

# Weight Matters

FOR YOUR HEALTH

WINTER 2023

p.14

## The Power of Protein

p.22

## Conquering Emotional Eating

**KID'S**  
corner

p.28

Building Family Goals for Your Children

**OAC**  
Obesity Action Coalition

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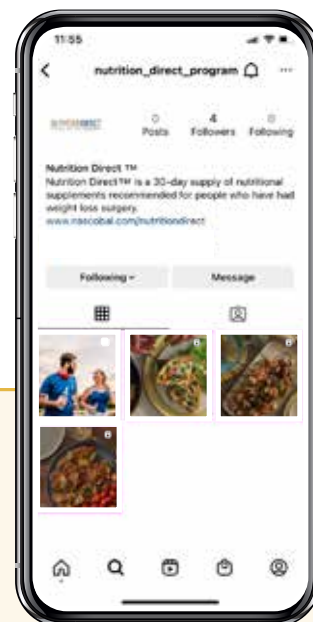
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## Weight Matters

FOR YOUR HEALTH

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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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Designer

*Weight Matters Magazine* - OAC  
4511 North Himes Avenue, Suite 250  
Tampa, FL 33614

(800) 717-3117 • Fax: (813) 873-7838

[www.ObesityAction.org](http://www.ObesityAction.org) • [info@obesityaction.org](mailto:info@obesityaction.org)



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*Message from the*



Obesity Action Coalition

**Chair of the Board**

*Happy New Year!*

The end of 2022 and the beginning of 2023 were busy for the OAC with the release of the feature film *The Whale*, starring Brendan Fraser. Brendan plays Charlie, a reclusive English professor with severe obesity who is attempting to reconnect with his teenage daughter. The OAC got involved with *The Whale* when Rachel Goldman, PhD, FTOS, a psychologist specializing in obesity care and a longtime OAC supporter, suggested that the production team reach out to the OAC to learn what it's like to live with obesity.

We rarely see characters with obesity portrayed as fully-fledged individuals in the media. Far too often, people in larger bodies are one-dimensional characters who serve as the butt of the joke or an object of ridicule.

*The Whale*, written by Sam Hunter, breaks this mold. Charlie is smart and caring. He experiences an entire emotional range from laughter to extreme sadness. He is a complete individual with a rich history. He is a real person.

Before filming began, the production team for *The Whale* asked us to talk with them about our experiences with obesity. Many thanks to Michelle "Shelly" Vicari, Sarah Bramblette, Jason Krynicki, Ian Patton and Liz Paul, who met with Brendan Fraser and Director Darren Aronofsky to share their own stories of living with obesity. They told stories about weight bias, the emotional toll of obesity, the physical constraints from their weight, the lack of access to obesity treatments, and more.

Brendan's understanding of these stories shines through in his portrayal of Charlie. His performance is sensitive and nuanced. He has already been awarded the Critics' Choice Award for his work. Charlie's weight is a part of his life. But it's not his entire identity.

*The Whale* and subsequent statements made by the cast and the rest of the film's production team have put our stories into action. Each of our stories is unique and they all deserve to be told. Our stories are powerful and can create a better, more understanding world for those affected by obesity.

If you decide to see *The Whale*, check out our website at [Obesityaction.org/the-whale](https://Obesityaction.org/the-whale) for more information about the OAC's involvement and questions to consider while watching the movie. Please note: *The Whale* may be challenging for many who live with severe obesity or struggle with binge eating disorder to view. Please take this trigger warning seriously.





## OAC's Advocacy Town Hall Series Empowers Obesity Advocates

Last fall, the Obesity Action Coalition (OAC) debuted a brand new, engaging way to dive deeper into obesity advocacy. The OAC's Advocacy Town Hall Series covered timely topics such as our priority issue areas, targeting decision-makers and more! Each session, hosted by OAC leadership, included a 15–20-minute lesson that broke down an issue or advocacy training topic, followed by a Q&A conversation with the advocacy experts. After viewing each session, participants became empowered advocates equipped with the tools needed to tackle the issues people with obesity face daily. Watch the Town Hall Sessions at [ObesityAction.org/town-hall-sessions](https://ObesityAction.org/town-hall-sessions).



