Beyond Body Positivity: Why I Choose the OAC

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Dear OAC Members,

My name is Kristal Hartman, and I am incredibly excited to start my term as Chair of the OAC National Board of Directors! Before I tell you a bit more about myself and discuss our organization’s upcoming goals, I want to take this opportunity to thank Immediate Past-Chair, Ms. Patty Nece, for the countless hours she has dedicated to the OAC and everything we stand for. Patty has gracefully and seamlessly guided the OAC and our members through one of the most challenging times we have experienced with the COVID-19 global pandemic. Personally, Patty is one of my dearest and most beloved friends, my mentor, and someone I greatly admire. I have appreciated every moment of my time in training as her Vice-Chair, and I know I have big shoes to fill. Patty, thank you for being an incredible human being, friend, mentor, advocate and supporter!

A bit about me. I have struggled with my weight since my early teens, but it wasn’t until my early 20’s that I finally found a physician who recognized and was able to correctly diagnose me with both thyroid issues and polycystic ovarian syndrome (PCOS). Add life stressors, fertility issues, pregnancies and pregnancy losses, and I found myself in my mid-30s with a BMI of 45 and on 14 prescription medications to treat all of my comorbidities of obesity. I had a sleeve gastrectomy in 2014, and 16 months later, I reached my goal of losing 100 pounds. In the years since, I have needed and continue to need every tool available in the chronic weight management toolbox – the OAC Community, mental health care, nutritional support, exercise and movement support, FDA-approved medications, vitamins, and the list goes on. That is the thing with chronic diseases — they are lifelong, and people with the disease of obesity deserve the same compassionate, non-biased care and affordable access to FDA-approved medications and surgical options that every single other chronic disease has access to. The education, support and advocacy the OAC has provided me throughout my journey has been instrumental to my mental and physical well-being. I am honored to be able to serve this organization that means so very much to me!

What can we look forward to in the coming months? The world post-Covid continues to evolve, but one thing has become abundantly clear: the continued need for virtual education, connection, support, and advocacy opportunities. If you missed the OAC’s YWM2023-Virtual Convention, you can still access all the programming for just $50! We also know that many OAC members value in-person experiences. Join us in Orlando, FL, for the YWM2023-Engage Convention, taking place September 21-23! Registration is now open YWMEngage.com. Look for your OAC leadership and staff to devote time to pursuing the best way to deliver these important activities to our members. Additionally, you will see more investment in mental health, childhood obesity and state-level advocacy efforts.

Chair of the Board

Kristal P. Hartman
YWM2023-Virtual Convention Shifts the Narrative Around Obesity

This past April, the Obesity Action Coalition (OAC) hosted its annual Your Weight Matters Virtual Convention, a weekend-long online event designed to help individuals better understand their weight and health. This year, YWM2023-Virtual aimed to shift the narrative around obesity, emphasizing that obesity is not a person's fault and that each of us has the power to regain control of our health.

People affected by obesity from around the world joined together to live stream educational sessions, discuss weight and health topics, and participate in Zoom social events. Participants spanned from the U.S. and Canada to Denmark and South Africa. Attendees walked away feeling empowered, motivated and inspired with new tools to apply to their everyday lives and a community of support to help them along the way. If you want to learn more about the OAC's Annual Convention, including the upcoming in-person YWM2023-Engage Convention in Orlando, FL, near Walt Disney World®, from September 21-23, please visit YWMConvention.com.

Give the Gift of Impactful Education and Connection Opportunities at the YWM2023-Engage Convention

The OAC believes strongly in the quality, science-based weight and health education presented at our Convention, and we pride ourselves on offering individuals the opportunity to make lifelong friendships with a supportive community. The Rob Portinga Memorial Scholarship Fund helps cover or offset the in-person meeting’s expenses by awarding a scholarship grant to those with financial hardship. The fund aims to make it possible for all to access the impactful education and connection opportunities that the OAC’s in-person Convention has to offer. Scholarship grants are fully funded by the generosity of donors – individuals committed to inviting others to access quality education and an unrivaled community of support. If you wish to donate, please visit ObesityAction.org/scholarshipfund.

OAC’s Participation in “The Whale” Provides Filmmakers the Chance to Learn, Connect and Advocate

The Obesity Action Coalition is honored to have participated in the recent film “The Whale,” starring Brendan Fraser and directed by Darren Aronofsky. Prior to the film’s production, A24 engaged the OAC to gain insight into the realities of living with obesity. Through this participation, the OAC provided the film’s production team with the opportunity to connect with real people whose lives have been affected by obesity.

Fraser, who won the Oscar for Actor in a Leading Role for his portrayal of Charlie in “The Whale,” took the time to engage with OAC volunteers and learn about their experiences with obesity. He was highly receptive to feedback and delivered a powerful performance that depicted many of the most challenging aspects of living in a larger body while showing several ways people react to being negatively judged for their size. Fraser has also been a passionate advocate for individuals living with obesity. In interviews promoting “The Whale,” he openly discussed weight stigma and the obstacles many individuals with obesity face when seeking treatment.

To learn more about the OAC’s involvement in “The Whale,” visit ObesityAction.org/the-whale.
In the final months of 2022, I experienced both the worst and the best day of my life. It was in October that my mother passed away after I had taken care of her for over a year. In a way, I saw it as repaying her for raising me to become the strong advocate I am today.

Lessons in Standing Up for Myself

I can recall an incident from my elementary school days that exemplified my mother’s unwavering support. Once, a reading teacher pinched my arm, and when I informed my mom, she promptly wrote a note to the teacher. The teacher, however, accused me of lying, saying my arms were too fat to be pinched. My mother talked to the principal, asking to place me in a different reading class. This experience taught me the importance of advocating for myself, especially in the face of mistreatment based on my weight. My mother’s advocacy laid a strong foundation, and I continue to carry those lessons with me.

A Sign from Mom

On the morning of her funeral, I woke to notification that the Lymphedema Treatment Act (LTA), one of two bills I had been advocating for, was going to be voted on in the House of Representatives. This was huge news, and I took it as a sign from Mom. That week, the LTA passed in the House with an overwhelming vote of 402-13.

In December, the Lymphedema Treatment Act (LTA) was signed into law as part of the Consolidated Appropriation Act of 2023. It marked the culmination of 13 years of grassroots advocacy and served as a powerful testament to the impact of our stories in creating change.

Recently, I went to Washington, DC to celebrate the passing of the LTA. As I was walking into the Capitol building, I saw Congressman Wenstrup coming out. When I lived in Ohio, he was my representative. My advocacy to get the Lymphedema Treatment Act (LTA) and the Treat and Reduce Obesity Act (TROA) passed started with a meeting with his district staff in a small room at my local courthouse. Now, 10 years later, I was able to personally thank him for supporting the LTA and for being a co-lead of the Treat and Reduce Obesity Act.
Two Decades of Advocacy in the Healthcare System

It has been 10 years since I first met with Rep. Wenstrup’s staff, but it’s been more than 20 years since I’ve been advocating for myself in the healthcare system. In 2003, I had Roux-en-Y (RNY) gastric bypass surgery, and it was covered by Ohio Medicaid. However, the hospital told me I needed approval from Medicaid before they could see me for the first appointment. My primary care doctor didn’t know how to get Medicaid approval. But since I had recently been diagnosed with lymphedema, and that doctor had already obtained approval for a compression pump, I asked that office for the contact information for Medicaid. I gave it to my primary care doctor, and she wrote a letter, and I got approved!

A year after surgery, I moved to Miami for my first professional job. I was excited to have real insurance, but my excitement didn’t last long when they refused to cover my extra therapy visits for lymphedema treatments. I then found out that even though they covered lymphedema compression garments, there were no suppliers nearby that accepted insurance. The supplier my therapists used was in another state and not in my network, but their staff coached me on what to ask the insurance. After a few phone calls, I finally got coverage for my garments. But the battle repeated itself every year. When I learned about a bill introduced to address coverage for lymphedema compression garments, I immediately started reaching out to my members of Congress.

I’ve Been Trained

In 2012, I took part in Advocacy Training during the Obesity Action Coalition’s first Your Weight Matters Convention. Along with teaching us how to share our personal stories to promote the passage of TROA, they also prepared us with Congressional hill meetings. This helped us experience different situations we might encounter while advocating, and the OAC gave us advice on how to handle those situations. The most important advice they gave us was to stay focused on the topic, stay positive, and never burn bridges. We were also taught to do research so that we could tailor our message to fit the priorities of the person whose support we were seeking.

I decided to sign up to receive newsletters from my members of Congress, and one day I got an email announcing that Rep. Wenstrup’s staff was going to have a Mobile Help Desk at my county courthouse.

Get Connected to OAC Today!

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

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

Let’s Connect!

ObesityAction.org/get-connected
I gathered all the information I had about the Lymphedema Treatment Act and the Treat and Reduce Obesity Act, both of which I found on the organizations’ websites. When I got to the courthouse, the staffer was in a small meeting room, and there were already some other people talking to her. When it was my turn, I gave her the information and shared my personal story and why both bills were important to me. When I was finished, she said, “Wow, you’re really prepared.” I just replied, “I’ve been trained.”

A couple of weeks later, I got a call from Rep. Wenstrup’s Health Legislative Aide, who worked in his office in Washington, DC. Then, later that summer, Rep. Wenstrup was hosting a Coffee with Constituents event, and when I went, the staff member from the courthouse recognized me and made sure I had the chance to meet the Congressman. Since he was a podiatrist, he understood both issues well and promised to help.

**Pack your Patience and Be Persistent**

Anything worth having is worth fighting for, even if it takes a long time. I always remind myself that my chronic conditions are never going away, and neither will I.

What motivates me to keep fighting? It’s knowing what is possible and seeing small steps of progress. Ultimately, I am paying for insurance coverage to provide me with a service, and I expect to get the same level of service as others. We all pay for a certain internet speed, and if we don’t get the speed or connection we pay for, we complain. I pay for healthcare, so I should have coverage for treatment of my health conditions — period.

