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News from the OAC

The OAC welcomes new Chairwoman of the OAC National Board of Directors, Patty Nece, JD; launches new "Stop Weight Bias" campaign; and announces details about Obesity Care Week (OCW) 2021.

OAC Community Perspectives: What I've Learned as a Mom, Advocate, and Bariatric Surgeon

Interview with Kimberley E. Steele, MD, PhD, FACS, FASMBS, DABOM

OAC member Kimberley Steele shares the lessons she has learned about obesity and health advocacy from her roles as a bariatric surgeon and a mom to a son with a rare disease.

Dealing with Hunger After Exercise
by Tim Church, MD, MPH, PhD
Understanding how and why your hunger levels change
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and strategies can help you understand and manage

COVID-19 and Obesity: What Does it Mean for You?

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

With obesity being recognized as a strong risk factor for
COVID-19 severity, it's important to know the facts. Learn
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and healthy during these times.

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In a time where your child's "normal" routine may be disrupted and things are constantly changing around them, it's important to keep them healthy and active.

Internalized Weight Bias: Recognizing its Impacts
by Melinda Watman, BSN, MSN, CNM, MBA
Internalizing weight bias can be harmful and damaging, but
not many people recognize its dangerous impacts. Learn
more about internalized weight bias and what can be done
to fight it.

How to Stay Healthy During the Winter Season by Anna Tran, RDN, LD
With the winter bringing in colder weather, it can be easy to trade in your fruits and vegetables for cookies and hot chocolate. Find ways to stay healthy and active during this winter season.

Obesity and Weight Bias in Racial and Ethnic Groups by Holly Lofton, MD; and Shanna Tucker, MD
Weight bias and obesity can differ among racial and ethnic groups. Take a look at what the research says about why these differences exist and what impacts they have.



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

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Message from the OAC
Obesity Action Coalition

Immediate-Past Chairwoman of the Board

Hello-Everyone,

This is my final message to you as the outgoing Chairwoman of the Obesity Action Coalition (OAC) National Board of Directors. As the Immediate-Past Chairwoman, it has been an absolute honor and privilege to chair this organization made up of people who share a common passion of making the world a better place for those affected by obesity. Our staff and members amaze me as they rise up to dispel myths about obesity, challenge damaging bias and stigma and fight for access to care and treatment for obesity. Thank you to our National Board, committee members and staff. Each and every one of you are advocates and I am thankful I've gotten to know you, learn from you and be inspired by you.

One of those great folks is Patty Nece, JD, who is taking the reigns as OAC's new Chairwoman and also chairs our Weight Bias Committee. She is a dedicated patient advocate who has been bravely sharing her story to educate and create a better care and treatment experience for us all. Patty will be taking the wheel of this great organization and I am so excited to support her and continue creating positive change in the world.

I'm incredibly proud of our accomplishments as an organization, from our wonderful programs and services to our new educational materials and campaigns. This year, despite a global pandemic, we have taken all that we do in advocacy, education and support and found new and innovative ways to connect and continue our work. It has been especially wonderful and fulfilling to watch our OAC Community grow each year. With increased numbers comes increased strength. It's been a pleasure getting to know our members at our annual meetings - and this year, with our YWM2020-VIRTUAL event and OAC-TV monthly broadcasts, we have been able to safely connect and engage with more people than ever before.

Thank you for all the ways YOU are helping - reading OAC emails, telling friends and family about the OAC, making donations of dollars and time, visiting the OAC Action Center, sharing and supporting efforts online, sharing your stories, and being a part of this diverse and wonderful community. Thank you. We need you.

"The greatness of a community is most accurately measured by the compassionate actions of its members." – Coretta Scott King.

I am looking forward to continuing to take **#OACAction** together,

Michelle "Shelly" Vicari, OAC Immediate-Past Chairwoman

Michelle Vicare

*Please see page 5 for Patty Nece's first message as the new OAC Chairwoman of the Board! Happy New Year!

2020 was a year of firsts. The first pandemic we've lived through and all the changes to our everyday lives that came with it. The first woman and woman of color elected as Vice-President. OAC's first virtual *Your Weight Matters* Convention, which reached more people than ever before. 2020 also brought the sad realization that people with untreated obesity are at a higher risk of serious COVID-19 infections and death, highlighting the importance of effective obesity care.

Great challenges can present extraordinary opportunities for change. OAC's vital mission of supporting people affected by obesity has never been more important than in these pandemic times. In 2021, we will be pushing hard for access to science-based obesity care by making access a priority for the general medical community, health insurance companies, employers, and government policymakers. We are also launching a nationwide Stop Weight Bias campaign (StopWeightBias.com) to educate the public about the dangers weight bias causes and to help eliminate the shame, stigma, and discrimination higher-weight people face.

How can we create change? By lifting our voices as the united OAC Community. Your voice can take many forms—telling your personal story of living with obesity, sharing your story on **WeightoftheWorld.com** telling friends and family about OAC, sharing OAC's social media posts, calling out weight bias wherever you see it, spreading evidence-based information about obesity, urging your state and federal legislators to prioritize access to obesity care, serving on an OAC committee, supporting OAC with your donations—the possibilities are endless!

I am excited to lead OAC in all these efforts as OAC's Chairwoman. As I assume this new role, my heartfelt thanks go to Shelly Vicari for serving as OAC's Chairwoman for the past 3 years. Shelly has worked tirelessly for OAC with caring concern for you, the OAC membership, always at the top of her mind. She has been a true servant leader. OAC launched all of the initiatives listed in the box to the right under her outstanding leadership. These many projects will continue going forward. And fortunately for all of us, Shelly isn't going anywhere! She will take the helm of OAC's Weight Bias Committee this year.

Building on the rich legacy we've been given by all of OAC's prior Chairs is an honor. The OAC Community is strong and I am thrilled to be part of it. To paraphrase Theodore Roosevelt, "It's time for us to enter the arena, strive valiantly, and dare greatly—together."

Patty Nece, JD





Chairwoman of the Board

Recent OAC Accomplishments 2018-2020

- Launched the (no fee access) OAC Community
- OAC's Membership grew about 25% (56,000 to 75,000)
- Launched the OAC Action Program
- Launched ObesityCareProviders.com
- Debuted third national television commercial for the *Your Weight Matters* Campaign
- Took on various weight bias issues and advocacy/access to care issues
- Published research on implicit and explicit weight bias
- Participated in the formation of the Global Obesity Patient Alliance
- Expanded opportunities for grassroots giving
- Debuted the Living Well Guide and increased bilingual educational materials
- Hosted YWM2020 VIRTUAL
- Debuted OAC-TV

NEWS from the OAC Obesity Action Coalition

Save the Date for Obesity Care Week 2021!

Save the date, mark your calendar and join us for Obesity Care Week 2021 (OCW2021) taking place from **February 28**th to **March 6**th, **2021**. The



OAC is proud to be a Founding Champion of Obesity Care Week (OCW), which is a national awareness week that aims to change the way we care about obesity and has a global vision for a society that understands, respects and accepts the complexities of obesity. This awareness week will be tackling different topics through its focus days, such as: COVID-19 and Obesity, Weight Bias, Obesity Prevention and Treatment, Access to Care, World Obesity Day, Childhood Obesity and "I Care" Day, which highlights the reasons why we should all care about obesity. We hope that you will join us in participating and supporting this important awareness week! With your help, we can change the way you care about obesity. To learn more about how can get involved and take action during OCW2021, please visit ObesityCareWeek.org

It's Time to Stop Weight Bias! #BePartoftheSolution

Our words and actions matter. Weight shouldn't dictate the way people are treated. That is why the Obesity Action Coalition (OAC) has been working hard to put together an awareness campaign that explains why we need to #StopWeightBias. The Stop Weight Bias Campaign is committed to



raising awareness, putting a stop to weight bias and pushing equality forward. With your help, we can build a better world, free of weight bias, where everyone is treated with dignity and respect. The time is now - join the movement to Stop Weight Bias! To learn more and be part of the solution, visit **StopWeightBias.com**.



OAC Welcomes Patty Nece, JD, as New Chairwoman of the OAC National Board of Directors

The OAC is honored to officially welcome Patty Nece, JD, as the new Chairwoman of the OAC National Board of Directors! Michelle Vicari, OAC's Chairwoman from 2018 – 2020, has been incredible in her leadership role by elevating patient voices, unrelentingly supporting our members, and bringing positive energy to our organization. She is excited to now pass the torch onto Ms. Nece, who has been a long-time member of OAC's Community and has served in various leadership capacities.

Ms. Nece is a passionate advocate for obesity. She often shares her life-long experience with obesity to fight against weight bias and to support science-based obesity treatments. Ms. Nece served under Ms. Vicari as OAC's Vice-Chair and is also a member of the Convention Planning Committee, Executive Committee, and Weight Bias Committee.

The OAC welcomes Ms. Nece into this new position with open arms and we are excited to see what the future holds for her.



SAVE THE DATE

FEBRUARY 28TH - MARCH 6TH



SIGN-UP FOR OCW ALERTS
TO LEARN HOW YOU CAN GET INVOLVED!
ObesityCareWeek.org

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OAC Community Lengthee Cluves What I've Learned as a Mom, Advocate, and Bariatric Surgeon Interview with Kimberley E. Steele, MD, PhD, FACS, FASMBS, DABOM

Being an advocate for a cause you believe in can be tough. Some issues are easier than others to raise

awareness about. And let's be honest – when it comes to obesity, increasing education and fighting weight stigma can be tough work.



But for OAC member Kimberley Steele, a bariatric surgeon in Baltimore, making a difference for people with obesity is only one part of her advocacy journey. Kim's son is diagnosed with Kaposiform Lymphangiomatosis

(KLA), a very rare and serious lymphatic disease that is underfunded and under-researched. With no available cure and not many healthcare providers who know about KLA, Kim spends her day job advocating for patients with obesity — but she spends the rest of her time advocating for her son.