## Mark Your Calendars for Obesity Care Week 2023!

Obesity Care Week 2023 is just around the corner! Obesity Care Week (OCW) is an annual public awareness event aiming to change how we care for and about obesity. This year, OCW will host its 9<sup>th</sup> annual week-long event from Monday, February 27<sup>th</sup> through Friday, March 3<sup>rd</sup>.

Obesity Action Coalition (OAC) is a proud Founding Champion of Obesity Care Week and works hard each year to make OCW a powerful opportunity for change. The OAC wants to see a society that understands, respects and accepts the complexities of obesity and values science and clinically-based care. To learn about OCW and sign up for campaign alerts, please visit [ObesityCareWeek.org](https://ObesityCareWeek.org).



## OAC Chair Awarded the Obesity Society's Presidential Medal of Distinction

The Obesity Action Coalition (OAC) is honored to announce that our Chair, Patricia Nece, JD, was awarded The Obesity Society's (TOS) Presidential Medal of Distinction at ObesityWeek® 2022, the leading international conference for professionals interested in obesity. Ms. Nece was recognized for her courage in advocating for people with obesity.

As a dedicated member of OAC and Chair of the OAC National Board of Directors, Ms. Nece is an avid advocate for sound obesity treatments and the eradication of weight-based bias. She encourages change by sharing her own experiences of living with obesity. Her advocacy work has included testifying before the U.S. Food and Drug Administration about the need for more evidence-based treatments, giving a patient's perspective at various obesity solution roundtables, and telling her story to legislators, healthcare providers, food industry representatives and more.

Ms. Nece's involvement with OAC has challenged weight bias, supported science-based obesity treatments and empowered others in their health journeys. Learn how to join Ms. Nece and the OAC in our advocacy efforts at [ObesityAction.org/about/advocacy](https://ObesityAction.org/about/advocacy).



OAC  
Community

# Perspectives

## Why I Believe in Comprehensive Obesity Care

by Wendy Pruim



Wendy Pruim

I always “felt” fat. I can recall feeling like I was on the outside as far back as Kindergarten, always being teased by classmates, and I remember associating that with my size.

While it may be true that I was heavier than my classmates, having come across childhood photos after my father’s passing in 2013, it struck me that perhaps I wasn’t always as heavy as I thought.

Nonetheless, my obesity journey started in my grade school years. One of my earliest memories is being about seven years old and attending Weight Watchers groups with my mother and her friends. I can recall following the eating plan; in fact, I remember crying to be able to have a Twinkie because my siblings had them. I didn’t even like Twinkies! I just understood that I couldn’t have them because I was fat. Looking back at old photos of myself, I don’t remember which came first. Was I heavy and ostracized by my classmates, or did I turn to food when I was ostracized by my classmates? At age 55, does it matter how it started?

“One of my earliest memories is being about seven years old and attending Weight Watchers groups with my mother and her friends.”

### Starting My Treatment Journey

Addressing my obesity has taken many forms over the years. I’ve lost a significant amount of weight three times thus far in my life. Losing weight isn’t necessarily the hardest part of the battle; maintaining it is (at least for me).

In addition to Weight Watchers, I’ve tried other professional weight-loss programs, nutrition plans, bariatric surgery, and most recently, medication. But before I get ahead of myself, let me take you back to the beginning of my treatment journey.

Around 2005, my primary care provider first recommended bariatric surgery to me. I told him I would think about it, and then I went home and did research. But after reading a particular horror story of a patient with complications, I quickly talked myself out of it.