It took a total of thirteen years for Congress to pass the Lymphedema Treatment Act, but with each session of Congress, we gained more cosponsors for the bill. We faced many challenges that were beyond our control, but we adjusted our strategy accordingly. When there were changes in leadership in the House and Senate, we had to work with new members and staff to push our bill forward. There were times when our bill leaders retired, and we had to find new members to support our legislation. Then, the pandemic came, and once again, we had to adapt and tailor our message to match the priorities Congress was focused on addressing. The squeaky wheel gets the grease, so we kept in consistent communication with members of Congress and gained more cosponsors by staying persistent. Throughout the process, we educated staff, raised awareness, and empowered advocates.

**Now is the Time for Action**

Advocacy is all about building relationships — not only with other advocates, but also with stakeholders and people in positions of power who can make the changes we are asking for. This often includes the politicians who represent us at different levels of government, as well as the staff members in the agencies that run and oversee programs.

With the availability of more effective medications for treating obesity, it’s important for us to work harder to get coverage for these treatments. You can begin advocating right from your own home. The summer season offers many chances because Congress takes a break, and your members of Congress will be spending more time in their districts. Many politicians have booths at local county and state fairs, so stop by and have a chat with their staff. If you’re lucky, you might even get to talk to the politicians themselves.

Do You Want to Share Your Story?

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

If you would like your story to be featured in a future issue of Weight Matters Magazine, please email membership@obesityaction.org.
The Obesity Action Coalition is proud to announce that we are hosting our annual in-person Convention, **YWM2023-Engage**, from September 21-23 in Orlando, FL!

**YWM2023-Engage** will be held at Wyndham Grand Orlando Resort Bonnet Creek in Orlando, Florida, right next to Walt Disney World®, where you can expect three days filled with Education, Connection and Support!

Experience groundbreaking educational topics presented by leading experts, including:

- Rethinking Obesity: Moving Beyond the Numbers
- Cultivating Calm: Navigating Stress and Developing Coping Skills
- The Power of Mindset in Weight Management
- Reclaiming Our Voice: Demanding Dignity and Respect in Healthcare
- And MORE!

PLUS Taking Charge of Your Health with Football Legends Richard Walker and Ottis Anderson, presented by Dr. Holly Lofton

There are people out there who are thinking like you think. You just may not know it yet. Being able to hear some of those messages and learn from each other as well as the health experts [at YWM Convention], I think it’s the biggest gift. There’s probably something you’re going to connect to, and it will be life-changing.

– Jennifer, OAC Member

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I have lived with obesity my entire life. Reconciling the size of my body with society’s expectations has always been a constant struggle for me, from childhood until now. My personal comfort with my body has fluctuated significantly, but at the age of 43, I have developed a much kinder and more compassionate relationship with myself and my body.

This relationship grew, in part, from the influence of the Health At Every Size® (HAES) and Body Positivity movements. Both HAES and Body Positivity are variations of the Fat Acceptance movement, which originated in the 1960s and has steadily expanded over the years.
HAES and Body Positivity

Both HAES and Body Positivity strive to eliminate weight bias and stigma from both internal and external sources. Body Positivity specifically focuses on healing one’s personal relationship with their body and fostering a positive, loving perspective regardless of societal judgments regarding appearance, size, physical abilities, and so forth. It emphasizes cultivating a positive body image, which can be a liberating concept, albeit challenging to practice consistently, especially for those of us who grew up with negative body image and societal stereotypes ingrained in our psyches.

HAES views weight from a public health standpoint and pushes back against weight bias and stigma, particularly weight bias from healthcare professionals. It seeks to deemphasize weight-loss as a health goal. This too can be liberating for many, particularly when people who live in larger bodies are used to having medical concerns dismissed or explained away due to their size. So many people who live with obesity have experienced shame or trauma from the medical community, and I am certainly no exception there.

Reflecting on the Struggles of Public Weight Management

I first became aware of both of these movements about a decade ago when I was a weight-loss blogger. I shared my personal weight-loss journey in a public forum, and the outcome of that had a negative impact on my mental health. Even though I was having “success” at losing weight and gaining a following online, I was struggling. The pressure of public weight management made me extra critical of my body and my pursuit of weight-loss success. Despite projecting a positive image online, I experienced overwhelming self-judgment, shame and distress, especially during challenging phases along my weight-loss journey.

What I didn’t realize at the time, despite having experienced it previously, was that obesity is a chronic, complex, and multifaceted disease. Regardless of how hard I pushed and fought for control over my body, I eventually reached a point where I collided directly with the disease. No matter how much willpower I exerted or how intensely I exercised, I couldn’t continue losing weight.

Instead, I started gaining weight. As troublesome as publicly losing weight can be for your self-image, it is nothing like gaining weight in a public forum. As the trolls came out of the woodwork, my feelings of self-worth plummeted, and my weight climbed — again.

Beyond Body Positivity continued on page 12
Learning Self-acceptance and Self-kindness

It was a dark period in my life. Eventually, overwhelmed by shame, I stopped blogging and set out to determine my next steps. As a failed weight-loss blogger, the weight of my shame clung to me as stubbornly as the pounds I had regained. It was during this time that I first became aware of the Body Positivity movement. I didn’t have much love for myself, and I sought solace through therapy and the support of caring friends. There was no sudden “Aha” moment I experienced; instead, a gradual realization unfolded that in order to be mentally well, I needed to accept my physical body in all its variations and sizes. Dwelling in a state of guilt and shame serves no purpose. It is not motivating or healthy, and it certainly doesn’t exhibit self-kindness. By being my own harshest bully, I do no favors for myself, my children or my loved ones.

Likewise, with HAES, I needed to take control of my health apart from my weight. I needed to eat fruits and vegetables simply because I feel better when I eat them, not because of what they might do for a number on the scale. I need to move my body because my body feels better when I do. To care about health doesn’t necessarily mean focusing on weight-loss.

I spent considerable time working on these things and my own mental health in serious ways, decoupling my internalized weight bias from the way I viewed myself and the world. I read a lot of books, listened to podcasts and talked to friends. I went to therapy. I went camping and swimming and learned about the ways my body is strong, even at my size. And it was good, and I felt better. Except, something was missing.

Seeking Solutions Beyond Body Acceptance

The Body Positivity and HAES movements did important things for helping me reframe my worldview. They gave me permission to take up space, as I am, no matter my size or shape. They insist that I have worth exactly as I am. For that, I am grateful for how they got me started on the journey to where I am today.

Nevertheless, both groups lacked something vital that I needed to move forward into a healthier and more whole version of myself: real understanding and treatment of the disease of obesity. Even as my mental health and body image improved, and even as I learned to love myself regardless of a number on a scale, I still struggled with my physical health. Despite the term “Health at Every Size,” no one seemed capable of answering the question, “What do I do when I am not healthy at this size?” From virtually any standpoint, I am not particularly healthy, and my weight exacerbates, if not outright causes, most of my health concerns. I take medications for high blood pressure and GERD, and I use a CPAP machine nightly for sleep apnea. I am considered pre-diabetic. My knees always hurt and they affect my mobility.

I find myself in the quandary that many people who live in larger bodies have: how do I love myself as I am and still find a way to treat a disease that makes me sick? I found no good answers in the Fat Acceptance world to this dilemma, so I needed to look elsewhere.

“I want wellness for both my body and my mind. The OAC insists that it is perfectly okay to ask and strive for that.”
The Empowering Support of OAC

I found those answers in the Obesity Action Coalition (OAC). The OAC was the first group I found that insisted people deserve access to tools and treatments to help them manage their weight and the disease of obesity, while also advocating against weight bias and stigma in society. They welcomed me without shame for wanting to improve my health through weight management.

For me, settling for only mental health or physical health is not enough. During my early blogging days, I was losing weight and in the best physical shape of my life, yet mentally, I was struggling. Discovering Body Positivity helped heal my mental health and the shame I harbored toward my body, but I wasn’t physically healthy.

I have decided that it is okay to be selfish; I want both. I want wellness for both my body and my mind.

The OAC insists that it is perfectly okay to ask and strive for that. Furthermore, they insist that what is right for one person isn’t always right for another. Individuals living with obesity may experience trauma from society or healthcare professionals, giving them no desire to ever seek weight-loss again. That’s a good choice for their health. Others want to prioritize physical health and seek weight-loss. Again, that is their choice for their health. Some, like me, work hard to find a balance of both.

It is the OAC’s emphasis on science-based evidence, bodily autonomy, and the acknowledgment that weight stigma and bias hurts everyone that drew me away from variations of the fat acceptance movement. I understand the comfort that people find in fat acceptance (I have found it myself), but in the end, it wasn’t enough for me.

The OAC empowers me to make the choices I need for both my mental and physical health. I am empowered to fire a doctor who dismisses my concerns about my health because of my weight, or to educate someone who insists that I am “just lazy.” It strengthens me to recognize all that my body can do, and not to wait until I exist in a smaller space before saying “yes” to things I want to do. I don’t want to be shamed for my weight or shamed for seeking to manage my weight. I want to eliminate weight bias in society. I also want to see the development of science-based, effective treatments for the disease of obesity that are covered by insurance. I want to love myself enough to work toward physical and mental wellness. I want it for myself and everyone else, too. I find my allies for these personal goals in the OAC.

My journey with obesity will never be over. Obesity is a chronic condition, after all. I am proud of the work I’ve done to be where I am today. I have learned to be comfortable with my body and my story. I live with obesity and I will strive to lessen the effects of this disease. I am truly grateful to know that the OAC is alongside me as I do.

About the Author: Elizabeth (Liz) Paul is a wife, mom, non-profit professional and obesity advocate from Mankato, MN. She has lived with obesity her entire life and uses her first-person experience to advocate against weight bias and stigma and for access to obesity treatments for all people. Liz is a member of the Obesity Action Coalition (OAC) and serves on the Membership and Mental Health Committees, in addition to serving as Co-chair of the Your Weight Matters Convention. She also enjoys camping, board games, D&D, her cats, and playing trumpet.

