorer sleep quality even when sleep apnea is not present.

Weight loss can improve sleep by:

- Reducing waking during the night
- Improving blood sugar control
- Decreasing acid reflux
- Lowering inflammation and pain
- Improving the body's ability to regulate temperature

Many people report deeper sleep, better morning energy, improved mood and clearer thinking as their weight improves, regardless of whether they have sleep apnea. These benefits alone can be life-changing.

Newer obesity medications that target appetite and metabolism have changed what is possible for many people with obesity. Some are now approved specifically for individuals with obesity and sleep apnea, expanding access through insurance coverage.

When combined with nutrition guidance, behavioral support and strength-based exercise to preserve muscle, many people achieve 15 to 25 percent weight loss in a sustainable way.

Because obesity and sleep apnea strongly influence each other, weight management should be considered a standard part of sleep apnea care rather than an optional add-on.

Many clinicians hesitate to talk about weight because they worry about causing discomfort or feel unsure how to help. Patients often sense this hesitation. Avoiding the topic can feel dismissive rather than respectful.

People benefit from clear, compassionate conversations that explain obesity as a medical condition, not a personal failure. They also deserve to understand that obesity and sleep apnea each raise health risks on their own and together they amplify those risks.

Better Outcomes When Both Conditions Are Treated

Sleep apnea and obesity are closely linked, but they are not the same condition. Treating both leads to better outcomes than treating either one alone. Even when sleep apnea does not fully resolve, weight loss can improve sleep quality, reduce OSA severity and support long-term health. Even when weight is not the main cause of sleep apnea, managing weight can make treatment easier and more effective.

When patients and clinicians work together using layered, individualized and long-term care, health outcomes improve. That is the goal of modern sleep and obesity medicine.

About the Author:

Audrey Wells, MD, is a triple board-certified physician and nationally recognized expert in sleep and obesity medicine. She is certified by the Menopause Society to care for women in perimenopause and menopause, with a clinical focus on the relationship between sleep, hormones, weight, cardiometabolic health and mental well-being. As chief medical officer at SLIIP.com, Dr. Wells leads clinical strategy and advances patient-centered sleep care nationwide.





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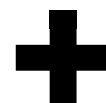


Balancing GLP-1 Use and Your Relationship with Food

A Dietitian's Guide to Staying *Nourished* and *Mentally Well* by Julia Lloyd, MPH, RD, LDN, CDCES

GLP-1 medications are changing how people manage weight, blood sugar and metabolic health. For many, they reduce hunger and constant food thoughts. That relief can feel freeing and improve daily life. For people with a history of dieting or disordered eating, however, reduced appetite may also raise concerns about maintaining adequate nutrition or navigating past challenges with food.

This article explains how GLP-1 medications work, potential nutrition risks that may arise with a low appetite, warning signs to watch for and how care teams can help protect both health and recovery.



Dieting, Disordered Eating and Eating Disorders – What’s the Difference?

These terms sound similar but have different meanings.

- Dieting refers to intentionally restricting certain foods or changing eating patterns for a specific reason, most often weight loss or improving health or a health condition.
- Disordered eating describes irregular eating behaviors or distorted thoughts about food that do not always meet criteria for an eating disorder. Examples include frequent meal skipping, eliminating food groups, fasting or strict food rules.
- Eating disorders are medically diagnosed mental health conditions involving obsessive thoughts about food, weight or appearance that lead to severe restriction, bingeing, purging or over-exercising. They are not a choice and can be life-threatening.

Because dieting can lead to disordered eating, and disordered eating can develop into an eating disorder, healthcare teams should screen for past or current harmful food-related thoughts before starting treatments that affect appetite, including GLP-1 therapy. If a restrictive eating disorder is present, GLP-1 treatment is generally not recommended without specialist input.

Disordered Eating Thoughts and Behaviors to Watch For

It can be difficult to tell the difference between expected appetite changes and concerning behaviors with GLP-1 use. Contact your healthcare team if you notice:

- Skipping most meals
- Feeling proud of eating as little as possible
- Avoiding social meals or withdrawing from usual activities
- Strict food rules or a return of old dieting thoughts
- Rapid, unsupervised weight loss
- Dizziness, fainting, hair loss or extreme fatigue
- Re-emergence of past disordered eating thoughts or behaviors

If you have a history of an eating disorder, pay attention to your internal voice and notice concerning thoughts early. Regular visits with a mental health professional are recommended.