Although Kim says that obesity and KLA are very different, they are also very similar. Both have challenges with awareness and education. The Obesity Action Coalition (OAC) asked Kim to tell us more about the hard but important work she is doing for both diseases and what this work has taught her. Here is what she said.

Q&A with Kimberley Steele, MD, PhD, FACS, FASMBS, DABOM

Q: As a bariatric surgeon, what are some of the biggest struggles for your patients – whether it's before, during, or after treatment?

The first thing is the ability for my patients to feel comfortable and educated about bariatric surgery. There are so many misconceptions and unknowns about surgery, which is why education is so important. It's often hard for my patients to take the first step in addressing their weight because of our culture and biases. We need to show people what options are out there when traditional methods of weight management are failing them. The first thing I say to my patients is how incredible it is for them to be here, taking the first step to improve their health.

It's often hard for my patients to take the first step in addressing their weight because of our culture and biases. There is also the problem of access to care. Many of my patients don't have insurance coverage for bariatric surgery and that is really tough. In many cases, obesity hasn't risen to the level of being widely recognized as a chronic disease, and that is reflected in a lot of insurance plans. It's tough because as a bariatric surgeon, I know how effective surgery can be for treating obesity. This is a disease that affects multiple organs, and the evidence shows that it's better to intervene sooner rather than later.

Another big challenge I often see in patients is navigating life after bariatric surgery. Bariatric surgeons operate on the stomach, not the brain. Many patients still struggle with their hunger and eating behaviors. Some struggle to understand that surgery is only a tool and that it's hard work. After bariatric surgery, patients have to devote everything to adherence – taking the recommended vitamins and supplements, changing their lifestyle, and seeing their surgical team regularly for follow-up care.

Q: What are you doing in your own profession and in your community to increase obesity awareness, education, and support?

In my own practice, I am all about education! I love seeing a patient's face light up when they "get it." Education about obesity is paramount for seeing positive patient outcomes. I strive to provide education and resources for the whole process of my patients' health journeys – not just bariatric surgery.

I also stress the importance of using your voice and advocating for your care. Navigating the healthcare system can feel daunting! I've had to do it on behalf of my son who has Kaposiform Lymphangiomatosis (KLA), a rare lymphatic disease that doesn't get much funding or attention. With KLA, there are many challenges in awareness and treatment. This has impacted the way I practice medicine. I am a stronger advocate for navigating the healthcare system and providing support and resources to patients and their families.

Speaking up is crucial! Before I take anyone back to the operating room, I reiterate how important their voice is. If something doesn't feel right or is making them uncomfortable, they need to speak up and let someone know.



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

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



Let's Connect!

ObesityAction.org/get-connected



Q: You've mentioned that advocating for your son, who has a different chronic disease from obesity, has taught you a lot about disease advocacy as a whole. What have you learned from your advocacy journey?

Obesity and my son's disease, KLA, are very different – but they also have a lot in common. First, there's this idea of disease recognition. The underlying causes of KLA are not well known, so it's frustrating to see that there is not a lot of money being put toward research for my son but there is in other places. This has taught me how important it is to speak up and generate my own attention while asking others to join me.

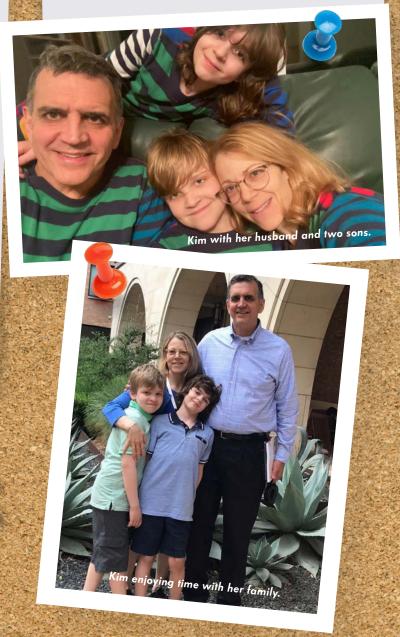
I've also learned the importance of joining forces and riding on the coattails of others who have had success with disease advocacy. We can't be sitting on an island or working in silos. We have to work together. Forming alliances with other networks and advocates can teach us new ways to educate, share our message and raise awareness.

We can't be sitting on an island or working in solos. We have to work together.

Q: What are some of the misconceptions about obesity that you've come across in your advocacy and your work as a surgeon?

I've heard that obesity can be solved if you eat less and move more. That obesity is something you have total control over. It's not! Obesity is a chronic disease – and like any disease, it can be tough to treat because there is currently no "cure."

There is also the misconception that bariatric surgery is the easy way out. I can't stress how untrue this is. Making the decision to have surgery, and then navigating life afterwards, is hard work. Bariatric surgery is a valuable tool but it's not a cure. I am sad when others put pressure on patients to avoid surgery because they think it's a copout. I believe patients who take this step are some of the strongest and bravest that I know.



Q: What do you think are some of the biggest barriers to increasing obesity education and fighting weight stigma? How do you think we can rise above them?

There is still a lack of understanding that obesity is a chronic disease. This affects not just whether treatments are used, but if they are made available and affordable by insurance companies. Knowing that treatments are out there and being able to access them is crucial when we know that early intervention is so important.

Weight stigma itself is also a huge barrier. Stigma exists everywhere in our environment. It starts early with kids and in our upbringing. We have to get rid of stigma in order to educate about obesity. We can't be afraid to talk about obesity or else we will never change perceptions and provide options for treatment.

I think the solution starts with groups like OAC. It starts with education and speaking up. We have to share our stories and experiences so that together, we can amplify our voices and change how obesity is perceived.

We can't be afraid to talk about obesity or else we will never change perceptions and provide options for treatment.

Change Starts with Education

Kim's story shows how important it is to be persistent and use your voice. Change takes time, but it starts with education and using your own experiences to enlighten others. Obesity can be a tough topic to talk about, but hard work pays off.

To hear more about Kim's story and her son's journey with KLA, which relies on advocacy, visit **lgdalliance.org** and check out their video at the bottom of the site.

Do You Want to Share Your Story?

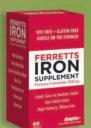
Whether you have a story about navigating obesity, facing weight stigma, or inspiring others, your voice is important. Visit the OAC's story project at **WeightoftheWorld.com** to share one today. Not sure what to say? Consider one of our question prompts to guide you.

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

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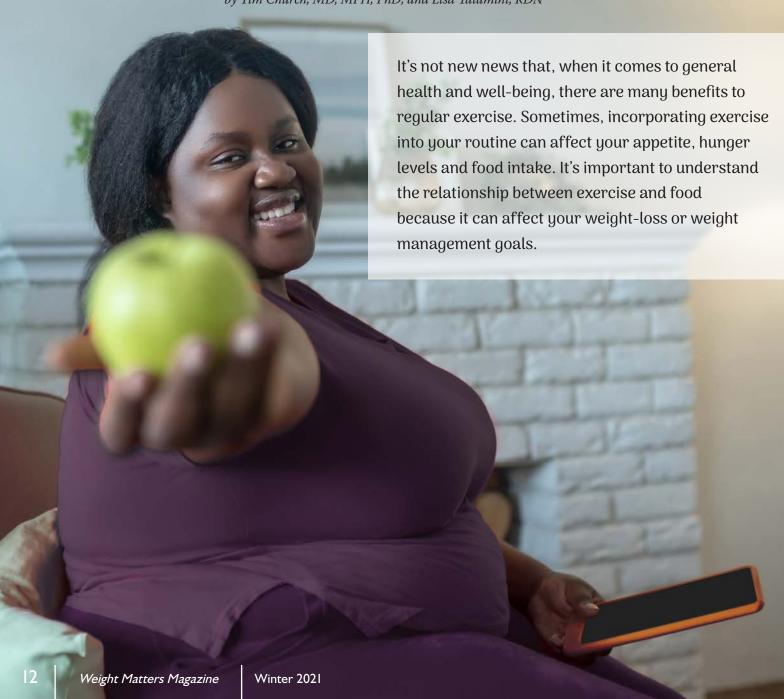


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Dealing with Hunger After Exercise

by Tim Church, MD, MPH, PhD; and Lisa Talamini, RDN

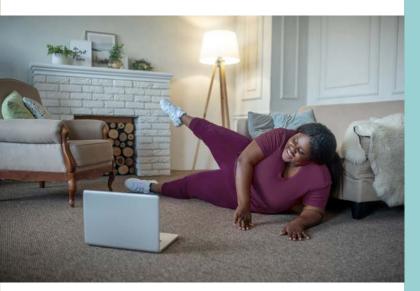


Understanding Your Hunger Levels

It is not uncommon for a doctor to hear one of two opposite statements from a patient: "After exercise, I have no appetite," or "Exercising leaves me starving!" Your hunger and appetite can vary depending on what type of individual you are.

According to the exercise training data:

- 10% of people eat less in response to exercise
- 75% of people eat a little more in response to exercise
- 15% of people eat a lot more in response to exercise



The 3-Step Plan

There are three steps that you should take to understand your appetite and hunger levels in relation to exercise.

- 1. Be aware
- 2. Tune-in to your body
- 3. Utilize strategies that will help you understand and manage your hunger

Being aware of what can be causing your change in hunger levels can help you understand if you need to change anything about the way you're exercising. While exercise can affect your eating habits, there could be other aspects of your life that are affecting them as well. Don't assume that exercise is the sole reason for your hunger levels increasing or decreasing.

Tuning in and paying attention to your hunger levels before, during and after exercise can tell you if you need to adjust your exercise routine or the intensity of your workout. This can mean substituting weight lifting for aerobic exercise or changing the amount of time you exercise for.

If exercise is the reason your hunger levels are changing, try utilizing the below strategies to understand and manage your food intake.

1. Tune in to Your Post-Exercise Hunger Cues

After completing a workout, check in with your hunger cues. There are various scales out there, but to keep it simple, I use a level system (*one* – *four*). A level one means you're not particularly hungry and a level four means you're extremely hungry. Level two means you're hungry but not ready to eat. Level three means your stomach is growling and starting to feel empty. After an intense workout, it is common to feel like your hunger level is at a two or three. This means you will need about 30 minutes after your workout for your body and hunger levels to adjust.