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If you’ve ever hesitated to start exercising due to joint pain or other limiting conditions, you might want to give water aerobics a try. As a water aerobics instructor, I have witnessed firsthand the amazing benefits this type of workout brings to my students.

If you’re hearing about water aerobics for the first time, let’s talk about it. Water aerobics, also known as aqua aerobics, is a low-impact form of physical activity performed in a swimming pool. This invigorating workout includes a diverse range of exercises, all designed to improve cardiovascular fitness, strength, flexibility and overall health. While water aerobics tends to be particularly popular among seniors, it is an ideal exercise option for people of all ages and fitness levels. It’s especially beneficial for those who are recovering from injuries, those who have chronic health conditions, and pregnant women. With many formats of water aerobics available, it can be easy to find one you’ll love!
Classic Water Aerobics:

Classic water aerobics is the most popular type of water aerobics. It includes a variety of exercises designed to work different parts of the body. The exercises are performed in the shallow end of the pool and can include jogging, jumping jacks, squats, lunges and arm movements. You do these exercises while listening to music, which helps you stay motivated. While water aerobics can be done alone, it is usually done in a group setting with an instructor.

Aqua Zumba:

Aqua Zumba is a fun and energetic form of water aerobics that combines Latin dance moves with a low-impact workout. Think of it as dancing in the water! The classes are taught by certified instructors who lead participants through a series of dance moves designed to improve cardiovascular fitness, coordination and balance. This workout is done in the shallow end of the pool and does not require the ability to swim.
Aqua Yoga:

Aqua yoga is a gentle form of water aerobics that involves performing yoga poses in the water. The buoyancy of the water provides support for the body, which makes it easier to hold poses and improve flexibility. Aqua yoga is a particularly excellent form of exercise for people who have joint pain or limited mobility.

Deep Water Aerobics:

Deep water aerobics is a more challenging type of water exercise done in the deep part of the pool. Participants wear a flotation belt that helps keep them afloat, so you don’t need to know how to swim. Deep water aerobics is an excellent form of exercise for people who want to improve their strength and cardiovascular fitness.

**BENEFITS OF WATER AEROBICS**

- **Low Impact**
  One of the greatest benefits of water aerobics is that it is a gentle exercise on the body. The water’s buoyancy lessens the impact on the joints, making it perfect for people with joint pain, arthritis, or those recovering from injuries.

- **Improved Cardiovascular Fitness**
  Water aerobics is excellent for enhancing heart health. The water’s resistance makes it a more challenging workout compared to traditional aerobics, which can reduce the risk of cardiovascular disease and boost cardiovascular fitness.

- **Improved Muscle Strength**
  Water aerobics strengthens muscles effectively. The water’s resistance challenges the muscles, leading to increased strength and improved overall fitness.

- **Increased Flexibility**
  Water aerobics also enhances flexibility. The water’s buoyancy provides support for the body, making it easier to perform stretches and improve flexibility.

- **Weight Loss**
  Water aerobics is an excellent form of exercise for weight-loss. The water’s resistance creates a challenging workout that helps burn calories.

- **Improved Mental Health**
  Water aerobics, like other exercises, enhances mental well-being. The water’s soothing properties reduce stress and anxiety, while the social aspect of classes promotes a positive mood and a sense of belonging.
THE WATER’S RESISTANCE CHALLENGES THE MUSCLES, LEADING TO INCREASED STRENGTH AND IMPROVED OVERALL FITNESS.

CONCLUSION

Water aerobics has a lot to offer, no matter your age or fitness level. It can help you improve your heart health, strengthen your muscles, become more flexible, and even reduce stress. There are different types of water aerobics classes to choose from, so there’s something for everyone. The next time you’re searching for a fun and effective exercise, consider hopping into the pool. You might be surprised by how enjoyable and beneficial it is for your overall health. Plus, you’ll get to join a community of people who share your love for aqua fitness.

About the Author:
Yelena Kibasova, NETA-GEL, is a 15-year bariatric post-op patient, certified fitness instructor and professional writer. She has spoken at numerous obesity-related conferences over the years, including ObesityHelp, Obesity Action Coalition (OAC) and Weight Loss Surgery Foundation of America (WLSFA). She is passionate about fitness for all levels and sustainable weight maintenance plans that combine physical, mental and social well-being. She coaches clients on habit transformation for weight-loss and regain. You can learn more about Yelena on her website, MoreThanMyWeight.com.

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It’s time to go on a vacation! Summertime is a popular season for travel, and vacations are a wonderful way to unwind, discover new places, and spend time with family and friends. Taking a break from your daily routine is really important. When you return, you’ll feel refreshed and ready for the next things you need to do! As you pack your bags and plan your trip, remember to stay focused on your health and wellness goals. With a bit of planning, it’s not hard to stay active, eat well, and have a great time during your vacation.
Do Your Research and Plan Ahead

Keeping yourself on track during a vacation might feel like an impossible challenge. However, with the right preparation, it's entirely achievable. Before you leave, take some time to plan your vacation. Look for ways to include health and nutrition in your itinerary, such as trying new activities and foods. You'll be pleasantly surprised to find that many places have great options for staying healthy.

Check your Nutrition

Instead of constantly eating sweets, fried foods and junk, seek out healthier alternatives. Choosing nutritious foods while traveling has many advantages. First, eating healthy will give you more energy, which is important for having a fun vacation. Second, sticking to your plan will give you a sense of accomplishment and satisfaction. Here are some tips to help you choose wisely and prioritize your well-being.

- Consider using grocery delivery services. You can shop online from home and have meals and snacks delivered to your hotel. Just make sure your room has a refrigerator. This way, you won't have to search for a store and can avoid the temptation of unhealthy vacation treats. You can stock up on fresh produce, cheese sticks, popcorn and protein bars to keep in your hotel room.

- Make eating out fun by finding new restaurants to try at your destination. Take a moment to look up their menus online and come up with a plan. You can plan to try fresh fish at a local beach restaurant, visit a steakhouse and choose a lean cut of meat with a side salad, or enjoy chicken fajitas at a Mexican restaurant.

- Remember to give yourself a break. It's okay to indulge in a special meal or snack during your vacation. One treat doesn't mean the whole day is ruined. Just get back on track with your healthy eating at the next meal.

Finding Fitness

Discovering fun fitness activities can help you build a habit that you’ll want to continue. When you’re on vacation, make it a point to set aside time to move your body. This will not only increase your energy levels but also make you feel positive and satisfied about being active. Be creative and think outside the box to come up with exciting ideas to stay active during your vacation!

- Try to find ways to move throughout the day. Look for trails in a local park, a gym at your hotel, or join an exercise class for the day. Keep things interesting by varying your activities and trying something new.

- Involve the whole family in staying active. Rent bikes for an afternoon, plan a walk after dinner, or try something different like surfing! You can also let your kids choose an activity. You might be surprised to hear what ideas they have!

Stay Healthy While Traveling continued on page 20
Mind Your Mental Health

Vacations are meant to be relaxing and a chance to recharge. Make sure you have a vacation that helps you rest and rejuvenate! Sometimes it’s easy to plan too many activities and take on too many commitments. Take a moment to find balance between fun and fitness.

- Pack items you enjoy. Bring your favorite books, puzzles, music, or whatever you love to ensure you have time to do just that. Sneaking away for a few minutes can give you time to spend on your favorite things.
- Remember to rest. Vacations can be full of exciting things, but it’s also important to take it easy. Take an afternoon nap or find some quiet time alone to recharge.
- Include activities that you enjoy. Vacations offer a lot of things to do, so make sure you have activities that you personally enjoy along with the rest of the family.

How To: Make it Through a Long Day of Travel

Whether you’re taking a road trip for a few hours or a plane across the U.S., travel days require some planning. Here are some tips to make your trip easier.

- Pack a snack bag for long road trips or airport days. When in the car, consider bringing a cooler with water to avoid sugary snacks at the gas stations. Pack fresh fruits, vegetables, water, cheese and meats. Include snacks like popcorn, pretzels or whole-grain crackers. Airline travel can be more challenging, but you can pack snacks such as protein bars, trail mix or popcorn in your carry-on. Bring a refillable water bottle to stay hydrated throughout the day!
- Find ways to walk, even on your busiest travel day. If you’re driving, take quick 10-15-minute walks every couple of hours. It will not only give you some cardio exercise but also reduce stress and improve your mood during long car rides. If you’re stuck in an airport, walk up and down the terminal while you wait.
- Bring items like books, adult coloring books or knitting supplies to keep busy and reduce screen time. This can be a great opportunity to explore a new hobby and let your creative juices flow.
HOW TO: Make Healthy Food Choices When Eating Out

Making healthy food choices while eating out on vacation can be challenging.

- Instead of donuts and pastries for breakfast, go for high-protein items like eggs, turkey sausage, turkey bacon, oats and whole-grain toast. Ask for fresh fruit or low-fat yogurt on the side to make breakfast even more nutritious.

- Restaurant portions can be large. If someone in your group is willing to split a meal, that can be an easy solution. Since you might not have enough space to take leftovers with you, you may have to leave some behind.

- When looking at the lunch or dinner menu, choose grilled, baked or boiled options. This can save you a lot of calories and fat. Be mindful of side dishes, as they can add up quickly. Consider swapping a high-calorie side item for a side salad, fruit or vegetables.

- Desserts can be tempting, but plan ahead if you want to order one. Choose a lower-calorie meal to balance it out. You can also share the dessert with others at your table to enjoy a smaller portion.

HOW TO: Deal With an unexpected change of plans

We’ve all been there. Your perfectly planned vacation goes sideways. How do you make the most of these days? It can be easy to throw in the towel, but always be ready with a backup plan.

- The weather can change unexpectedly. A rainy day might ruin your beach or mountain hike plans. Take on the challenge and find new ways to have fun. Look for an indoor pool or an activity center to keep working towards your goals!