How GLP-1s Change Appetite and Food Thoughts

GLP-1 is a natural digestive hormone released when you eat. GLP-1 medications mimic this hormone but last longer and act on both the brain and stomach. They lower levels of the hunger hormone ghrelin, which can reduce cravings, mindless eating and bingeing. They also slow gastric emptying, so food stays in the stomach longer.

Many people feel full sooner, stay satisfied longer and think less about food. For those who struggle with constant hunger and food thoughts, this can feel freeing and help improve their relationship with food.

GLP-1 continued on page 34



Disordered Eating

EATING

DISORDERS

“GLP-1 treatment is *safest* and *most effective* when prescribers, dietitians and mental health professionals work together.”

“Using a GLP-1 medication safely while caring for your relationship with food is possible with *coordinated support.*”



GLP-1 continued from page 33

However, the goal is improved appetite signaling, not eating as little as possible. During the first weeks or months, some people unintentionally under-eat as their body adjusts. They may forget to eat because hunger cues are weaker or lose interest in foods they once enjoyed.

Nutrition Risks with GLP-1 Use and How to Prevent Them

Extended under-eating can lead to nutrient gaps and other health concerns. Most risks can be prevented or reduced with awareness and support.

- **Too few calories over time:** Food is the body's fuel. Eat every few hours, even without strong hunger cues. Long gaps without food can cause fatigue, mood changes and hormone shifts. Setting reminders or scheduling meals and snacks can help.
- **Muscle loss:** Some muscle loss occurs with weight loss, but the goal is to preserve as much as possible. Strength training two to three days per week paired with eating enough calories and protein each day helps protect muscle.
- **Vitamin and mineral gaps:** Smaller portions may reduce intake of iron, B vitamins, vitamin D, calcium and other nutrients. Eating a variety of lean proteins, fruits, vegetables and whole grains lowers this risk.
- **Digestive side effects:** Nausea or early fullness can make eating difficult. Skipping meals may worsen nausea, so eat regularly. Chew slowly and consider bland, cooler foods while limiting greasy or spicy options.
- **Dehydration:** Reduced appetite may also reduce thirst. Aim for about 64 ounces of water daily. Drinking a glass of water upon waking can help you stay ahead of hydration needs.

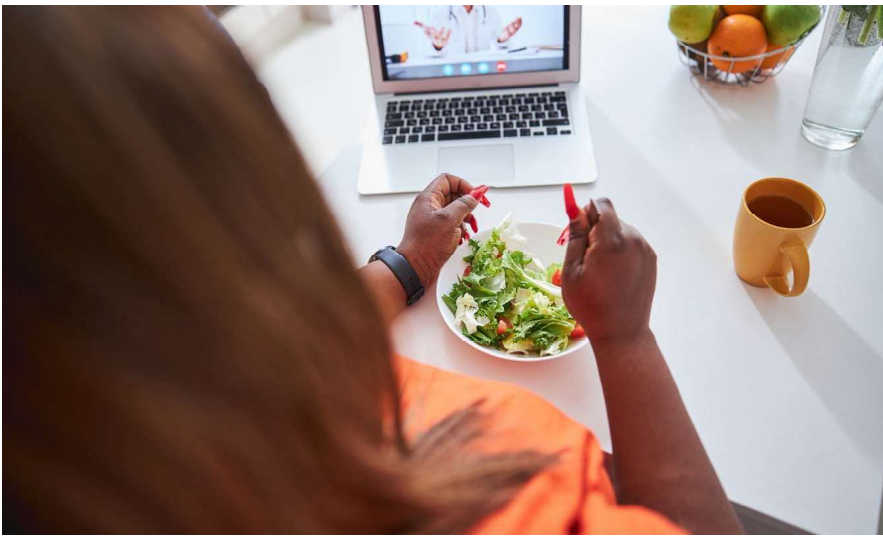
Contact your healthcare team if these challenges continue.

Dietitian Support for Your Relationship with Food and GLP-1 Use

Working with a registered dietitian (RD or RDN) can support your relationship with food, prevent malnutrition and help manage side effects. Their role may include:

- **Screening and treatment planning:** Reviewing eating behaviors, food intake and medical risk before and during GLP-1 therapy
- **Creating a structured eating pattern:** Helping establish a realistic routine, such as eating every three to four hours and including protein at each meal
- **Protecting muscle:** Calculating personalized protein needs and encouraging strength training or referral to an exercise specialist
- **Monitoring nutrients:** Reviewing nutrition-related labs and recommending supplements if needed
- **Behavioral support:** Addressing rigid food thinking, promoting food flexibility and building sustainable habits

Using a GLP-1 medication safely while caring for your relationship with food is possible with coordinated support.