Hunger Levels





2

Not Really Hungry

Hungry but not ready to eat





Stomach's growling

Extremely Hungry

2. Separate Thirst from Hunger

It's easy to confuse hunger with thirst, especially after a workout. Before you eat, have a long pull on your water bottle, wait 15 minutes and re-gauge your hunger level. You might find that you need food, but not as much as you first thought.



Hunger After Exercise continued on page 14

3. Let Go of Food Rewards

If you have the urge to treat yourself to a fancy muffin with your morning coffee because you just worked out, think again. Don't sabotage your workout with a food reward. The reality is that a 40-minute aerobic workout may burn only 400 calories and this can be easily undone by a 350-calorie muffin that you were not hungry for in the first place. A single episode of exercise-based reward eating is harmless enough – but when repeated often, it can become a daily habit of extra calories that can short circuit your weight management efforts.

4. Focus on Filling Foods

Filling foods are ones that satisfy your hunger with fewer calories. This includes foods that are high in water or fiber such as fruits, vegetables and whole grains. Water adds bulk while fiber fills up space in your stomach and takes longer to digest. Protein-rich foods like beans, fish, poultry and reduced-fat dairy are more satisfying because they take longer to digest and therefore keep you full for longer.



5. Savor Your Satisfaction Signals

Just because you're not eating to reward yourself after a workout doesn't mean you can't enjoy the pleasure of eating. In fact, mindful eating is its own reward. Instead of relying on an app or technology to tell you what is "enough," listen to your satisfaction signals. Slow down to notice the flavors, aromas and textures of your food. Consciously chew every bite and allow your brain the 20 minutes it takes to register fullness. With practice, you might be surprised to see how much less you eat and how much more satisfied and energized you feel as a result.

Here are some easy post-workout food combos that include fiber and protein:



8 oz. Greek yogurt, 1 cup berries and 2 tbsp. sliced almonds



⅓ cup hummus with 1 cup carrot sticks



2 tbsp. peanut butter and ½ sliced banana on multi-grain bread



2 oz. turkey with lettuce, tomato and mayo on a small roll



2 reduced-fat mozzarella sticks with apple wedges and 5 whole grain crackers



1 hard-boiled egg on whole wheat toast, topped with ½ of an avocado



½ cup oatmeal with a nonfat milk/protein-rich milk alternative and 2 tbsp. raisins

Conclusion

In summary, regular exercise promotes better health, can contribute to weight-loss and is essential to weight maintenance. However, it can also impact your appetite and hunger levels, so it's important to know your individual response to exercise. Tuning into your eating habits in response to exercise can help you to manage your hunger. Using the strategies and tools mentioned above can help you stay active and succeed in your goals for weight management or weight-loss.

About the Author:

Tim Church, MD, MPH, PhD, serves as the Chief Medical Officer of Naturally Slim, a digital counseling program that teaches participants simple skills for changing when and how they eat instead of what they eat. In addition, Dr. Church is an adjunct professor at Pennington Biomedical Research Center at Louisiana State University and has contributed over 260 peer-reviewed research publications, many of which are focused on exercise, weight and health. Dr. Church is also a returning speaker at the Obesity Action Coalition's Your Weight Matters Convention & EXPO.

Lisa Talamini, RDN, is Senior Director of Behavioral Health and Nutrition at Naturally Slim, where she is passionate about translating science into simple, practical strategies to help empower individuals to achieve their personal health goals.

Very low-calorie diets (VLCDs) can help support you in your weight-loss goals.



The VCLD diet of less than 800 daily calories comes primarily from meal-replacement products. Under practitioner supervision, this plan is designed to produce rapid weight loss while preserving muscle mass by providing adequate levels of protein each day. Healthy Transformation™ high-protein meal replacements are a convenient way to get high amounts of protein with low carbohydrates.

Talk to your healthcare practitioner to learn if this partial meal replacement plan is right for you.





WHAT DOES IT MEAN FOR YOU?

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

In December 2019, a new disease emerged in the city of Wuhan, China that is capable of producing respiratory illness. We named this disease COVID-19 (Coronavirus) and thus far, it has infected more than 72 million people worldwide.

COVID-19 is dangerous because we have not yet developed a universal vaccine for it and no one is immune since it has never been seen before in humans. This virus has caused the worst pandemic the world has seen in more than 100 years. COVID-19 presents similarly to the flu and may include the following symptoms:

- · Shortness of breath or difficulty breathing
- Fatigue
- · Muscle or body aches
- Headache
- · New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- · Fever or chills
- Cough

OBESITY: WHY IS IT A RISK FACTOR?

While it was thought that only seniors and people with immune disorders were at increased risk for severe illness, obesity has emerged as a strong and independent risk factor for severe infection and death due to COVID-19.

Obesity results in fat in the abdomen pushing up on the diaphragm. This can cause restricted airflow to the lungs which then results in shortness of breath or difficulty breathing. Contracting COVID-19 could make breathing even more difficult. The blood of people with obesity also tends to clot more, specifically in the lungs. Overall, the immune systems in people with obesity are not as strong. As BMI increases, the risk of severe illness or death from COVID-19 also increases.

The health conditions that come from obesity may also cause severe illness. It's important that if you have any of the below conditions, you are staying safe and consulting with your doctor as needed:

- Diabetes
- · High blood pressure
- Heart disease
- Asthma (moderate to severe)
- Hypertension
- · Liver disease
- Metabolic Syndrome
- · Lung disease

STRESS AND EATING HABITS

42% of all Americans are at increased risk of serious health impacts from COVID-19 due to their weight and health conditions that are related to obesity. With a lack of medical supplies, changes to food distribution and economic and employment struggles, many people are experiencing stress like never before. The stress and social isolation alone can cause both mental and physical health challenges. With obesity being considered an increased risk factor for severe illness, patients with obesity may also have increased stress levels.

Prolonged stress can lead to coping habits that include emotional eating, night eating and binge eating. In addition, poor sleep can result in increased hunger hormones that can cause someone to eat more throughout the day. People may look to comfort eating while stressed and most comfort foods are processed or have a lot of carbohydrates. These eating behaviors may cause instant gratification but can also result in rapid weight gain.

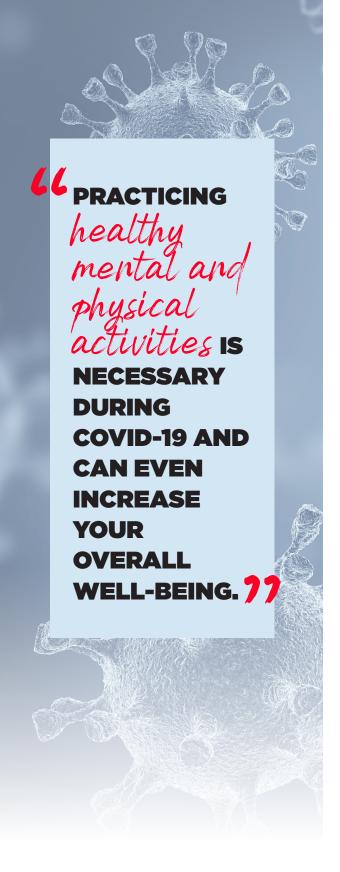
Along with stress, there have also been a lot of changes to people's eating habits due to limited groceries or the fear of going to a store. These changes can cause people to rely more on delivery services or fast food. Eating fast food or delivery meals regularly can make it difficult to get proper nutrients or keep track of calories and ingredients. If you are relying on fast food or delivery, try making it healthy. Go for something grilled or a salad with a light dressing.

It is important to maintain a schedule during COVID-19 so that you can avoid binge eating or eating late at night. If your stress turns to hunger, try picking up a healthy snack or engaging in an activity instead of eating. This might help you relieve stress and develop healthier coping strategies.

COVID-19 continued on page 18

tress can
LEAD TO
COPING
HABITS THAT
INCLUDE
EMOTIONAL
EATING,
NIGHT EATING
AND BINGE
EATING. 77





DECREASING THE NEGATIVE OUTCOMES OF COVID-19 IN PATIENTS WITH OBESITY

It is important to stay safe and take care of your body and mind during this difficult time. Practicing healthy mental and physical activities is necessary during COVID-19 and can even increase your overall well-being. Here are some ways you can stay healthy and stay safe:

Medically:

- Monitor any pre-existing conditions you may have.
- Reach out to your healthcare professional if you are experiencing any symptoms that might be related to COVID-19.
- If you are nervous about attending an appointment, ask your healthcare professional if you can meet over the phone or through telemedicine.



Mentally:

- Maintain hope.
- Don't watch too much news.
- Make time to engage in conversations with family and friends through a phone or video call.
- Enjoy a puzzle or a good book.
- V Pick up a new hobby.
- ✓ Stick to a routine.
- Get plenty of sleep.



Physically:

- Utilize exercise videos on YouTube or social media and work out at home.
- Walk outside in the park while wearing masks and continue to social distance.
- Take a lap around the yard or the house.
- V Play active games with your family.
- Try learning something new (*yoga*, *tai chi, boxing, etc.*).

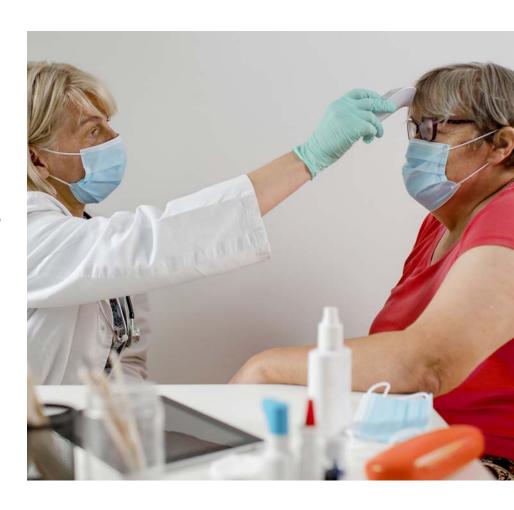


CONCLUSION

The COVID-19 pandemic is posing a great challenge worldwide. This is a stressful and disruptive time for all of us. The uncertainty of being in quarantine, social isolation and social distancing can be scary to navigate. However, it is important that we stay healthy and positive during these trying times. Stay safe and find ways to keep yourself physically and mentally healthy.