- Your carefully chosen restaurant may not have healthy options, or your grocery store delivery might be late. Don’t give up; just adapt and make a new decision. Make the best choice you can and move on to the next meal. It’s okay if it’s not perfect!

- Sometimes your perfectly planned day doesn’t go as expected. Kids may start fighting during a trip to the park, or someone might get sick on vacation. Focus on the positive moments and enjoy the time you have.

Wherever you go on your summer vacation, make sure to enjoy the break, relaxation and adventure. Taking time away from your usual routine can be amazing, and keeping up with your health and fitness goals can make your vacation even better.

About the Author:
Sarah Muntel, RD, is a Registered Dietitian with over 20 years of experience working with surgical and medical weight-loss patients. She is passionate about helping people reach their health and wellness goals. In her free time, Sarah enjoys spending time with her husband and children, watching her children’s activities, and going on walks with friends.
Do a quick Google search and you’ll find thousands of tips for losing weight and maintaining it. These range from celebrity-backed tricks to guidance on what foods to eat or avoid, as well as how many meals you should consume daily. There are a lot of varying discussions and opinions regarding weight-loss, which creates confusion and a wealth of misinformation. This leaves many individuals wondering what truly works.

Are there any truths to some of these weight-loss myths? Here’s where the science stands on some of the common misconceptions surrounding weight-loss.

**WEIGHT-LOSS MYTHS You Should Forget**

by Angela Goscilo, MS, RD, CDN

**MYTH 1:** To lose weight, I have to eliminate foods like pizza, fries or dessert.

People may have heard that they need to stop eating some of their favorite foods in order to lose weight. They are advised to turn away the deliciousness of ice cream, birthday cake, cookies or pie. While these foods are higher in sugar, fat and calories, it does not necessarily mean that you must completely eliminate them from your diet to achieve success. In fact, that approach might actually backfire. Research suggests that when you completely give up certain foods, you tend to crave them more and are likelier to consume large quantities when you do decide to indulge. This is because when you eliminate a food entirely, you rely solely on willpower to avoid it, instead of developing a plan or learning how to handle that particular food when you encounter it (not to mention the feelings of failure that may arise as a result).

A better approach? Enjoy the ice cream, birthday cake, or any other desired food. Serve yourself a portion, put the rest away, keep track of your intake and savor it. By pre-portioning your food, you proactively decide how much you want to eat and set yourself up for success in sticking to your plan.
I must track every bite of food I eat to be successful.

Have you heard that tracking your food intake is essential for achieving weight-loss success? If so, you may feel tempted to strive for “perfect tracking” and meticulously record every single bite down to the exact gram. While you might be able to sustain this approach for a few days or even weeks, it is unlikely to be a viable long-term strategy. Tracking is certainly an important tool, but it does not have to be executed perfectly for it to yield positive results.

Research indicates that individuals who track their food are more likely to lose weight, make healthier food choices and maintain their weight-loss. Recording what and how much is a means of enhancing your awareness. It can help you identify patterns in your eating habits, recognize moments when you reach for food, and even assist you in making informed decisions about what to eat.

Therefore, aim to track your food in a way that makes sense to you. Consider pre-tracking your meals on busy days or taking a picture of your food when you don’t have time to log it immediately. Consistency is the most important part of a weight-loss journey.

“ It can be challenging not to be influenced by the popularity of low-carb diets. ”

Carbs are bad.

With the rising popularity of low-carbohydrate diets, many individuals have embraced the notion that bread, pasta, rice and potatoes are unhealthy and lead to weight gain. Lately, there are many new products at the grocery store that are labeled as “keto-friendly,” and you may notice more options like cauliflower rice or lettuce wraps on menus. It can be challenging not to be influenced by the popularity of low-carb diets.

However, it’s important to remember that no one food or food group, including carbohydrates, can make you gain weight or stop you from losing weight. Carbohydrates are one of the three primary nutrients your body needs to work properly, and they give energy to your brain. They also have important vitamins, minerals, and fiber to keep your heart and gut healthy.

Carbs can be found in foods like bread and pasta, but they are also in fruits, starchy vegetables (like potatoes or corn), beans, peas and lentils. All of these foods can be part of a healthy diet and can help you lose weight.

Weight-loss Myths continued on page 27
What is Wegovy®?

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

Wegovy® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines.

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

It is not known if Wegovy® can be used safely in people with a history of pancreatitis.

It is not known if Wegovy® is safe and effective for use in children under 12 years of age.

Important Safety Information

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

• Fifteen adults lost 2% of their starting weight, compared to 2% of people taking placebo, in a study of adults with obesity.

• Sixteen adults lost 10% or more of their starting weight, compared to 31% taking placebo, in a study of adults with obesity.

• Eighty-three percent of adults taking Wegovy®, compared to 31% taking placebo, in a study of adults with obesity.

• 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)

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

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

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

Actor portrayal.

This is Wegovy®

This is me

Lose weight and keep it off

For adults with obesity or some adults with excess weight and weight-related medical problems, along with a reduced-calorie meal plan and increased physical activity.
• People taking placebo in the study (not on medicine) lost an average of 6 lb (or ~2.5% body weight)
• Average starting weight in both groups: ~232 lb

*Based on US sales data as of October 22, 2022.
†Results are from a 68-week medical study of adults with obesity (BMI ≥30) and adults with excess weight (BMI ≥27) who also had weight-related medical problems including high blood pressure or high cholesterol. People with type 2 diabetes were excluded. Both groups received instruction for a reduced-calorie meal plan and increased physical activity. 7% of people taking Wegovy (92 people) left the medical study due to side effects, compared to 3.1% of people taking placebo (20 people).

**Important Safety Information (cont’d)**

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

Wegovy® may cause serious side effects, including:

- **inflammation of your pancreas (pancreatitis).** Stop using Wegovy® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back
- **gallbladder problems.** Wegovy® may cause gallbladder problems, including gallstones. Some gallstones may need surgery. Call your healthcare provider if you have symptoms, such as pain in your upper stomach (abdomen), fever, yellowing of the skin or eyes (jaundice), or clay-colored stools
- **increased risk of low blood sugar (hypoglycemia) in patients with type 2 diabetes, especially those who also take medicines for type 2 diabetes such as sulfonylureas or insulin.** This can be both a serious and common side effect. Talk to your healthcare provider about how to recognize and treat low blood sugar and check your blood sugar before you start and while you take Wegovy®. Signs and symptoms of low blood sugar may include dizziness or light-headedness, blurred vision, anxiety, irritability or mood changes, sweating, slurred speech, hunger, confusion or drowsiness, shakiness, weakness, headache, fast heartbeat, or feeling jittery
- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration
- **serious allergic reactions.** Stop using Wegovy® and get medical help right away, if you have any symptoms of a serious allergic reaction, including swelling of your face, lips, tongue, or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat
- **change in vision in people with type 2 diabetes.** Tell your healthcare provider if you have changes in vision during treatment with Wegovy®
- **increased heart rate.** Wegovy® can increase your heart rate while you are at rest. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes
- **depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you

The most common side effects of Wegovy® may include:
- nausea, diarrhea, vomiting, constipation, stomach (abdomen) pain, headache, tiredness (fatigue), upset stomach, dizziness, feeling bloated, belching, gas, stomach flu, heartburn, and runny nose or sore throat.

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

FDA, US Food and Drug Administration.

Please see Brief Summary of Information about Wegovy® on the following page.
Brief Summary of information about WEGOVY® (semaglutide) injection

**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 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®** is an injectable prescription medicine that may help adults and children aged 12 years and older with obesity, or some adults with excess weight (overweight) who also have weight-related medical problems to help them lose weight and keep the weight off.
- WEGOVY® should be used with a reduced calorie meal plan and increased physical activity.
- WEGOVY® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines.
- It is not known if WEGOVY® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if WEGOVY® can be used safely in people with a history of pancreatitis.
- It is not known if WEGOVY® is safe and effective for use in children under 12 years of age.

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®. Symptoms of a serious allergic reaction include:
  - swelling of your face, lips, tongue, or throat
  - fainting or feeling dizzy
  - problems breathing or swallowing
  - severe rash or itching
- you have type 2 diabetes and a history of diabetic retinopathy.
- you have or have had depression or suicidal thoughts, or mental health issues.
- you 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.
- you are breastfeeding or plan to breastfeed. It is not known if WEGOVY® passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using WEGOVY®.

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

- WEGOVY® is injected under the skin (subcutaneously) into 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.
- If you take too much WEGOVY®, you may have severe nausea, severe vomiting and severe low blood sugar. Call your healthcare provider or go to the nearest hospital emergency room right away if you experience any of these symptoms.

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 vomiting. You may feel the pain from your abdomen to your back.
- Gallbladder problems. WEGOV® 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 sulfonylureas or insulin. Low blood sugar in patients with type 2 diabetes who receive WEGOV® can be both a serious and common side effect. Talk to your healthcare provider about how to recognize and treat low blood sugar. Should you check your blood sugar before you start taking WEGOV® and while you take WEGOV®. Signs and symptoms of low blood sugar may include:
  - dizziness or light-headedness
  - blurred vision
  - anxiety
  - irritability or mood changes
  - fast heartbeat
  - kidney problems (kidney failure). In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration.
- Serious allergic reactions. Stop using WEGOV® 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
- Change in vision in people with type 2 diabetes. Tell your healthcare provider if you have changes in vision during treatment with WEGOV®.
- Increased heart rate. WEGOV® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take WEGOV®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes.
- Depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

The most common side effects of WEGOV® in adults and children aged 12 years and older may include:
- Nausea
- Stomach flu
- Feeling tired
- Low blood sugar
- Constipation
- Upset stomach
- Fever
- Headache
- Vomiting
- Runny nose or sore throat
- Gas

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 WEGOV®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.
Breakfast is the most important meal of the day.

Having breakfast has long been said to be the most important meal of the day, but that’s a lot of pressure to put on just one meal. Besides, science doesn’t fully support this claim. While breakfast gives you another chance to get important nutrients you might miss out on later, research shows that eating breakfast isn’t necessary for successfully losing weight.