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Coordinated Care Matters

GLP-1 treatment is safest and most effective when prescribers, dietitians and mental health professionals work together. Prescribers monitor labs, adjust doses and screen for medical risks. Dietitians review eating patterns, provide nutrition counseling and help manage side effects. Mental health professionals guide patients through physical, mental and emotional changes while monitoring for new or returning disordered thoughts or behaviors. Clinical guidance also recommends referral to specialists for anyone with a history of eating disorders before starting GLP-1 therapy.

Practical GLP-1 Nutrition Tips

- **Eat consistently:** Aim to eat every three to four hours, even without strong hunger cues. Smaller, more frequent meals may feel better.
- **Include protein at every eating time:** Protein helps preserve muscle. Try to eat it first when possible.
- **Choose nutrient-dense foods:** With smaller portions, make each bite count. Include poultry, fish, dairy, fruits, vegetables, beans, nuts and seeds.
- **Journal food-related thoughts and emotions:** Reflecting on how food affects your thoughts, emotions and physical sensations can increase self-awareness and support personal growth.

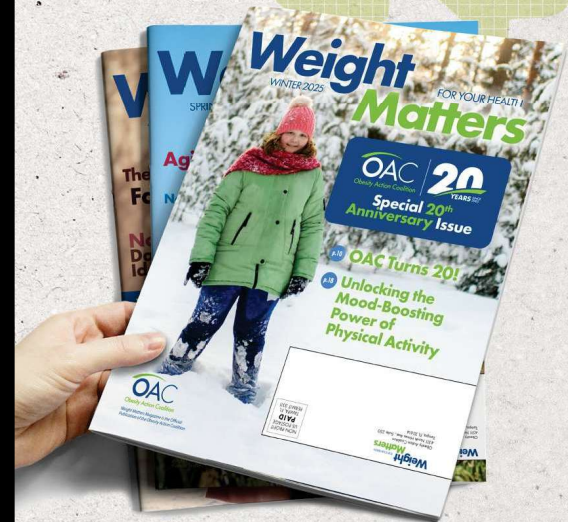
Conclusion

GLP-1 medications can quiet constant hunger and cravings, but they may also bring up past patterns of restriction. Safe use includes attending regular healthcare appointments, following dosing directions and staying nourished and hydrated to prevent nutrition gaps and side effects.

If you or someone you care for is starting or currently taking a GLP-1 medication and has concerns about disordered eating, ask for support from a dietitian and mental health professional. Obesity is a complex condition and benefits from coordinated care from a comprehensive healthcare team.

About the Author:

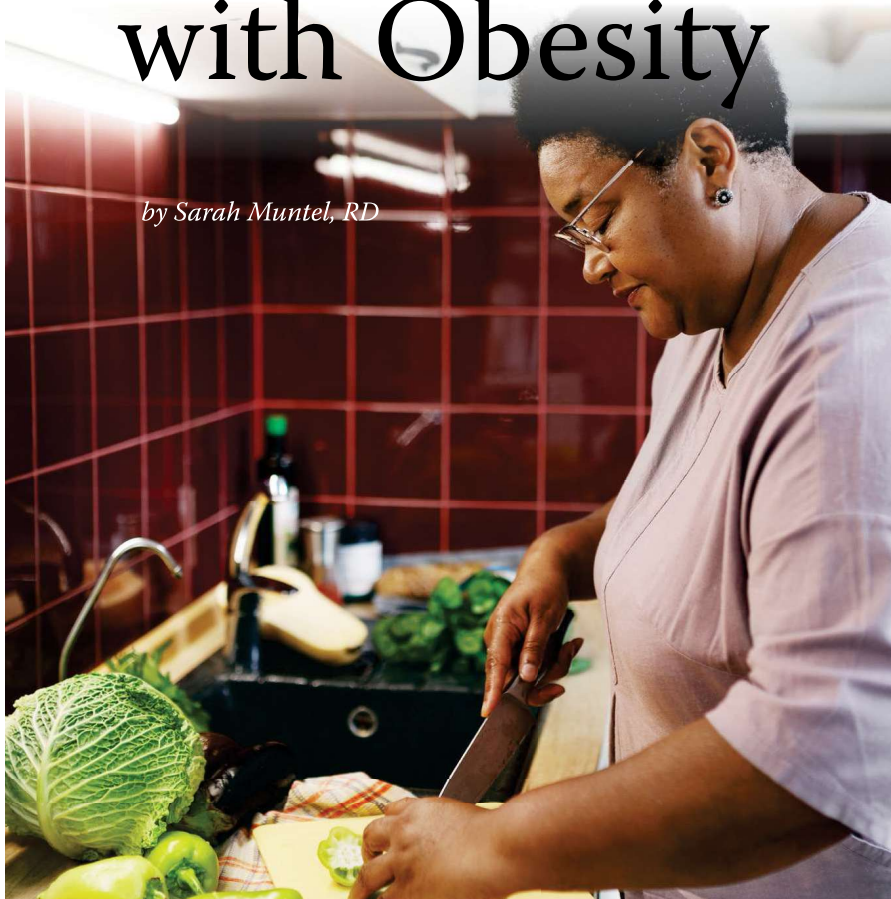
Julia Lloyd, MPH, RD, LDN, CDCES, is a registered dietitian and diabetes educator specializing in GLP-1 counseling. She is the founding dietitian of Alnu Health, where she helps train digital support tools designed to enhance obesity and cardiometabolic care between clinic visits. She serves on the Concierge Medicine and Executive Health teams at Massachusetts General Hospital in Boston and has contributed as an expert source to national media outlets including The New York Times. Read more of her work at Alnuhealth.com/blog.