About the Author:

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



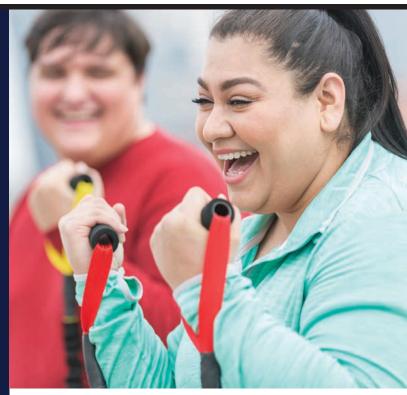
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Your weight-loss journey might seem overwhelming. With the right team on your side, it doesn't have to be. That's why we've created online tools to provide you with:

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Dear Doctor

My Child is Gaining Weight. How Do I Help Them?



Answer Provided by Wendy Scinta, MD, MS, FAAFP, FOMA



Weight gain is a normal part of childhood development, but when children gain weight disproportionate to their growth, their health could be at risk. In this case, it's important to address the situation immediately to avoid what could be a lifetime of chronic diseases.

How Do You Know Your Child Has Weight Issues?

When you take your child to their pediatrician, their height, weight, and body mass index (BMI) are usually recorded on the CDC growth charts. These charts compare your child's measurements to other children of the same age (and sex) in the U.S. Generally, the height and weight graph should line up so that a child on the 50% height curve should also be on the 50% weight curve. If weight starts to creep up to a higher percentage and keeps rising, there is cause for concern because this could mean your child is at risk for becoming overweight or developing childhood obesity.

When measuring your child's BMI, their pediatrician will look to see if it is below 85, which would mean they are at a healthy BMI. If your child's BMI is 85-94.9, they would be considered overweight. If their BMI is above 95, they would be considered to have childhood obesity.

*Disclaimer: BMI is not a perfect measurement for signifying that a person is overweight or affected by obesity.



Medical Causes for Weight Gain

If your child's BMI is in the childhood overweight or obesity range (greater than 85%), your child's pediatrician may want to do a full work-up to rule out any medical causes for their weight gain. They will want to review your family's medical history, rule out any genetic causes and review your child's medications.

Family History

When being asked about your family's medical history, you may be asked some of the following questions:

- Does anyone in your family have thyroid issues, diabetes or high blood pressure?
- What was the weight of the mother and father of the child when mom became pregnant?
- Were there any complications during pregnancy such as gestational diabetes or hypertension?
- What was the child's birth weight?
- Did mom smoke during pregnancy?
- · Was the child breast or formula fed?

Weight gain is a normal part of childhood development, but when children gain weight disproportionate to their growth, their health could be at risk.



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Bronze: \$5,000 - \$9,999 Patron: \$1,000 - \$4,999

List as of 12/16/2020

Dear Doctor continued from page 21



Genetics

There are important (*but rare*) genetic causes of obesity that your child's pediatrician or healthcare provider may want to rule out, particularly if that child is very young. These include:

- Prader-Willi Syndrome This syndrome disrupts the hypothalamus in the brain, sometimes causing irregular hunger, body temperature, sleeping patterns and emotions.
- Bardet-Biedl Syndrome A rare genetic disorder present at birth that can affect vision and kidney function and lead to weight gain.
- Cohen Syndrome An inherited disorder that can cause intellectual disability, developmental delays and weak muscle tone.
- Alstrom Syndrome A form of heart disease that can enlarge and weaken heart muscles, often causing obesity and diabetes.
- Congenital Hypothyroidism A partial or complete loss of function in the thyroid that affects infants from birth.

Most of these health conditions are diagnosed shortly after birth but are very rare. However, it is important for your child's pediatrician or other healthcare provider to rule them out when determining the cause of your child's weight gain.

Medications

Sometimes, the medications a child is taking can cause them to gain weight. Weight gain is usually a symptom of:

- Medications used for depression, anxiety or mood disorders
- · Steroids
- Hormones (for example, some birth control pills)

If you find that medication is a potential cause for weight gain, consult with your primary care physician before discontinuing the medication.

What If There Is No Medical Cause for Weight Gain?

While some cases of obesity in children are caused by genetics or other medical factors, some cases can be a result of food intake and physical activity. Obesity in children can be caused by what they eat, when they eat it, where they eat it and how much they eat.

When I am evaluating a child with weight issues, I ask the child and caregiver some questions:

- Is the child eating breakfast?
- Does he or she bring their lunch or buy at school?
- Is dinner in the car, out at a restaurant or at home?
- Does the family prepare meals together and eat at the table?

Going without breakfast, having frequent meals in the car or away from home, and eating fast food regularly all increase the chances that a child will struggle with a weight problem, possibly into their adult years if left unaddressed.

There are many things you can do at home to address your child's weight in a healthy and sensitive way. I have found that many parents have no idea where to start, and by the time they make their way to my office, they are frustrated and hopeless. This is why I wrote the book, BOUNCE - A Weight-Loss Doctor's Plan for a Happier, Healthier, and Slimmer Child. It gives parents or caregivers a starting point in how they can help their child.

Changes You Can Make at Home

There are some changes you can make as a family that will make a big difference right away. Consider implementing the following changes in your home:

- Limit time on digital devices.
- Limit eating out to no more than once per week.
- Refrain from all electronics while eating (*cell phones, computers, television, etc.*).
- Sit down to dinner as a family at least once per week.
- Model good behavior your children are watching you!
- Remove negative food queues (*such as bowls of candy or bags of chips*) and present positive ones instead (*such as a big bowl of fruit*).
- Downsize plates and bowls (our brain likes to fill space).
- Eat breakfast that means everyone!
- Don't keep sugar-sweetened beverages in the home and limit your child's consumption of them.

The BOUNCE Acronym

In my book, BOUNCE - A Weight-Loss Doctor's Plan for a Happier, Healthier, and Slimmer Child, the BOUNCE acronym stands for:

- **Behavioral Modification:** Working on eating behaviors that can cause weight gain.
- Optimizing Metabolism: Eating breakfast and eating every three hours after to keep your metabolism going all day.
- **United as a Family:** It is so important to make changes as a family and not to expect your child to follow different rules than his or her siblings or parents.
- Notation of Food: It is important to record food and movement not to count calories, but to help your child understand the value of the food they are eating, where it comes from, and how to make it better.
- **Counting Steps:** This is the movement piece. Aim for 10,000 steps each day, but also record other activity as well and encourage exercise in a fun and healthy manner.
- **Elimination Diet:** This involves looking at eating habits and slowly and mindfully replacing the unhealthy foods with delicious, healthier options.



Dear Doctor continued on page 27

BARIATRIC MULTIVITAMINS SIMPLIFIED





One capsule or tablet. Once a day.

Your multivitamin should be the simplest part of your weight loss journey! Because of higher nutrient requirements, most bariatric multivitamins are taken as multiple doses throughout the day. We created CelebrateONE to make your life easier (and tastier) without compromising on quality. All it takes is one capsule or tablet, once a day for your multivitamin needs.

You focus on your day—we'll focus on your multivitamin!

*CelebrateONE is a multivitamin without iron. Calcium and iron must also be taken as part of a daily regimen.

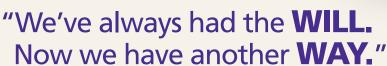
**CelebrateONE (18 and 45) is a multivitamin with iron. Calcium must also be taken as part of a daily regimen.

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When it comes to

LOSING WEIGHT **KEEPING** IT OFF





Indications and Usage

What is Saxenda®?

Saxenda® (liraglutide) injection 3 mg is an injectable prescription medicine that may help some adults with excess weight (BMI ≥27) who also have weight-related medical problems or obesity (BMI ≥30) lose weight and keep the weight off. Saxenda® should be used with a reduced-calorie meal plan and increased

- Saxenda® is not for the treatment of type 2 diabetes
- Saxenda® and Victoza® have the same active ingredient, liraglutide, and should not be used together
- Saxenda® should not be used with other GLP-1 receptor agonist medicines
- Saxenda® and insulin should not be used together
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight-loss products
 It is not known if Saxenda® changes your risk of heart problems or stroke
- or of death due to heart problems or stroke
- It is not known if Saxenda® can be used safely in people who have had pancreatitis
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children

Important Safety Information

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

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

Possible thyroid tumors, including cancer. Tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

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

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family have a history of MTC
- you have MEN 2. This is a disease where people have tumors in more than one gland in their body
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
 Symptoms of a serious allergic reaction may include: swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, and severe rash or itching

Talk with your health care provider if you are not sure if you are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby

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

- have any of the conditions listed in the section "What is the most important information I should know about Saxenda®?
- are taking certain medications called GLP-1 receptor agonists
- are allergic to liraglutide or any of the other ingredients in Saxenda®
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
- have or have had problems with your pancreas, kidneys or liver
- have or have had depression or suicidal thoughts
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your health care provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda® are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into the past to still. You and you health a past provider should do side if
- into your breast milk. You and your health care provider should decide if





Managing your weight long term requires more than willpower alone

Saxenda® can help you lose weight and keep it off

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

Ask your health care provider about FDA-approved Saxenda®

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



Important Safety Information (cont'd)

you will take Saxenda® or breastfeed. You should not do both without talking with your health care provider first. Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your health care provider if you take diabetes medicines, especially sulfonylurea medicines or insulin

How should I use Saxenda®?