However, research does show that people who eat regular breakfast may have a healthier body weight and are more likely to engage in healthier habits. Breakfast is an opportunity to get essential nutrients for good health, like protein and fiber. When you’re trying to lose weight, eating protein in the morning has been proven to help with weight loss.

So, what should you eat for breakfast? Start with a meal that has protein and fiber, like nonfat Greek yogurt with fruit or eggs and vegetables. But if you prefer to have your first meal later in the day, don’t worry, it won’t ruin your weight-loss progress.

"There is no one-size-fits-all method for losing weight or achieving your health goals."

Snacking will derail my weight-loss progress.

While snacking without thinking can slow down your weight-loss, planned snacks can actually help you in your journey to lose weight. Eating something every three to four hours can prevent you from becoming too hungry between meals, which often leads to overeating.

So, how can you include snacks in your day? Look for snacks that come in pre-portioned sizes or make your own single servings. When it comes to choosing what to eat, try pairing a fruit or vegetable—which are full of fiber—with a source of protein. This combination of protein and fiber has been proven to keep you feeling full and satisfied.

Conclusion

Apart from these myths, there are many approaches that have been shown to be successful for weight loss. The key to maintaining your progress is not just reducing the amount of food on your plate, but also developing healthy eating and exercise habits that you can stick to over time. Remember, what works for someone else may not work for you, and that’s okay. There is no one-size-fits-all method for losing weight or achieving your health goals.

About the Author:
Angela Goschilo, MS, RD, CDN, is the Senior Manager of Nutrition at WeightWatchers® where she is responsible for ensuring everything is rooted in the latest nutrition science. She is a registered dietitian based in New York.
Welcome to the first issue of our “Ask the Experts” series in Weight Matters Magazine! In this section, we’ll bring you insightful discussions with knowledgeable professionals who provide valuable advice on various health-related topics. In this issue, a registered dietitian, health psychologist and physician shed light on the topic of using medication or undergoing surgery as a means of weight management.
As a provider who focuses on Health at Every Size®, I believe in respecting your choices and empowering you to make decisions that feel right for you. While I don’t prescribe weight-loss or restrictive eating to my clients, I also don’t judge anyone for their choices regarding medication or surgery.

Saying someone is taking the “easy way out” suggests they haven’t really thought about their decision or that the intervention has no consequences. This is both unfair and untrue. No one understands what it’s like to live in your body or how these interventions will affect your long-term health. I’ve seen clients that have both positive and negative reactions to medication and surgery. The outcomes vary and there are, of course, risks involved.

Think about why you are considering these options. Are you solely focused on weight-loss? If so, why? Or do you want to use these tools because your current weight is affecting your physical or mental health? Using medication or having surgery comes with risks like malnutrition, loss of bone density, weight fluctuations, the need for additional surgeries and gastrointestinal symptoms. Without additional support for behavior and psychology, you may continue to struggle with food and body dissatisfaction. These tools won’t fix unhealthy relationships with food or with yourself. Weight-loss without addressing emotional issues can keep you trapped in the world of diet culture, which sets unfair expectations for how one should look, eat and exist to be accepted. It’s up to you to decide if your current health and well-being are unbearable and if these interventions could significantly improve your quality of life.

If you’re struggling with these questions, seek advice from a knowledgeable healthcare provider who can inform you about the interventions. They’re not trying to discourage you; they want to ensure you understand the potential outcomes and support you on whatever path you choose. Truly, there is no “easy way out,” but you deserve to make an informed decision.
When it comes to losing or maintaining weight, there are no easy shortcuts. Medication and surgery have stigma, risks and side effects that are far from easy. Weight is a complex issue, and achieving and maintaining weight-loss requires changes in mindset, lifestyle and physiology. Adding medication to your treatment plan can sometimes make these changes easier. People who choose surgery or medication as part of their weight management journey often experience surprising results beyond just weight change. They may see changes in their identity that they didn't think were possible through diet and exercise alone.

For example, one of my clients who took Mounjaro™ for several months realized that she used to eat larger portion sizes than her body needed, but she didn't feel satisfied before taking the medication. Another client, after losing weight through surgery, joined cycling classes at her gym, an activity she loved but had been hesitant to try before. Another client experienced significant improvements in sleep after losing weight with Wegovy™. In each of these cases, weight-loss through these tools boosted my clients’ hope and confidence, allowing them to adopt a new mindset, self-talk, and even a new identity. While they always knew that healthy portions, regular exercise and quality sleep were important, they didn't realize that medication or surgery could make achieving those goals more attainable.

Many people only consider medication and surgery after years, sometimes even decades, of trying diet and exercise alone without success. It can be tough, anxiety-inducing and shameful to make the decision to try medication or surgery. These tools are often seen as a last resort. However, changing the body’s functions through medication or surgery can open the door to changes in how we talk to ourselves, how we see ourselves and what we believe about ourselves. Research shows that taking medication for a long time may be necessary to maintain weight-loss achieved with medication, and it’s possible to regain weight after bariatric surgery. Each person’s journey is different, but one thing is clear — none of these paths are easy. For someone who hasn’t been able to lose weight without medication or surgery, discovering that they can change their weight and improve their health can be life-changing.

“Changing the body’s functions through medication or surgery can open the door to changes in how we talk to ourselves, how we see ourselves and what we believe about ourselves.”
Of course not! There is no “easy” way to manage weight. If it were easy, people wouldn’t spend so much money and time searching for solutions to this medical condition. Many people who struggle with weight mistakenly believe that obesity is a result of moral failure or lack of willpower. They think that if they were just stronger, they could make better lifestyle choices and solve the problem on their own. They spend years trying to change their diet and exercise habits, but they consider it a sign of weakness to turn to modern medications or surgery for treatment. However, this belief is simply not true.

Overweight and obesity are medical illnesses with a biological basis, similar to asthma or rheumatoid arthritis. There are many hormones and biological signals that regulate a person’s hunger, fullness, and how the body stores energy, fat and muscle. When these signals don’t function properly, people gain weight. Therefore, using medication or undergoing surgery to target and fix these signals is not an easy way out. It’s a logical approach, just like taking medication for high blood pressure or having surgery for gallbladder disease. The availability of medical treatment options for obesity and overweight has revolutionized our field. These options can be life-changing and even lifesaving. There are many treatment choices available, and it’s important to discuss them with a trusted healthcare provider who listens and explains how each treatment works, its pros, cons, and side effects. The provider should help weigh the risks and benefits, just like with any medical treatment for any medical condition. Ultimately, the patient can decide what feels right for them.

About the Authors:
Rachel Engelhart, RD, is a registered Dietitian, licensed professional counselor and certified intuitive eating counselor based in Washington, DC. She specializes in treating eating disorders and helping people of all ages develop a healthy relationship with food and body image. She frequently speaks about intuitive eating, meal preparation, eating disorder prevention and family nutrition.

Kelly Donahue, PhD, is a clinical health psychologist who works in community-based healthcare to help people with obesity. She has experience in the military public health system and has run a private psychology practice for over 15 years. Her specializations include anxiety, stress, weight management and chronic health conditions, including chronic pain. Dr. Donahue is passionate about empowering clients to practice essential, holistic self-care strategies that nourish the body and mind. She also wrote a book called “Everyday Self-Care: Your Proven, Holistic Guide to Feeling Better” to share her knowledge and help others.

Renu Mansukhani, MD, is an endocrinologist who has focused exclusively on obesity medicine and weight management for the past 17 years. In 2018, she founded Patient Centered Weight Management, a private practice located in Northern Virginia. Her goal is to provide medical support to patients in a welcoming environment where they feel heard and not judged.
For kids, summer is a time for fun and freedom. Although it may seem easier to keep children active during these months, it can still be challenging. The appeal of smartphones, video games and binge-worthy TV shows can lead to a summer spent mostly sitting down.

To promote good health and prevent chronic diseases, the Centers for Disease Control and Prevention (CDC) recommends that children and teens aged 6 to 17 engage in at least 60 minutes of moderate to vigorous physical activity every day. However, many children and teens do not meet these guidelines.

But what if you don’t have expensive vacations planned, filled with physical activities like snorkeling, zip-lining or exploring theme parks? Here are 10 suggestions to get the whole family moving this summer without breaking the bank.
Family-Friendly Activity Ideas

1. Create an obstacle course in your backyard or at a local park. You don’t have to go all out like American Ninja Warrior. Use things you already have (hula hoops, jump ropes, relay race accessories, hopscotch) to make an obstacle course or circuit of activities. Try to beat your own best time.

2. Turn up the music and dance! Three to four songs are roughly 10 minutes. Let each person choose 10 minutes’ worth of music. Dancing is a great way to get the whole family moving.

3. Use YouTube to learn iconic dances like “The Cha-Cha Slide,” “The Macarena,” or “The Tootsie Roll.” You can also master signature moves like “The Running Man” or the legendary “Moonwalk.” Join in on the latest TikTok dance challenge.

4. Play some classic backyard games like Hide and Seek, Simon Says, Freeze Tag, Duck Duck Goose, or gather some neighborhood kids and play a game of Kick Ball. Grab some sidewalk chalk and create a giant hopscotch board.

5. Hold spoon races. You’ll need hard-boiled or plastic eggs and wooden or plastic spoons. Each family member places a hardboiled egg on a spoon and tries to dash from one end of the yard to the other without dropping the egg. If the egg drops, you have to start over from the beginning.

6. Go on a walking photo scavenger hunt. Grab your cell phone and go outside. Take pictures of the items from our list on this page. Enjoy the excitement of the search while creating a visual record of your summer adventures. Forgot your list at home? Look for 10 red items or 10 blue items.

PHOTO SCAVENGER HUNT

Take a walk in the neighborhood to find these items and snap a photo.