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Nutrition for Older Adults Living with Obesity

by Sarah Muntel, RD



Nutritional needs change throughout life, from childhood to adolescence and into adulthood. As the body changes during each stage of life, nutritional needs and health goals often shift. Nutrition for older adults is no different. It comes with its own set of priorities and areas of focus.

With aging, supporting overall health remains important, and for some people that may include managing weight. Additional goals often emerge, such as maintaining strength, supporting overall health and preserving independence. With the right nutritional focus, aging with strength and vitality can be possible.

What Changes Should You Expect With Aging?

Muscle Loss

Starting around age 40, muscle mass and strength naturally begin to decrease. This loss continues over time and often accelerates after age 60. Maintaining muscle mass is important for physical function and overall health. Without adequate muscular strength, people may experience balance problems, increased risk of falls and greater fatigue.

Decreasing Caloric Needs

As people age, the body typically requires fewer calories to maintain weight. One contributor is the gradual loss of muscle mass, which lowers the body's overall energy needs.

According to the National Institute on Aging, the average daily caloric need for a sedentary woman over age 60 is about 1,600 calories. For sedentary men over 60, the average is about 2,000 calories per day. These needs increase with higher levels of physical activity.

These changes can affect how the body uses energy and may influence body weight over time. Choosing foods rich in key nutrients can help support overall health. Small calorie adjustments combined with physical activity can add up over time.

Appetite and Thirst Changes

Appetite may decrease with age. This can be the body's natural response to lower calorie needs. At the same time, thirst sensation often decreases, which can increase the risk of dehydration.

A Change in Focus

Weight alone does not define overall health. Earlier in life, weight loss may feel like the primary health goal. While weight management can improve many aspects of health, priorities may shift as people age. Functional movement, strength and overall health often become the most important goals.

Weight Alone Does Not Define Health

Often, there is a perception that reaching a certain weight automatically means someone is healthy. This is not always true and can be especially misleading for older adults. Proper nutrition, strength and daily function are often more important indicators of health.

Nutrition Priorities Shift With Aging

As the body changes with age, nutrition and lifestyle habits may also need to adjust. Maximizing nutrition can support healthy aging.

Meal Composition and Meal Timing

Protein

Because muscle mass may decrease with age, choosing protein-rich foods becomes especially important. Protein supports muscle maintenance, immune function and overall health. Research shows that many older adults do not consume enough protein.

Sarcopenia is an age-related loss of skeletal muscle mass, strength and function. It often begins gradually around age 30 and accelerates after age 60. Symptoms can include weakness, fatigue and reduced mobility. Meeting protein needs can help lower the risk.

Protein sources include lean meats, poultry, eggs, seafood, beans, lentils and nuts.

Recommendation: According to the National Resource Center for Nutrition and Aging, the general recommendation for adults is 0.8 grams of protein per kilogram of body weight each day. For adults age 65 and older, the recommendation often increases to about 1 to 1.2 grams per kilogram per day.

Hydration

The sensation of thirst often decreases with age, which makes consistent fluid intake important, even when you do not feel thirsty. Older adults are at higher risk for dehydration.

A common guideline is to aim for about 64 ounces of fluid each day.

Recommendation: Choose non-caloric beverages throughout the day to stay hydrated. Water, coffee, tea and other low-calorie beverages are good options. Limiting caffeine may help reduce the risk of dehydration. Some people find that using new cups, water bottles or straws can help encourage regular drinking.