- Inject your dose of Saxenda® under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your health care provider. **Do not inject into a vein or muscle**
- Never share your Saxenda® pen or needles with another person. You
 may give an infection to them, or get an infection from them

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

- possible thyroid tumors, including cancer
- inflammation of the pancreas (pancreatitis). Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back
- gallbladder problems. Saxenda® may cause gallbladder problems, including gallstones. Some gallbladder problems need surgery. Call your health care provider if you have any of the following symptoms: pain in your upper stomach (abdomen), fever, yellowing of your skin or eyes (jaundice), and clay-colored stools
- low blood sugar (hypoglycemia) in people with type 2 diabetes who also take medicines to treat type 2 diabetes. Saxenda® can cause low blood sugar in people with type 2 diabetes who also take medicines used to treat type 2 diabetes (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood

- sugar may include: shakiness, sweating, headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heartbeat, and feeling jittery. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®
- increased heart rate. Saxenda® can increase your heart rate while you are at rest. Your health care provider should check your heart rate while you take Saxenda®. Tell your health care professional if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda®
- kidney problems (kidney failure). Saxenda® may cause nausea, vomiting, or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure, which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. Call your health care provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth
- serious allergic reactions. Serious allergic reactions can happen with Saxenda®. Stop using Saxenda® and get medical help right away if you have any symptoms of a serious allergic reaction
- depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your health care provider right away if you have any mental changes that are new, worse, or worry you

Common side effects of Saxenda® include nausea, diarrhea, constipation, headache, vomiting, low blood sugar (hypoglycemia), decreased appetite, upset stomach, tiredness, dizziness, stomach pain, and changes in enzyme (lipase) levels in your blood. Nausea is most common when first starting Saxenda®, but decreases over time in most people as their body gets used to the medicine. Tell your health care professional if you have any side effect that bothers you or that does not go away.

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

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

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

Rx Only

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

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

What is the most important information I should know about Saxenda®? Serious side effects may happen in people who take Saxenda®, including:

Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.

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

What is Saxenda®?

Saxenda® is an injectable prescription medicine that may help some obese or overweight adults who also have weight related medical problems lose weight and keep the weight off

- Saxenda® should be used with a reduced calorie diet and increased physical activity.
- Saxenda® is not for the treatment of type 2 diabetes mellitus.
- Saxenda® and Victoza® have the same active ingredient, liraglutide.
- Saxenda® and Victoza® should not be used together.
- Saxenda® should not be used with other GLP-1 receptor agonist medicines.
- Saxenda® and insulin should not be used together.
- It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke.
- It is not known if Saxenda® can be used safely in people who have had pancreatitis.
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children.

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family have a history of medullary thyroid carcinoma.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
 - Symptoms of a serious allergic reaction may include:
 - swelling of your face, lips, tongue, or throat problems breathing or swallowing
 - fainting or feeling dizzy
- severe rash or itching
- very rapid heartbeat
- Talk with your healthcare provider if you are not sure if you have any of these conditions. • are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby.

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

- have any of the conditions listed in the section "What is the most important information I should know about Saxenda®?'
- are taking certain medications called GLP-1 receptor agonists.
- are allergic to liraglutide or any of the other ingredients in Saxenda®.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had problems with your pancreas, kidneys or liver.
- have or have had depression or suicidal thoughts.
- are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®
- are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider

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

How should I use Saxenda®?

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

- If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting
- Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.

What are the possible side effects of Saxenda®?

- Saxenda® may cause serious side effects, including: possible thyroid tumors, including cancer. See "What is the most important information I should know about Saxenda®
- inflammation of the pancreas (pancreatitis). Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.
- gallbladder problems. Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
- pain in your upper stomach (abdomen) yellowing of your skin or eyes (jaundice)
- fever · clay-colored stools
- low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus. Saxenda® can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood sugar may include:
 - shakiness weakness
- hunger
- sweating

- dizziness · feeling jittery
- fast heartbeat
- drowsiness
- headache irritability
- confusion

Talk to your healthcare provider about how to recognize and treat low blood sugar. Make sure that your family and other people who are around you a lot know how to recognize and treat low blood sugar. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®

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

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

- serious allergic reactions. Serious allergic reactions can happen with Saxenda®. Stop using Saxenda®, and get medical help right away if you have any symptoms of a serious allergic reaction. See "Who should not use Saxenda®".
- depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

The most common side effects of Saxenda® include:

- nausea dizziness
- headache
- diarrhea
- · decreased appetite
- stomach pain constipation
- vomiting upset stomach • low blood sugar (hypoglycemia)
- tiredness
- · change in enzyme (lipase) levels in your blood

Nausea is most common when first starting Saxenda®, but decreases over time in most people as their body gets used to the medicine.

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

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

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

For more information, go to saxenda.com or call 1-844-363-4448. Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark

More detailed information is available upon request.

Available by prescription only.

For information about Saxenda® contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448

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PATENT Information:

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

Revised: SEPTEMBER 2016, VERSION 2



Should My Child Be on Medication?

Continued weight gain can lead to orthopedic and metabolic issues including:

- High blood pressure
- · High cholesterol
- Insulin resistance
- Metabolic Syndrome
- Pre-diabetes
- Diabetes
- Gallstones
- Kidney stones
- · Fatty liver disease
- Vitamin deficiency

It's important to note that if your child develops any of the above conditions, they are treatable with medications and some are reversible through weight-loss.

If your child's pediatrician or other healthcare provider wants to start your child on medication for any of the above conditions, listen to their advice, but also take your child to a childhood obesity expert. A childhood obesity expert will implement a plan that includes nutritional and behavioral approaches, as well as physical activity, while treating their condition with medications that help promote weight-loss.

For more information about finding obesity experts in your area, visit **ObesityMedicine.org** or the OAC's Provider Locator at **ObesityCareProviders.com**.

Conclusion

There are many ways to help your child manage their weight and improve their health. It's important that your child doesn't feel alone and that they are treated with understanding and compassion. Find your child a good pediatrician and partake in healthy eating and activities with them. The key to a healthier lifestyle is consistency and having an encouraging and helpful support system.

About the Author:

Wendy Scinta, MD, MS, FAAFP, FOMA, is a nationally-recognized expert in adult and childhood obesity treatment and is also the Immediate-Past President of the Obesity Medicine Association. She is a clinical assistant professor of family medicine at SUNY Upstate, Diplomat of the American Board of Family Physicians, and Diplomat of the American Board of Obesity Medicine. Dr. Scinta's book, BOUNCE – A Weight Loss Doctor's Plan for a Happier, Healthier and Slimmer Child, has been a bestseller in the field of childhood obesity, and her BOUNCE program has been implemented nationally and internationally.



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Clearing the Fog around What Wish I Knew about Bariatric Surgery BEFORE LHad Bariatric Surgery Bariatric Surgery By Mckinzie Burrows, OAC Community Outreach and Engagement Specialist

Please note: Before starting any weight-loss plan, please consult with a healthcare provider.

With all the weight stigma that exists out there, it's shocking that we don't pay more attention to treatment options that are available to people struggling with obesity. If we're being honest, most people don't even realize that science-based treatments exist. We default to thinking that the simple solution is to eat less and exercise more.

On one hand, people with obesity are often ridiculed for their weight and expected to do something about it. On the other hand, many people who do try taking control of their health with the help of treatment options are met with the same judgement. If we just dug a little deeper, it would become clear that there is a lot more to learn about managing obesity as a disease.

d and Eating

Looking at the Science

Thankfully, science has come a long way. In the last decade, it has proven how life-changing the right treatment can be to someone struggling with the disease of obesity. A closer look at the science will also show that bariatric surgery is proven to be one of the most effective treatments currently available. If combined with the right support system and tools, it can potentially transform a patient's quality of health and life.

Benefits of Bariatric Surgery

As listed by the American Society for Metabolic and Bariatric Surgery (ASMBS):

- Bariatric surgery increases lifespan and helps improve or resolve more than 40 obesity-related conditions, including type 2 diabetes, high blood pressure, heart disease, sleep apnea and some cancers.
- Patients may lose as much as 60% of excess weight six months after surgery, and 77% of excess weight as early as 12 months after surgery.
- On average, five years after surgery, patients maintain 50% of their excess weight-loss.

The Easy Way Out? Hardly!

Unfortunately, even with all the science to back it up, many people still don't consider bariatric surgery to be a valid option for the treatment of severe obesity. Not because it doesn't work, but because of stigma. Bariatric surgery is often thought to be a "quick fix." Patients who choose surgery are often believed to be taking the "easy way out." However, these beliefs come from the outdated idea that weight-loss is always as simple as eating less and moving more.

This couldn't be more untrue! As nearly every bariatric surgery patient will tell you, the decision to have surgery can be a tough one. The journey with weight doesn't stop after the operation. Surgical patients still have to practice healthy lifestyle habits, create new routines and address any challenges they might have with food, exercise, mental health and other weight-related factors.

Clearing the Fog continued on page 30

Hearing the Voices of Patients

All of this goes to show that one size does not fit all for treating obesity. There are many science-based treatment options out there, but bariatric surgery is one of the most misunderstood. There is a lot of fog to be cleared and many questions that both potential patients and the general public still have:

- What exactly is bariatric surgery?
- What are the benefits and risks?
- How well does it really work?
- What comes after?

Despite all of the questions and confusion, patient voices are a good place to start if you're interested in learning more about bariatric surgery. More than 40% of surveyed Obesity Action Coalition (OAC) members have had bariatric surgery, and these are some of their reflections we gathered in order to increase understanding and awareness of this treatment option.



Anita Saah Rockville, MA

"I had vertical sleeve gastric surgery in July 2018. In September 2019, I had revision bypass surgery due to health issues. I wish I knew before surgery that the surgery was the easy part. One can't fully understand the magnitude of the work that comes after. There is a huge psychological connection to food and lots of new behaviors that need to be learned. Yes, we are told that surgery is a tool - but until you've been through it, you won't know how much your new lifestyle will change your day to day life."



Reo Davis San Antonio, TX

"Knowing what I know now, I would have had my surgery a lot earlier than I did, given all the support I've learned is out there. What helped me? Going to support groups with my wife and spending time talking to surgeons, dietitians and other patients."