- Red car
- Yellow flower
- Motorcycle
- Basketball hoop
- Bird feeder
- Something with the number “2” on it
- Mailbox
- American flag
- Fire hydrant
- Stroller
- Something round
- Butterfly
- Something that starts with a “W”
- Pickup truck
- Blue door

Kid’s Corner continued on page 37
Reduce hunger and control cravings with CONTRAVE®

What is CONTRAVE?
Along with diet and exercise, CONTRAVE is a prescription weight-loss medicine that may help some adults with a BMI > 30 kg/m² (obese) or with a BMI of > 27 kg/m² (overweight) with at least one weight-related medical problem such as high blood pressure, high cholesterol, or type 2 diabetes, lose weight and keep the weight off.

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

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

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

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

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

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

Stop taking CONTRAVE and call a healthcare provider right away if you or your family members notice any of the following symptoms, especially if they are new, worse, or worry you: thoughts about suicide or dying; attempts to commit suicide; depression; anxiety; feeling agitated or restless; panic attacks; irritability; aggression, anger, or violence; acting on dangerous impulses; an extreme increase in activity and talking; other unusual changes in behavior or mood; trouble sleeping.

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

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

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

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

CONTRAVER may cause serious side effects, including:
• Seizures. There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who take higher doses of CONTRAVE, have certain medical conditions, or take CONTRAVE with certain other medicines. Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.
Everyone has different challenges when it comes to weight loss. Don’t let stress eating sabotage your success.

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

Scan the QR Code to Pay $99 or Less* + Free Shipping† for CONTRAVE.

*The price of CONTRAVE is $99 per month with free shipping through the CurAccess Program. If your insurance covers CONTRAVE, it may cost less. CurAccess Program is offered by our partner pharmacies. Subject to patient eligibility.
†Free shipping through the CurAccess Program is offered by a third-party partner.

IMPORTANT SAFETY INFORMATION (cont’d)

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

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

- have trouble breathing
- become very drowsy with slowed breathing
- have slow, shallow breathing
- feel faint, very dizzy, confused, or have unusual symptoms

- Sudden opioid withdrawal. People who take CONTRAVE must not use any type of opioid including street drugs, prescription pain medicines, cough, cold, or diarrhea medicines that contain opioids, or opioid dependence treatments, for at least 7 to 10 days before starting CONTRAVE. Using opioids in the 7 to 10 days before you start taking CONTRAVE may cause you to suddenly have symptoms of opioid withdrawal when you take it. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before a medical procedure or surgery.

- Severe allergic reactions. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction: rash, itching, hives, fever, swollen lymph glands, painful sores in your mouth or around your eyes, swelling of your lips or tongue, chest pain, or trouble breathing.

- Increases in blood pressure or heart rate. Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking, and while you take CONTRAVE.

- Liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems: stomach area pain lasting more than a few days, dark urine, yellowing of the whites of your eyes, or tiredness. Your healthcare provider may need to stop treating you with CONTRAVE if you get signs or symptoms of a serious liver problem.

- Manic episodes. Bupropion can cause some people who were manic or depressed in the past to become manic or depressed again.

- Visual problems (angle-closure glaucoma). Signs and symptoms may include: eye pain, changes in vision, swelling or redness in or around the eye. Talk with your healthcare provider to find out if you are at risk for angle-closure glaucoma and to get treatment to prevent it if you are at risk.

- Increased risk of low blood sugar in people with type 2 diabetes mellitus who also take medicines to treat their diabetes (such as insulin or sulfonylureas). You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

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

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

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

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CONTRAVE can cause serious side effects, including:

- Suicidal thoughts or actions. One of the ingredients in CONTRAVE is bupropion. Bupropion has caused some people to have suicidal thoughts or actions or unusual changes in behavior, such as a shift in mood, or not sleeping, which may require them to stop taking bupropion.
- While taking CONTRAVE, you or your family members should:
  - Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when you start taking CONTRAVE or increase your dose of CONTRAVE.
  - Keep all follow-up visits with your healthcare provider as scheduled. Call your healthcare provider about visits as needed, especially if you have concerns about symptoms.
- CONTRAVE has not been studied in and is not approved for use in children under the age of 18.

What is CONTRAVE?
CONTRAVE is a prescription medicine used with a reduced calorie diet and increased physical activity that may help some obese or overweight adults who also have weight related medical problems, lose weight and keep the weight off.

Do not take CONTRAVE if you:

- have uncontrolled hypertension.
- are having unusual or severe pain.
- are taking monoamine oxidase inhibitors (MAOIs).
- have certain medical conditions, including if you:
  - are diabetic taking insulin or other medicines used to treat diabetes.
  - have kidney problems.
  - have or have had a heart attack, heart failure, or stroke.
  - have had a problem with low blood pressure.
  - have had a tumor or infection of your brain.
  - have had a problem with low blood pressure or low levels of sodium in your blood.
  - have or have had liver problems.
  - have high blood pressure.
  - have or have had a heart attack, heart problems, or have had a stroke.
  - have kidney problems.
  - are diabetic taking insulin or other medicines to control your blood sugar.
  - have or have had an eating disorder.

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

- have or have had depression or other mental illnesses. (such as bipolar disorder).
- have attempted suicide in the past.
- have or have had seizures.
- have had a head injury.
- have had a tumor or infection of your brain or spine.
- have had a problem with low blood sugar or low levels of sodium in your blood.
- have or have had liver problems.
- have high blood pressure.
- have or have had a heart attack, heart problems, or have had a stroke.
- have kidney problems.
- are diabetic taking insulin or other medicines to control your blood sugar.
- have or have had an eating disorder.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works, causing side effects.

How should I take CONTRAVE?

- Take CONTRAVE exactly as your healthcare provider tells you. Your healthcare provider will change your dose if needed.
- Swallow CONTRAVE whole. Do not cut, chew, or crush CONTRAVE tablets.

What should I avoid while taking CONTRAVE?

- Do not drink a lot of alcohol while taking CONTRAVE. If you drink a lot of alcohol, talk with your healthcare provider before suddenly stopping. If you suddenly stop drinking alcohol, you may increase your chance of having a seizure.

What are the possible side effects of CONTRAVE?

CONTRAVE may cause serious side effects, including:

- Seizures. There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who:
  - take higher doses of CONTRAVE.
  - have certain medical conditions.
- If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.
- Risk of opioid overdose. One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. Do not take large amounts of opioids to try to overcome the opioid blocking effects of naltrexone. This can lead to serious injury, coma, or death. If you have used opioid street drugs or opioid-containing medicines in the past, using opioids in amounts that you used before treatment with naltrexone can lead to overdose and death. You or someone close to you should get emergency medical help right away if you:
  - have trouble breathing.
  - have very drowsy with slowed breathing.
  - have slow, shallow breathing.
- Sudden opioid withdrawal. People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before a medical procedure or surgery.
- Severe allergic reactions. Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following symptoms and signs:
  - rash.
  - itching.
  - hives.
  - fever.
  - skin rash.
- Increases in blood pressure or heart rate. Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking CONTRAVE, and while you take CONTRAVE.
- Liver damage or hepatitis. One of the ingredients in CONTRAVE, naltrexone, can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:
  - stomach pain lasting more than a few days.
  - dark urine.

- Manic episodes. One of the ingredients in CONTRAVE, bupropion, can cause some people who were manic or depressed in the past to become manic or depressed again.
- Visual problems (angle-closure glaucoma). One of the ingredients in CONTRAVE, bupropion, can cause some people to have visual problems. Signs and symptoms of angle-closure glaucoma include:
  - eye pain.
  - changes in vision.
- Increased risk of low blood sugar in people with type 2 diabetes mellitus who also take medicines to treat their diabetes. Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE. These are not all of the possible side effects of CONTRAVE. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.
7. Choose a country and try one of its traditional games. A few ideas: Italy (Bocce), England (Croquet) or Trinidad (Limbo). Set a goal for your family: how many new games can you discover before the end of the summer? Extend the fun by cooking a traditional recipe from the same country.

8. Volunteer to take part in a park, beach or community clean-up. Find a clean-up near you at EarthDay.org. Not only will you stay active for the day, but the planet benefits, too. It’s a double win!

9. Stair climbing is a fantastic way to get physical activity. Take a moment to look around; you’ll find stairs everywhere — inside offices, apartment buildings, and even the bleachers in high school stadiums. Have each family member keep track of how many steps they’ve climbed over the summer.

10. Take a walking tour of your city or town and explore its attractions. Visit local museums, monuments and historic landmarks to learn about the area’s history. Enjoy local parks and lookout points with beautiful views. Don’t forget to cross famous bridges and climb tall buildings.

Remember, staying active is important for your overall health and well-being, and it doesn’t have to cost a lot of money. I hope these ideas have inspired you to go outside, be active and have fun with your family this summer!

**About the Author:**
Michelle “Shelly” Vicari, OAC Senior Program Manager and Past OAC Chair, majored in Child Development and Family Studies and Political Science at San Diego State University. She was formerly the Curriculum Director of the largest Child Care Centers accredited by the National Association for the Education of Young Children (NAEYC) in Southern California. She has authored numerous curriculum guides for teachers working with young children and was lucky enough to once meet Mr. Fred Rogers!
Let’s talk about perhaps the most unsexy thing to read this year – technology and our health. Technology is here to stay and has brought us many conveniences and possibilities that we all enjoy. However, there are some things about technology that are bad for our health, especially those of us who work at a desk or from home. Just like many things in life, technology itself is neither good nor bad. It’s all about the application (did you see what I did there?).

There are some negative effects that technology has on our health that we should be aware of. It can make it hard for us to concentrate and pay attention, make us lead a more inactive lifestyle, and disrupt our sleep patterns. But don’t worry! There are simple and proven ways to reduce these negative effects.
Technology and Attention

First, let’s think about how technology affects our ability to concentrate. Anastasia Dedyukhina, who used to work in communications and digital marketing, realized that her constant use of technology was taking up too much of her attention. In her TEDx talk in 2016, she explained that technology is designed to keep us engaged all the time. She emphasizes that we can’t just rely on willpower to avoid using technology. Just like with any bad habits, we need to create structure and boundaries in our lives to help us develop healthier habits.