Make Each Meal Count

Hunger may decrease with age, but nutritional needs remain important. Even when appetite is low, the body still requires nutrients to function well.

Nutrient-dense foods provide vitamins, minerals and other nutrients the body needs without excess calories. Examples include fruits, vegetables, whole grains and dairy products.

Recommendation: Plan meals and snacks ahead of time so healthy options are readily available. Stock the refrigerator with easy choices such as chopped fruits and vegetables, yogurt, cheese sticks and whole grain crackers. Choose foods that help meet your nutritional needs.



Loaded Chicken Quinoa Salad

EatingWell.com

Ingredients

- ¾ cup shredded cooked chicken breast
- ½ cup cooked quinoa
- 1 cup roasted root vegetables
- 1–2 tablespoons vinaigrette
- ¼ avocado, sliced
- 1 tablespoon crumbled feta cheese
- 1 tablespoon sunflower seeds

Directions

Combine chicken, quinoa and roasted vegetables in a bowl. Drizzle with vinaigrette. Top with avocado, feta cheese and sunflower seeds

Meals like this provide protein, fiber and a variety of nutrients.

Nutrition continued on page 38

Vitamins and Minerals Matter

Certain nutrients become especially important with aging.

Calcium and Vitamin D

These nutrients work together to support bone health and reduce fracture risk. Food sources include dairy products, fortified cereals and juices, leafy greens and fatty fish.

Aim for: 1,000 mg to 1,200 mg of calcium daily and 600 to 800 IU of vitamin D.

Vitamin B12

Foods that contain vitamin B12 include meat, fish, dairy products and fortified foods such as cereals. Absorption of B12 often decreases with age, which may require greater intake of fortified foods or supplements.

Aim for: 2.4 mcg per day for adults. Some people may need supplementation due to absorption issues. Speak with your health care provider for guidance.



Try this smoothie for a quick breakfast or snack. It provides calcium, vitamin C, vitamin D and fiber.

Strawberry Oatmeal Breakfast Smoothie

Allrecipes.com

Ingredients

- 1 cup milk
- ½ cup rolled oats
- 14 frozen strawberries
- 1 banana, broken into chunks
- 1½ teaspoons sugar (optional)
- ½ teaspoon vanilla extract (optional)

Directions

Blend milk, oats, strawberries and banana until smooth. Add sugar and vanilla if desired and blend again until smooth. Pour into glasses and serve.

" Small steps such as nourishing your body with nutritious foods and making time for self-care can support long-term health. "

Managing Health Conditions and Medications

With aging, many people manage additional health conditions or medications. Developing a plan with your health care team can help support long-term health.

Medications

Spend time with your physician or health care professional discussing your health goals, conditions and possible medication side effects. Work together to develop a schedule that identifies the best time to take medications and supplements.

Managing Side Effects

Many medications may cause side effects. For example, obesity medications can be an effective treatment option for some people, but they may also cause symptoms such as nausea or constipation. Increasing fiber intake and drinking more fluids may help manage constipation. Eating smaller, more frequent meals may help reduce nausea.

See Your Health Care Professional

If you experience new symptoms or changes in your health, contact your health care professional. Some changes are a normal part of aging, but many concerns can be managed with proper medical care. Symptoms such as low appetite, chronic fatigue or frequent falls should always be discussed with a health professional.

Final Thoughts

At every stage of life, the goal is to focus on balance rather than perfection. Healthy habits take time to develop and change rarely happens overnight.

Small steps such as nourishing your body with nutritious foods and making time for self-care can support long-term health. Living well is about caring for your body and supporting your well-being each day.

About the Author:

Sarah Muntel, RD is a Registered Dietitian from Indiana. She has worked in the field of Metabolic and Bariatric Surgery and Weight Management for 25 years. She loves seeing patients meet their health and wellness goals. In her free time, she enjoys spending time with family, watching her kids play sports and taking walks with friends.



**Her soccer dreams
didn't change.
Her brain did.**

Not all obesity is the same. Issues with weight, hunger, and fatigue after a brain tumor or brain injury could be a sign of a distinct form of obesity called acquired hypothalamic obesity, or acquired HO.

Learn more about Rhythm's educational resources at HO.DifferentObesity.com or scan the QR code on the right.



Actor portrayal

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LET'S GET CONNECTED!

Social media can be a powerful tool in your weight and health journey. The Obesity Action Coalition has created a supportive social media community where we raise awareness about obesity, share valuable educational resources, advocate for ending weight bias and promote expanded access to care. Join us and connect with others who share similar experiences in a safe and welcoming space.

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