James Lacher San Luis Obispo, CA

"I wish someone had told me that bariatric surgery is definitely NOT taking the easy way out. But it doesn't mean life has to be HARD either. You can have a long, happy, fulfilling life if you develop sustainable habits. And if you do that, the time and effort you put in now will be well worth it for years to come."



Kesha Calicutt Cedar Hill, TX

"Bariatric surgery is not a vaccine against weight gain. Having bariatric surgery doesn't mean you'll never gain weight again. Life still happens. Aging still happens. Bariatric surgery just means I'll deal with these inevitable gains at a lower weight."



Butch Rosser, MD, FACS
Davenport, FL

"I really wish I'd known that the combination of all my dietary awareness and physical fitness efforts that I had been trying all along could be so effective when combined with weight-loss surgery. If I had known, I would have done it sooner."

Bariatric surgery is one tool in the toolbox, and we have a duty to let others know it exists and how it can help. >>

Clearing the Fog continued from page 29

Not Without Risks

In addition to the hard work required after bariatric surgery, patients must also consider potential risks. Just like any surgery or medical procedure, bariatric surgery can come with complications. Depending on the type of procedure chosen, potential problems could include:

- Separating stitches
- Insufficient weight-loss
- · Weight regain
- Infection
- Vitamin or calorie deficiency
- Anatomical complications

This is why it is important for patients to work closely with their healthcare team, even long after their surgery. They must also stay up-to-date with regular labs and health exams.

Conclusion

Our job isn't to tell anyone how to manage their obesity, but rather to arm them with knowledge, support and resources to find their own path. We also have to do a better job at raising awareness of obesity as a chronic and complex disease. Bariatric surgery is one tool in the toolbox, and we have a duty to let others know it exists and how it can help. It isn't a cure for severe obesity, and it won't guarantee a lifetime free of weight struggles, but it can help ease some of the challenges.

If you're interested in learning more about bariatric surgery as a treatment option for obesity, as well as other treatment options, the OAC website has an "Obesity Treatments" section with tons of resources and education. If you're interested in hearing the perspectives of bariatric surgery patients, visit **Forum.ObesityAction.org** to look around at what others are saying.

About the Author:

Mckinzie Burrows is the Obesity Action Coalition's (OAC) Community Outreach and Engagement Specialist and says the best part of her role is helping people get more involved with the organization. She is passionate about humanizing obesity by raising up the voices of people affected as well as sharing education to reduce weight bias and stigma.

The Time is Now...



StopWeightBias.com #BePartoftheSolution





Helping Your Kids Thrive with a **HEALTHY** ROUTINE by Sarah Muntel, RD

Here we are - it's the end of 2020, and it's a year like no one expected. This year has affected each of us in different ways, but it is important to remember that it has also affected our kids. Cancelled activities, parents working from home and virtual school have all thrown a wrench in everyone's routine. How can we keep our kids on schedule in these crazy times?

Virtual School

As many parents are finding out, it can be a challenge to motivate your child to complete school virtually. Before this year, they became used to going to school with their friends and learning in person. Now, some kids are stuck behind the computer all day and may not get to see their friends at all. Here are some ways you can keep them motivated and on a positive track:

- Set up a consistent work space at a table or desk.
- Treat virtual school just like regular school with a set start time.
- Set up Zoom or phone calls with classmates during lunch for social interaction.
- Keep your child's meals on a schedule like they would be if they were at school.
- Get them dressed in their school clothes instead of letting them stay in their PJ's all day.





Kids need a balanced breakfast to get them motivated for the day, even if it means they won't be leaving home. Serve the breakfast below with a side of low-sugar yogurt and fresh fruit for an award-winning breakfast!

Healthy Banana Oatmeal Muffins

Recipe from GimmeDelicious.com

Ingredients:

- 2 cups whole wheat flour or all-purpose gluten-free flour
- ¼ cup old-fashioned oats plus more for sprinkling on top
- 1 tsp. baking soda
- ½ tsp. cinnamon (*optional*)
- ½ tsp. salt
- 1 cup mashed ripe bananas
- 2 eggs
- ½ cup honey or maple syrup
- ½ cup olive oil
- ¼ cup milk
- 1 tsp. vanilla extract

Directions:

- 1. Preheat oven to 350 degrees Fahrenheit. Grease muffin tin with butter or cooking spray or line with liners. Set aside.
- 2. In a large bowl, combine the flour, oats, baking soda, cinnamon, and salt. Set aside.
- 3. In another large bowl, beat the mashed bananas, eggs, honey, olive oil, milk, and vanilla. Add the dry ingredients and mix until fully combined. Do not over-mix.
- 4. Divide mixture evenly into 12 muffin cups. Sprinkle with rolled oats and cinnamon if desired.
- 5. Bake muffins for 20 to 25 minutes.

Kid's Corner continued on page 34

Adding Activities to Your Child's Day

The normalcy of sports and social interaction may also have changed for your child this year. It's important to keep kids active and make sure that their days don't just consist of virtual schooling and watching TV. Here are some fun ways you can keep your kids healthy and happy:

- Take your kids on a hike or walk outside.
- Play a game of basketball or kickball.
- Have a family game night or movie night.
- Ensure your kids get at least 30 minutes of play time or physical activity each day.
- Take advantage of parks and backyards if you have one.
- Encourage your child to pick up a new hobby.



After a long day of keeping your kids healthy and entertained, dinner may be the last thing on your mind. Here is an easy and healthy recipe for those fun-filled nights:

Chicken Taco Poblano Rice Bowls

Recipe from TheSkinnyTaste.com

Ingredients:

- 1 ¼ lbs. organic boneless skinless chicken breasts, cut into ½ inch cubes
- 2 tsp. olive oil
- 1 medium red onion, peeled and diced
- ¼ cup cilantro, minced, plus more for garnish
- 1 Poblano pepper, seeded and diced
- 1 Roma tomato, cored and diced
- 1 lime, halved
- Taco seasoning
- · Kosher salt
- 1 cup frozen or fresh corn kernels
- 3 cups cooked brown rice, heated (use cauliflower rice for low-carb)
- ¼ cup cheddar jack cheese
- ¼ cup of 2% sour cream or Greek yogurt

Taco seasoning:

- 1 tsp. garlic powder
- 1 tsp. cumin
- 1 tsp. kosher salt
- ½ tsp. chili powder
- ½ tsp. paprika
- ½ tsp. oregano



Directions:

- 1. Dice the chicken into small pieces. Combine taco seasoning in a small bowl and set aside.
- 2. To make the Pico de Gallo, combine 3 tablespoons of diced onion, tomato, cilantro, 2 teaspoons of lime juice and a quarter teaspoon of salt into a bowl. Set aside.
- 3. Add oil to a large skillet over medium-high heat. When hot, add the chicken and cook until it starts to brown, 2 to 3 minutes.
- 4. Add the remaining onion, Poblano pepper and taco seasoning to the skillet and cook until it softens, 2 to 3 minutes. Add half a cup of water and the corn. Cook 1 to 2 minutes, then remove from heat.
- 5. Divide rice in 4 bowls, top with chicken, cheese, Pico de Gallo and sour cream (*optional*).

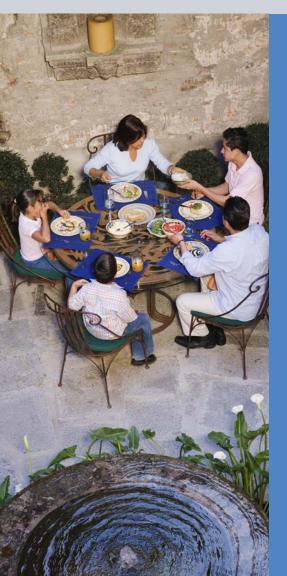
Meal and Snack Times

What your child eats is important! A lack of routine can lead to an all-out eat fest with everyone home during the day. While you are home, your day can easily turn into a handful of cereal in the morning, a pastry mid-morning and back to the fridge before lunch. Sound familiar? How you choose food and how you prepare it can make all the difference.

Here are some ways that you can keep your child's meals healthy and fun:

- Meal times Make a plan early in the week by setting meal and snack times in advance. Planning for meals and snacks can lead to less grazing during the day. Consider displaying a dry erase board in the kitchen so everyone is aware of the plan for the day.
- **Pre-portioned meal choices** Stock your fridge and pantry with individual serving sizes so your family's portion sizes can stay in check. You can purchase these individually (*ex: bistro boxes with a sandwich, veggies and handful of nuts*) or bag them up as you purchase them.
- Choose wisely Complex carbohydrates and protein can help you feel full for a longer period of time. By choosing balanced meals and snacks, you are more likely to feel satisfied and less likely to graze!
- **Get everyone involved** Get the whole gang involved in meal planning and meal prep. Your kids are more likely to get on board if they have a say in it all. Come up with several healthy meal and snack options and let the kids choose which options they want to eat.





Find New Traditions

Every family has their own traditions or things that they look forward to on the weekends or in the evening. Try finding a "new normal" in light of the things you used to do.

Old Traditions:

- Going to Church in person
- Going out to eat at a restaurant
- Going to a friend's house for a play date

New Traditions:

- Watching church online with a healthy breakfast
- Gathering together for dinner at the table or having fun themed dinner nights
- Organizing a group Zoom call that includes fun virtual activities

That's a Wrap!

During these uncertain and trying times, making a "new normal" for your kids can mean the world to them. It might even help you too! Get creative and make the most out of what you have.

About the Author:

Sarah Muntel, RD, is a registered dietitian from Indianapolis, IN. She has worked in the field of bariatrics for the past 18 years, working with both bariatric and metabolic surgery patients as well as medical weight loss patients. Sarah is an active member of the Obesity Action Coalition (OAC) and frequently contributes to OAC's Weight Matters Magazine and Your Weight Matters Blog.

INTERNALIZED WEIGHT BIAS:

RECOGNIZING ITS IMPACTS

by Melinda J Watman, RN, BSN, MSN, CNM, MBA

"No matter what weight I am, I will always be the fat girl and the fat girl doesn't deserve anything good."