Technology and Physical Activity

Now, let’s move on to the second effect, which is leading a sedentary lifestyle. The evidence is clear – physical activity is really good for our health. According to the Centers for Disease Control (CDC), being physically active improves our brain health, helps us maintain a healthy weight, makes our bones and muscles stronger and reduces our risk of disease. Those are some pretty amazing benefits, and there are even more! However, the National Institutes of Health (NIH) has identified physical inactivity as the fourth leading cause of global deaths. So why aren’t we getting enough exercise?

Technology is one of the reasons why we aren’t moving around enough. I’m grateful that I can do a full day’s work on my computer, have online meetings with my teammates from all over the country, and even do all my shopping online during lunch. But I also realize that I don’t have to move a muscle or get my heart rate up to do these things. With all the research available, it’s clear that we need to address this issue for the sake of our physical and mental well-being.

Technology and Our Circadian Rhythm

Physical activity is an important natural function, and unfortunately, technology affects some other natural functions, too. One of them is our circadian rhythm, which is a natural cycle of physical, mental and behavioral changes that follows a 24-hour cycle. Our circadian rhythm affects our physical and mental processes and is primarily influenced by light and darkness. Sounds important, right? Well, not getting enough natural light and being exposed to artificial light, especially the blue light from our screens, can have negative effects on these important rhythms.

Technology and Health continued on page 40
Reducing the Negative Effects of Technology

Okay, enough with the doom and gloom! Here are my favorite recommendations to reduce the unhealthy effects of technology.

Create a Daily Routine

**Morning:** Take 30-60 minutes in the morning without using your phone or computer. This is a good time to go for a walk, write in a journal or spend uninterrupted time with your family.

**During the day:** Plan specific times to check your email and social media, like 8 am, 12 pm and 3 pm.

**Evening:** Put your phone and computer away one to two hours before you go to sleep. Make your phone less tempting. Turn off notifications and avoid having social media or distracting apps. You can also make your phone less enticing by using a grayscale setting. I learned this tip from Tim Ferriss, the author of “The 4-Hour Workweek.” On an iPhone, go to settings, choose accessibility, select display and text size, pick a color filter, turn on the filter, and finally, choose grayscale (or color tint).

Set Expectations

One of the challenges with boundaries is letting others know what to expect from us, whether it’s coworkers, family or friends. When we consistently respond to emails or text messages right away, we create the expectation that we will always do so. That’s why it’s crucial to establish new, realistic expectations and then follow through with them. Feel free to articulate your communication response boundaries in your email signature.

Walk or Bike to Work

While it may not be possible for everyone, it’s worth considering. If you have the opportunity, walking or biking to work is a great way to incorporate daily exercise into your routine. When you rely on your bike as your main mode of transportation, it’s difficult to skip a ride home on a Friday afternoon. Remember, you don’t have to do this every day. It can be a few times a week or even just one day. The key is to make it manageable and realistic for you.

Move On Your Lunch Break

Many people spend their lunch breaks eating and scrolling through social media. However, this habit doesn't provide a break from screens and can leave us feeling more drained than refreshed. Here’s a wonderful solution to incorporate more physical activity and reduce screen time: instead of scrolling, go for a walk, close your office door and do a 10-minute yoga session, or engage in a few sets of squats, push-ups and sit-ups. To make it even more effective, find a co-worker or friend to be your accountability partner and help you stick to this healthy habit.
Combine Movement with Scheduled Meetings

Try incorporating physical activity into tasks you already have to do. This concept, known as “pairing,” was introduced by Gretchen Rubin in her book “Better than Before.” When we pair activities that we enjoy with tasks we may not enjoy or that are required of us, our chances of success greatly increase. For instance, if you have a weekly meeting with your boss every Monday at 10 am, suggest turning it into a walking meeting. If you tend to get restless around 4 pm, but your team has a Zoom huddle at that time to prepare for the next day, consider using a treadmill desk or an under-desk elliptical/minibike to move while you participate in the meeting. By combining movement with these scheduled activities, you can maximize your productivity and physical activity simultaneously.

Get Natural Sunlight

Try to spend at least 20 minutes in natural sunlight each day, ideally before noon. Remember, even a couple of minutes is beneficial. It’s important to set achievable goals. For example, you can take a walk in the morning or read and journal on the porch during the warmer months. Some people have incorporated outdoor yoga or meditation practices into their routine, while others plan outdoor activities with their children in the morning to soak up the much-needed natural light. Find what works best for you and make it a part of your daily routine.

Reduce Blue Light

Aligning your body’s natural rhythms with the sun can be challenging in today’s modern world. However, there are tools available to help, such as blue light-blocking glasses and technology with blue light-blocking features. Personally, I find blue-light-blocking glasses to be helpful, especially during the winter months when I start wearing them around 7-7:30 pm. Yes, I may look a bit unusual, but the benefits of improved sleep and a healthier circadian rhythm make it worthwhile!

CONCLUSION

Technology has brought numerous improvements to our lives, but it can also have adverse effects on our health. However, by establishing a routine, setting clear expectations, incorporating physical activity, seeking natural sunlight and reducing screen time, we can minimize these negative impacts and foster a healthier relationship with technology. Striking a balance that enables us to appreciate the benefits of technology while prioritizing our well-being is crucial.

About the Author:
Rebecca Roeter, NBC-HWC, CTNC, is a lifestyle health coach located in the Pacific Northwest. With 15 years of experience in various healthcare roles, she is deeply committed to promoting preventative, lifestyle-based care. Through her coaching, Rebecca empowers individuals to proactively manage their well-being by adopting healthy, balanced and sustainable habits.
“It’s not your fault!” These four words are some of the first ones I use when discussing the disease of obesity with a child who has it, as well as their parents.

In many parts of the world, there has been a common misunderstanding that people with obesity are solely responsible for their condition because they eat too much and don’t exercise enough. This belief leads others to think that individuals with obesity are lazy and that all they need to do is eat less and exercise more. Unfortunately, growing up in a society that perpetuates these stereotypes can cause people with obesity to internalize these negative beliefs about themselves. However, this understanding of obesity is completely incorrect.

Obesity is a disease. Our bodies have automatic control systems that regulate our blood pressure and body temperature to keep them in a healthy range. We don’t have to consciously think about or try to maintain a healthy blood pressure or body temperature. When we feel cold, we shiver. When we feel hot, we sweat. If our blood pressure drops, our body shifts blood to vital organs. Just like hypertension (high blood pressure), hypotension (low blood pressure), hyperthermia (high body temperature), or hypothermia (low body temperature) can occur due to malfunctions in these control systems, obesity can also be caused by similar unknown factors. The good news is that we can treat these malfunctions.

Obesity and Set Point

The body has subconscious control mechanisms to regulate the amount of fat tissue in it. These mechanisms are known as the energy regulation system (ERS). Our body has a specific point, called a set point, which can either be healthy or unhealthy. The ERS protects this set point when the amount of fat in the body increases or decreases. Except in rare cases, obesity develops when the set point becomes unhealthy and the body defends that unhealthy set point. It’s usually difficult to determine what causes the set point to become unhealthy. The body’s defense mechanisms are triggered by any movement away from the set point, not by our health. If we try to intentionally gain or lose fat beyond the set point, it becomes challenging, and if we stop trying, the amount of fat automatically returns to the set point level.

Obesity is a health problem in which the body accumulates an unhealthy amount of fat tissue and stores it. This excess fat can cause more than 200 different issues, including:

- Type 2 diabetes
- Heart attack
- Stroke
- Cancers
- Liver disease
- Musculoskeletal problems
- Anxiety and depression
- Eating disorders
- Bullying and loneliness
We don't know exactly what causes an individual's set point to become unhealthy. However, we do know there are several factors in our environment and genes that can increase the likelihood of developing obesity. If you have many relatives in your family who have obesity, your chances of developing it are higher. Similarly, experiencing a lot of stressful events in your life or having irregular and insufficient sleep can also increase your chances of developing obesity. Additionally, exposure to certain chemicals called obesogens can increase the risk. It's important to note that not everyone exposed to these factors will develop obesity, and we're still uncertain about why that is.

**Managing Obesity: Shifting the Set Point**

Despite efforts to prevent obesity, the number of people who have it has steadily risen over the past several decades. Right now, we don't know any fail-safe ways to prevent obesity. It's important to remember that obesity is a disease, and we shouldn't blame individuals for it because the causes are not always something they can control. In other words, it's not your fault if you have obesity.

The good news is that we now have ways to manage the disease of obesity. Simply trying to eat less and exercise more doesn't usually work for most people. The body has subconscious control mechanisms that fight against a person's attempt to change their body fat, forcing it back to the set point mentioned earlier. Fortunately, we now have medications and surgical procedures that can help people with obesity. These treatments seem to shift the set point to a healthier level. This means that people can eat less without feeling excessively hungry or having strong cravings. They can also increase their activity levels without feeling stressed. They will find that they feel satisfied with smaller amounts of food. However, medications and surgery do create some issues that should be considered beforehand.

**Lifestyle Considerations with Obesity Treatment**

It's important for individuals to make sure they are eating healthy foods since they won't be eating as much. To find healthy foods that they enjoy and that align with their cultural background, it's a good idea for patients to work with a dietitian. Physical activity will become easier, but it should be done with guidance from an activity specialist to ensure that the type and amount of activity they engage in is safe and suitable for them. As a person's body fat decreases and they become healthier, their interactions with others may change. It can be challenging to experience a reduction in bullying and stigma simply because their appearance is different, and that's why receiving mental health support and coaching is very important.

**Working Closely with Medical Professionals**

Medications and surgical procedures come with risks and dangers. Most of these are small and can be controlled, but it's important to have a medical professional with training in obesity medicine working closely with the patient and their family. Often, a combination of medications and surgical procedures is needed to achieve the best and longest-lasting results. The specific medication or surgical procedure, as well as the combination of treatment tools, will vary for each person. Additionally, the obesity treatment plan may need to be adjusted over time. Decisions about which medication or procedure to use should involve the patient, their family and the medical providers.

**Treatment as a Lifelong Commitment**

Currently, obesity cannot be completely cured. However, treatment for obesity can greatly improve a person's health, similar to how treatment helps manage other chronic diseases like high blood pressure and type 1 diabetes. The treatment for obesity is a lifelong commitment. When individuals reach a healthier body fat level, many of the complications associated with obesity may decrease, and they may require fewer medications. Having a healthier amount of body fat reduces the chances of developing obesity-related complications such as type 2 diabetes, heart attacks, strokes, cancers, liver disease, musculoskeletal problems, and mental health issues like anxiety, depression, eating disorders, bullying and loneliness.

The future is promising for individuals with obesity. It starts with understanding that “it’s not your fault” and knowing that we have ways to treat the disease.

**About the Author:**
Allen F. Browne, MD, FACS, FAAP, FOMA, is an expert in managing weight in children and teenagers. He specializes in pediatric surgery and is highly knowledgeable in the field of pediatric obesity. Dr. Browne has held multiple leadership positions, including serving as the Chairman of the Committee on Pediatric Obesity for the American Society for Metabolic and Bariatric Surgery. He is an active member of the Pediatric Committee of the Obesity Medicine Association and the Section on Obesity of The American Academy of Pediatrics. Dr. Browne is also recognized as a fellow of the Obesity Medicine Association.
Internalized Weight Bias: FIGHTING FOR CHANGE from the Inside Out

by Robyn Pashby, PhD

To do something a little different, I’d like to begin this article with a short experiment. I’ll give you four different scenarios, and I want you to imagine yourself in each one. Take a moment to think about how you would really feel in these situations. Then, grab a pen and fill in the blanks with the first thoughts that come to your mind.

HERE WE GO!

SCENARIO 1:

“My knee has been bothering me for the last few months, and it makes me really worried. When I get nervous, I tend to eat more because of my emotions, and I am pretty sure I have gained weight recently. Whenever I walk or use the stairs, my knee makes a loud and painful clicking sound. One time a few weeks ago, it suddenly locked up, and I fell down. Thankfully, I was at home, and I was okay once I managed to get up, but it was frightening. I know I should see a doctor about it, but ___________________________________________. ”
Scenario 2:
“I am throwing a party at my house to celebrate a milestone birthday in my family. I invited many friends, neighbors, and even my extended family. I have carefully planned the decorations, music and menu. On the day before the party, I go to the grocery store to buy all the food I need. While I walk around the store picking out different snacks, drinks and other items, including a large custom-made cake, I see a woman looking at my shopping cart. Suddenly, I start feeling uneasy and think to myself:
__________________________________________.”

Scenario 3:
“After being single for a long time, I have finally found the courage to try online dating, which I have been avoiding. I am tired of feeling lonely, and many of my friends have dating profiles too. Some of them have even offered to help me create my account. I log onto the dating app for the first time and begin building my profile. It asks me to submit some ‘recent photos’ of myself and to describe my ‘body type.’ I immediately think:
__________________________________________.”

Scenario 4:
“I really want to start exercising more because it makes me feel so much better. When I work out a few times a week, I feel great. Before the pandemic, I used to go to the gym in my neighborhood, but unfortunately, it closed down. I haven’t been exercising for a few years, and I’ve noticed that I’m stiffer and more sore now. During the pandemic, I also gained some weight. Lately, I’ve been taking short walks around my neighborhood, but I think it would be beneficial for me to join a gym again. There’s actually a new gym that opened up, and it’s even closer to my home than the old one. However, I’ve been hesitating to go and check it out. I felt so comfortable in my old gym. I knew everyone there. Whenever I picture myself walking into this new place, I think:
__________________________________________.”

These are just a few examples from my years of work with clients who have dealt with internalized weight bias. I have altered the details to protect privacy, but the scenarios are based on real stories my clients have shared. It’s not surprising that the blank parts often reveal fears of being judged or rejected, expressions of low self-esteem and similar sentiments.

If you haven’t written down your answers, I encourage you to reread the examples and give it a try. Why? Because internalized weight bias can be difficult to recognize if you have lived with it for many years, or even decades. I compare it to gravity — something that is always present, greatly impacting our lives, but often goes unnoticed. Internalized weight bias hides in the shadows of your self-talk, whispering that you’re not good enough, that you don’t look right, that you’re not doing things well enough, and so on... all because of your weight. When you review how you completed the previous sections, what do you notice about your own thoughts?

Identifying Internalized Weight Bias

Internalized weight bias is formally defined as self-directed shaming and negative weight-related attitudes and stereotypes about oneself (Pearl & Puhl, 2018). It develops as a result of repeated experiences with external weight bias and stigma over time. Bias can stem from various sources, such as medical offices, schools, families, social circles, grocery stores and gyms. These experiences can range from subtle, like receiving disapproving glances from strangers, to overt, such as a doctor dismissing your pain and failing to diagnose a serious medical condition.

It’s important to note that your body shape, size or weight should never determine the level of medical care you deserve, how you are treated in a store, or the care you receive from friends and family. However, in real-life situations like the ones described earlier, weight bias often plays a role. This is why weight bias is detrimental, both physically and emotionally.

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It’s no secret that individuals living with obesity often face (mis)judgment from medical providers. I have frequently heard stories of people with knee, hip or back pain being told to simply lose weight as a solution to their pain. When you reflect on your response to scenario 1, you may notice that your thoughts expressed a fear of being judged or a desire to please others. Perhaps you wrote down statements like, “I’ll make that appointment after I’ve lost some weight” or “There’s nothing they can do for me anyway, so I just need to try harder.” These thoughts reflect a brain that is trying its best to protect or warn you about the potential harm of encountering weight bias.

In some ways, your brain is attempting to be helpful (albeit in a misguided way) by urging you to postpone or avoid the upcoming doctor’s appointment. It is trying to shield you from the embarrassment, shame and pain associated with weight bias. Unfortunately, these thoughts also indicate a belief deep down inside that you don’t deserve medical care at this moment, in your current body. This belief often leads to prolonged pain and feelings of inadequacy for not being “disciplined” enough to lose weight and alleviate your pain. Over time, experiences of weight bias can become ingrained in your own beliefs and self-perception. You start to believe that such treatment is justified and that you deserve to be treated as less than because of your weight. This is the essence of internalized weight bias.

THE DANGERS OF INTERNALIZED WEIGHT BIAS

It is obvious that missing a medical diagnosis can be dangerous. However, we must also recognize that believing your weight makes you unlovable, unworthy and inadequate is equally dangerous. It can lead to depression, anxiety, disordered eating, avoidance of social situations, increased sedentary behavior and more.

When you encounter bias from a doctor, a family member or a stranger, you may have noticed you respond in one of several types of ways. You might feel anger and decide to fight against bias by confronting the person or joining an advocacy group that works towards combating weight bias. Alternatively, you may shut down emotionally, try to numb the pain or create distance from it. Many clients have shared experiences of turning to binge eating as a coping mechanism for the pain caused by weight bias. Some individuals may attempt to lose weight rapidly in an effort to “fix” the problem.

These responses are normal reactions to threats. The fight, flight and fawn responses are your brain’s way of attempting to cope with the overwhelming message that you are deemed unacceptable simply for being yourself. Over time, as internalized bias accumulates, you may unintentionally become a “perpetrator” within your own thoughts. When your own self-perception aligns with what you have been told (that you are not okay because of your weight), you have internalized weight bias.

OVERCOMING NEGATIVE SELF-PERCEPTIONS

So, what can you do about it? Coping with internalized bias is a process that requires time and effort. Contrary to popular belief, the solution does not lie in weight-loss. In fact, unaddressed internalized weight bias can affect individuals at any point in their weight journey. Instead of fixating on weight or weight-loss, the first step in combating internalized bias is recognizing the unacceptability, discrimination and harm caused by external weight bias. Once you become aware of it, you cannot unsee it — I assure you.

Next, it’s important to acknowledge how external weight bias has influenced you. As you begin to notice your own internalized bias, you might be surprised by the number of thoughts, beliefs and behaviors that are entangled within it. Engaging in exercises like the scenarios presented at the beginning of this article helps uncover some of your own internalized bias. Since internalized bias manifests in your self-talk, becoming aware of how you speak to yourself is a crucial foundation for change.

Finally, start challenging those unhelpful thoughts. One technique is to consider how you would never, under any circumstances, speak to someone you love the way you speak to yourself. Can you imagine telling your mother or sister to “lose some weight” before they see a doctor for back pain? Would you advise your 20-something daughter to only post headshots on her dating profile because her body might be disliked? Would you tell your best friend not to join the new neighborhood gym because he is “too big” to fit in? Ouch, right? Why is it easier to treat others with compassion while treating ourselves harshly? Partly because underlying your self-critical inner dialogue are likely deeply painful beliefs about your own self-worth, fueled by internalized weight bias.

CONCLUSION

Changing your internalized bias is a process that is achievable with time and support. Seeking assistance from communities that promote science-based, non-judgmental information about weight and health, such as the OAC, can be helpful. However, in addition to seeking support and challenging your inner self-talk, if you find yourself struggling with internalized bias or suspect that you may be experiencing depression or anxiety, reach out for help. You can consult the OAC’s provider directory at ObesityCareProviders.com for psychologists or other mental health professionals in your area. Additionally, you can check your insurance website, consult with your doctor or visit psychologytoday.com for more search options.

Regardless of the path you choose, remember that addressing your own internalized bias is a worthwhile endeavor. It takes time and patience, but change is possible. Together, let’s fight not only against weight bias but also against internalized bias.

About the Author:
Robyn Pashby, PhD, is a clinical health psychologist who is deeply committed to the mission of the OAC. She has personal experience with obesity and comes from a family with a history of obesity. Over the past 15 years, Dr. Pashby has dedicated her work to integrating mental healthcare into obesity treatment. She has done this in various multidisciplinary settings and, most recently, through her own behavioral health group practice.
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