THIS IS INTERNALIZED

WEIGHT BIAS. Whether
I am 225 pounds or 105
pounds is irrelevant.
The situations around me
and my current state of
mind tend to dictate
when my internalized
weight bias kicks in. This
self-directed form of bias
can take a toll on one's life
and can sometimes be
more damaging than
external bias.



OUR INNER SELF AGREES WITH OUTSIDE OPINIONS AND BEHAVIORS AND INTERNALIZED WEIGHT BIAS BECOMES A PART OF OUR BELIEF SYSTEM.

"

WHAT IS INTERNALIZED WEIGHT BIAS?

In order to tackle internalized weight bias, we need to first look at weight bias in general. The Obesity Action Coalition (OAC) defines weight bias as the following:

Negative attitudes, beliefs, judgments, stereotypes, and discriminatory acts aimed at individuals solely because of their weight. It can be overt or subtle and occur in any setting, including employment, healthcare, education, mass media and relationships with family and friends.

It also takes many forms – verbal, written, media, online and more. Weight bias is dehumanizing and damaging. It can cause adverse physical and psychological health outcomes and promotes a social norm that marginalizes people.

Those with obesity experience weight bias by people who think it is their right to humiliate, degrade and disrespect them. Weight bias can be shown by anyone and, unfortunately, is usually socially accepted.

When bombarded with hurtful and hateful messages, it can be difficult to not believe them. By internalizing these insults, we create internalized weight bias. We take these messages and translate them into our own self-directed insults and injuries. It is a vicious cycle resulting in self-deprecating messages — or what I have come to call "self-put-downs." Our inner self agrees with outside opinions and behaviors and internalized weight bias becomes a part of our belief system.



PSYCHOLOGICAL AND BEHAVIORAL EFFECTS

The reason that weight bias and internalized weight bias are so damaging is because of the psychological and behavioral effects that it can have on a person. Researchers and health professionals have found that people who have internalized weight bias may experience these psychological and behavioral effects:

PSYCHOLOGICAL:

- · Reduced quality of life
- Depression
- Anxiety
- · Low self-esteem
- Poor body image

BEHAVIORAL:

- · Disordered eating
- · Rejection of dietary advice
- Avoidance of exercise

Further research is being done to better understand the full relationship of these outcomes and determine if there are therapeutic ways to combat their effects.

Internalized Weight Bias continued on page 38



How Does Internalized Weight Bias Affect You?

I spoke with several people to get a sense of how their internalized weight bias affects their life and relationships. This is what they had to say:

"When I meet someone in person for a first date, I'm sure he is going to look at me and think, "I could never be with someone that fat." But I usually find fatal flaws with him so I can reject him before he can reject me. I had these thoughts when I weighed 100 pounds more and I have them now."

"Whenever I go to a restaurant, I am embarrassed to have people watch me eat. I feel like people think I shouldn't be eating something because I am fat or because it will make me fat. The only reason I believe this is because it comes from within – I believe it myself. And my actual weight has no bearing on this thought."

"I went for my annual physical having lost 30 pounds. I was feeling quite happy about this and somewhat proud. When the physician came in and read my chart, he looked at me and said about my weight loss – is that all? Needless to say, I was crushed. I left the appointment feeling like I was a failure and that I would never conquer my weight goals. And if that was the case, why bother? I immediately bought 'bad' food and proceeded to eat my way over the thirty pounds I had lost."

If you have a story about experiencing external or internal weight bias, you can share it to the OAC's story-sharing platform at **WeightoftheWorld.com**.

LEARNING TO COPE

Most of us with obesity are vulnerable to internalized weight bias and have few coping mechanisms to combat it. We feel we deserve to think of ourselves in these negative ways. We believe that it is our fault that we are overweight or struggle with obesity, and that because of this, we should beat ourselves up and support the external biases that come our way.

It is crucial that we find ways to cope with internalized and external weight bias. Personally, I found that exercise helped me. I learned from a very early age that being heavier in school meant being mocked by my peers and never being picked for sports. It didn't take long for this to become ingrained in me to the point where I avoided exercise at all costs.

A few years ago, I signed up for a 5k. The moment I signed up, I began feeling anxious and afraid. I had self-doubt and the voices in my head seemed to be getting louder and louder. Eventually, I completed the 5k and was one of the last ones to finish the race. I beat myself up for not being a better athlete and running faster, but ultimately I was proud of myself and what I accomplished.

It's important to work through those voices in your head and not let them control your life. Push yourself and try to remind yourself that your weight does not define you as a person. External and internal weight bias can be overwhelming and difficult to manage. However, you have to find ways to cope with the voices in your head to get some relief. Even if you don't feel better right away, keep fighting.

IT'

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LIFE.

TAKE CONTROL

It is amazing how hard on ourselves we can be. Internalized weight bias can pop up and at times, be more potent than bias from external sources. It is an area that needs more studying and while this is being done, there are ways to help yourself. Rely on those who know and care about you. Let them support you and make you feel valued. Become part of a community such as OAC's where there are no judgments and people are genuinely interested in YOU. Share your thoughts and feelings if and when you think you can. Most importantly, fight the voices in your head that say you aren't good enough and listen to the ones that remind you of why you are more than enough.

About the Author:

Melinda Watman, RN, BSN, MSN, CNM, MBA, is an outspoken patient voice for the ongoing struggles that obesity presents – medical, psychological and physical. Her own personal journey with obesity has led to an understanding of the challenges that people affected by obesity are regularly faced with. She is dedicated to educating the public about weight bias and helping to eliminate it. Her work on the OAC National Board of Directors as well as other obesity-related nonprofits gives her the opportunity to further this goal as well as others.



MOST IMPORTANTLY,
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YOUR HEAD THAT SAY YOU
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LISTEN TO THE ONES THAT
REMIND YOU OF WHY YOU
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- ††Study conducted in a nonbariatric population.
- 1. Papas K et al. Dig Dis Sci. 2007;52(2):347-352.
- 2. Argao EA et al. *Pediatr Res.* 1992;31(2):146-150.

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HOW TO STAY Healthy DURING THE Winter Leason

by Anna Tran, RDN, LD

With the transition from hot summer days to cooler nights, ice-cold sweet tea to pumpkin-spiced hot drinks, and spring mixed fruit salads to hearty stews, this winter season, we are ecstatic to share healthier alternatives for recipes that feed not only the body but also the soul.

During the winter, when the holidays are in full swing, it can be challenging to stay healthy. Rather than focusing on cutting back, let's focus on what we can add in. Any comforting dish can be made healthy with the addition of good carbohydrates, protein, fruits and veggies. Here are some tips on how you can stay healthy during this winter season.

THINK COLOR AND DIVERSITY

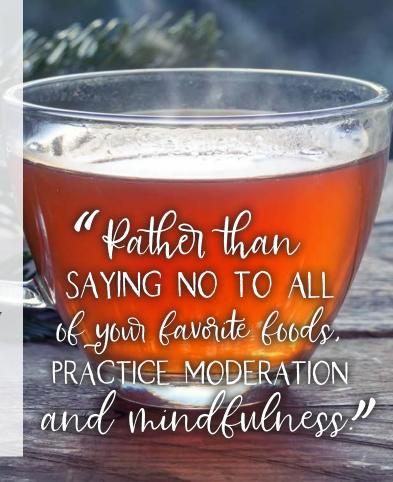
When considering how you'll be adding color and flair to your holiday dishes, think seasonal fruits and vegetables. Each colorful fruit and vegetable can provide a variety of health benefits such as:

- Fiber
- Vitamins
- Minerals
- Antioxidants

With the addition of fiber and other nutrients, you can stay full for longer. Pile your plate first with delicious fruits and vegetables.

SLOW DOWN AND SOCIALIZE

Whether you're celebrating on your own or with your family and friends, make memories by including your favorite activities in between. Some ideas can include decorating your home, dancing to music, walking outside or playing interactive board games with your loved ones. By slowing down, we can incorporate physical activity into the day without having to find time in our hectic schedule to go to the gym. It's a win-win situation!









FLUFFY MASHED SWEET POTATOES AND CARROTS

Recipe from MinimalistBaker.com

Ingredients:

- 2 medium sweet potatoes, peeled and chopped into large bite-sized pieces
- 4 medium carrots, peeled and chopped into large bite-sized pieces
- Water
- 2-3 tbsp. butter
- 2 cloves garlic, minced
- ¼ tsp. ground ginger
- ½ tsp. group turmeric
- Sea salt to taste

Directions:

- 1. Rinse, peel and chop potatoes and carrots into large bite-sized pieces and add to a large pot. Cover with water by about 1 inch to ensure they are submerged.
- 2. Bring water to a boil over high heat. Once boiling, slightly reduce heat to medium-high and continue cooking at a slightly less rapid boil for 10-15 minutes or until the potatoes and carrots are very tender (they should easily fall off a knife when pierced).
- 3. Drain carrots and potatoes and add back to the pot. Add butter of choice, minced garlic, ginger, turmeric, and sea salt to taste. Mash (*or puree*) until smooth.
- 4. Add more butter (*or a bit of water*) as needed to get creamy and smooth. Taste and adjust flavor as needed, adding more butter for creaminess, spices to taste, or sea salt to taste.
- 5. Serve hot. Garnish with additional butter of choice, fresh parsley and salt and pepper to taste.

VEGETABLE POT PIE

Recipe from ForksOverKnives.com

Ingredients:

- 3 cups sliced fresh cremini mushrooms
- 1 cup sliced carrots
- ½ cup sliced celery
- 3 ½ cups low-sodium vegetable broth
- 2 cups of ½ inch pieces peeled butternut squash
- 1 tsp. chopped fresh thyme
- 1 bay leaf
- 1 15 oz. can of no-salt-added chickpeas, rinsed and drained
- 1 cup frozen peas
- 1 cup frozen corn
- 3 tbsp. all-purpose flour
- Sea salt and freshly ground black pepper to taste
- 1 lb. refrigerated whole wheat pizza dough
- 1 tbsp. unsweetened plant milk (i.e. almond, soy, cashew or rice)

Directions:

- 1. Preheat oven to 425 degrees Fahrenheit. For filling, in a 4-quart saucepan, cook mushrooms, carrots, and celery over medium heat for 3 to 4 minutes, stirring occasionally and adding water (*1-2 tablespoons at a time*) as needed to prevent sticking. Add 3 cups of the broth, the squash, onions, thyme and bay leaf. Bring to a boil, then reduce heat. Simmer while covered for 5 minutes or until the vegetables are nearly tender. Stir in chickpeas, peas and corn.
- 2. Whisk together flour and the remaining ¼ cup broth, then stir into vegetables. Cook until thick and bubbly, stirring occasionally. Remove from heat. Remove and discard bay leaf. Season filling with salt and pepper. Spread into a 2 ½ to 3–quart round or oval baking dish.
- 3. On a lightly floured surface, roll homemade oil-free pizza dough into a circle or oval slightly larger than the dish. Cut several slits in dough, then place on filling and seal. Brush with milk. Bake 15 minutes or until crust is browned and filling is bubbly.

QUALITY OVER QUANTITY

There's no reason to pass up on all of your favorite nostalgic holiday meals. Rather than saying no to all of your favorite foods, practice moderation and mindfulness. When we are too restrictive with foods, we tend to eat larger amounts of less healthy options. If you love pumpkin pie, let yourself have a slice. Make it a conscious decision and don't feel guilty about enjoying your favorite meals.



REST AND RESET

This is an easy one to understand, but a difficult one to practice in reality. During your holiday schedule, things can get hectic, but prioritizing sleep will help your body function at its best. Sleep keeps us healthy both physically and mentally. When we are sleep-deprived, we tend to crave higher-calorie foods to compensate for the lack of energy that we have. Getting a good night's sleep can help you have a healthier, happier, and more productive day.

TRY HEALTHIER DRINK OPTIONS

Winter can leave us craving hot chocolate or pumpkin spiced coffee with a lot of whipped cream. Comforting drinks that keep you warm tend to be high in calories. Enjoying the occasional higher-calorie drink is great, but making it an everyday occurrence can lead to weight gain. Instead, try a variety of hot teas or low-calorie coffee drinks to promote comfort an want a sweeter taste, try adding honey again no



low-calorie coffee drinks to promote comfort and good health. If you want a sweeter taste, try adding honey, agave nectar or other sugar substitutes.

CONCLUSION:

While enjoying the winter season, remember to have fun, indulge in some goodies and stay healthy! Don't restrict yourself from having comforting meals and treats — just make sure to have them in moderation. Instead of having three brownies, have one and a side of fruit. Making simple and sustainable changes to your diet and physical activity can ensure you have a fun and healthy winter.

About the Author:

Anna Tran, RDN, LD, graduated from the University of Florida in 2018 and is currently a nutrition education coordinator in the bariatric clinic at Emory University Midtown Hospital in Atlanta, GA. During her pastime, she loves baking cookies, trying new recipes, going on hiking trails and being outdoors with her loved ones.





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OBESITY and **WEIGHT BIAS** in Racial and Ethnic Groups

by Holly F. Lofton, MD; and Shanna Tucker, MD











Racial injustice is a public health issue that requires an extensive amount of attention and action. The medical field is of course not immune to such issues. In fact, racial disparities, and other biases such as weight bias, can be found in all areas of healthcare. For example, according the Centers for Disease Control (CDC), Black Americans continue to experience the highest COVID-19 death rates in the U.S. - two times as high as the rate for Caucasians or Asian Americans.

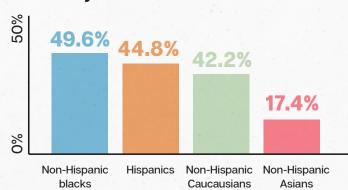
Additionally, multiple studies done by the Infectious Diseases Society of America have concluded that obesity increases one's risk for severe infection or even death from COVID-19. It's time we discuss obesity and weight bias in minority populations.

How Common is Obesity in Racial and Ethnic Groups?

Obesity affects some groups more than others. For reference, obesity is defined as having a Body Mass Index (BMI) of 30 or higher. According to the CDC, data from the National Health and Nutrition Examination Survey (NHANES) showed that in 2017-2018, 42% of adults in the United States had obesity. However, non-Hispanic Blacks had the highest rates of obesity compared with other ethnic groups.

Obesity is a serious condition that can affect one's physical, psychological, and mental health. Those with obesity are at increased risk for many health conditions including diabetes, heart disease, stroke, high blood pressure, certain cancers, and more. For all of these reasons, it is crucial that we better understand the causes of obesity in order to target them with treatment and/or policy change.

Obesity Rates in Adult Minorities



- Non-Hispanic blacks (49.6%)
- Hispanics (44.8%)
- · Non-Hispanic Caucasians (42.2%)
- Non-Hispanic Asians (17.4%)

Genes · Parents with obesity Maternal factors **Environment** Exposure to high-calorie foods, fast foods Low socioeconomic status **Physiology** Parental food choices · Infant weight Access to healthy foods · Medical conditions like diabetes, Access to safe recreational facilities PCOS, metabolic syndrome and/or playgrounds · Stress associated with racism · Poor sleep · Bias from medical community Discrepancies in referral patterns

Why is Obesity More Common in Racial and Ethnic Groups?

There are many factors that can lead to the differences we see in obesity rates among racial and ethnic groups. Some of the main factors include:

- Maternal characteristics
- Genetics
- Nutrition
- Social environment
- Finances
- · Education level
- Stressors such as systemic racism

Maternal Characteristics

Maternal health during pregnancy can have a huge impact on a child's likelihood of developing obesity. Compared to Caucasian women, a greater number of African American and Hispanic women give birth to babies that are overweight or have obesity. Larger babies tend to be born to women with gestational (pregnancy-related) diabetes. Hispanic women have higher rates of gestational diabetes compared to others.

Infants and children with excess weight have a greater likelihood of developing adult obesity. Additionally, young children raised in a household with two parents who have obesity have twice the risk of developing childhood obesity.

Genetics

The role of genes in obesity is commonly studied. There is evidence that some proteins that are common in obesity are more present in African American people than in Africans or Europeans. Therefore, just being born in the United States can play a role in developing obesity. Policy changes to include more African Americans in clinical research for obesity treatments are necessary to determine the best strategies to manage obesity in minorities.

Nutrition

In terms of nutrition, studies have showed that African American and Hispanic children are more likely to be exposed to fast food and sugary beverages before age two. This can be due to several factors. For instance, those of low income and social status are more likely to be exposed to poorer quality diets that contain calorie-dense foods and unhealthy fats.

Families in these communities may also have difficulty accessing fresh, affordable fruits and vegetables due to lack of proximity to their homes or the high costs of such foods. Those of lower economic status may not be able to access recreational sports and are therefore less active. Policy strategies to intentionally bring low-cost healthy foods to disadvantaged neighborhoods have shown promise. More resources for community centers that provide access to physical activity in these communities can help.

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Social Environment

One's social environment can cause internal stress that can lead to inflammatory responses, which can increase the risk for diseases such as obesity. Stress due to lack of income, racism, and poor sleep can cause hormonal changes that are related to obesity.

Finances and Education

Studies have shown that obesity rates can be affected by financial status. However, the relationship between obesity and income or education level is much more complex and differs by sex and race.

The CDC's Morbidity and Mortality Weekly Report showed that in 2011-2014, rates of obesity were lower among men and women with college degrees. When looking at men and the association between income and obesity, obesity prevalence was lower in the lowest and highest income groups compared with the middle-income group. However, for non-Hispanic black men, obesity prevalence was higher in the highest income group.

In this same report, among women, obesity prevalence was lower in the highest income group than in the middle and lowest income groups.

Overall, rates of obesity were lower among men and women with college degrees.

Weight Bias in Minorities

Weight bias can present itself in many different ways. Sometimes, race and ethnicity can play a key role in how much weight bias you experience and how you view weight bias.

The Obesity Action Coalition (OAC) conducted research in August 2020 on people from minority populations that included Black/African American, Latino/Hispanic and Asian/Pacific Islander communities. They surveyed 517 U.S. Black/African American adults, 530 U.S. Latino/Hispanic adults and 429 Asian/Pacific Islander adults. They found that each group differs in how they handle and view weight bias. Here are some of the things that they found:

- The Latino/Hispanic respondents were more likely to report that weight stigma has an effect on their ability to maintain/ control their weight.
- The Black/African American respondents agreed less with blaming people with obesity for their weight than did the Asian/Pacific Islander group.
- Asian/Pacific Islander respondents were less likely than other groups to say they hold no stereotypes about people with obesity.
- More Black/African American respondents than Asian/Pacific Islander respondents thought that race and ethnicity plays a role in how healthcare providers treat people with obesity.

Through this research study, the OAC found that Black/African American people may experience more weight bias from their healthcare providers, which can negatively affect their care. Weight bias is extremely harmful to a person's mental, social, and physical health, and unfortunately, it has been shown that one's race and ethnicity could determine how often one experiences weight bias and where one experiences it.

Putting it All Together

In conclusion, there are many reasons why rates of obesity and weight bias are different in racial and ethnic groups. These differences range from factors present even before one has left the mother's womb to environmental factors and food choices.

The authors of this article encourage readers to be aware of the similarities between weight bias and ethnic and racial bias. One way to start addressing these disparities is by treating obesity appropriately, which will also help prevent and/or treat health conditions related to obesity. For readers who have obesity, the very first step to treating obesity is talking about it. If your doctor has not brought it up, we encourage you to ask your doctor about your weight at your next visit or ask to schedule a visit dedicated to discussing your weight and how it may be affecting health. You can also use the OAC's Your Weight Matters toolkit to initiate the conversation about weight with your healthcare provider and to determine if there is a treatment option or approach that works for you.

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Do these two symptoms sound like you?



Extreme weight gain early in life?



Hyperphagia, or insatiable hunger?



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

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







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