The next year, with all my personal attempts at weight-loss having failed, I started researching surgery again. I decided that I could do the Lap Band, so I checked my health insurance, found a local bariatric surgeon, and signed up for his informational meeting. I learned a lot about my options at that meeting and discovered that Roux-en-Y (RNY) Gastric Bypass was going to be my personal best option. From that point on, I was 100% dedicated to the surgery.

## My Bariatric Surgery

While I jumped through a few hoops to get the surgery approved by my insurance, I'm fortunate that I didn't have the obstacles with accessing care that many people did at the time. I didn't even have to do any special pre-op diet. By early 2007, I was approved and scheduled my surgery for March 12<sup>th</sup>, 2007.

I immersed myself in researching the surgery — the pros, the cons, possible complications, etc. Then, at my final pre-op meeting with my surgeon, he asked me if I had any questions, and I said, "No!" I knew he couldn't tell me what post-op life would look like for me, but I prepared myself by learning all I could about what to expect.

I also joined a gym and worked on my physical endurance. I was there at least five days a week, as the staff allowed my daughter to hang out in the café and lobby areas to do her homework while I worked out. I believe this went a long way in allowing me to bounce back fairly quickly after surgery.

The first two years or so after surgery were extremely successful. I went from my pre-op weight of roughly 360 lbs. down to 167 lbs., losing more weight than I eventually weighed. I never thought I would be that person.

*OAC Community Perspectives continued on page 8*

## Get Connected to OAC Today!



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

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



**Let's Connect!**  
**[ObesityAction.org/get-connected](https://ObesityAction.org/get-connected)**



## Obstacles in My Path

In early 2009, I was feeling great — maintaining my weight in the 170s-180s and enjoying more confidence. But one evening, when I was putting my daughter to bed, I passed out. Over the following days, I had testing done and medical appointments to try to figure out what had happened. These tests eventually ended up taking several months of my life.

During this period of time, I stopped working out. I didn't know what I should or shouldn't be doing, so I did nothing. I was also laid off from my job. I felt like after finally getting my weight under control, my life blew up! I didn't handle it well because I hadn't learned to cope with stress any differently, so I ate my way through it. I regained over 100 lbs.



Wendy with her daughter prior to having bariatric surgery

“ I didn't handle it well because I hadn't learned to cope with stress any differently, so I ate my way through it. ”

## Learning the Importance of Mental Health

Fast forward to 2020 and the pandemic. While I had been able to lose a few lbs. here and there over the years, I was sitting at over 300 lbs. again and wasn't feeling good about it. During an exam with a new primary care doctor, I told her I was finally open to trying a medication to assist me. She recommended Contrave, and I started a new treatment approach.

Almost from the first dose, it was like an answer to a prayer! The medicine helped me control my appetite so I could focus on other areas of my life. From May 2020 to November 2022, I lost over 111 lbs.

My weight-loss journey has taught me a lot. Every time I lost weight before, I regained it, plus more over a short period of time. Why? Because I never dealt with the mental aspects of my weight. While many people have physical and/or metabolic issues that underlie their obesity, my issue was — and still is — my mental health.

When I had surgery, all I had to do to get approved was attend one appointment with a mental health professional. It was essentially a rubber stamp on the pre-surgery checklist. The majority of the appointment was spent in the waiting room completing a standardized personality questionnaire. Afterward, I had a brief conversation with the mental health professional where they asked me why I wanted the surgery and what I expected from it. That's about it.

I was more comfortable at 360 lbs. than I was at 167. I didn't know how to be that smaller person! At 360 lbs., I felt invisible. At 167, there were times I was afraid to walk through a parking garage by myself. That was never something I had dealt with before.

I believe mental health care should be integral to any weight-loss approach. It angers me that mental health isn't treated the same as physical health. Yes, many health insurance policies have some allowance for mental health visits, but they historically have also limited them to a dozen or fewer per calendar year. That is not sufficient for someone to adequately deal with underlying issues that may be driving their obesity.



## What I've Learned About Living with Obesity

I like to think that I'm a realist. I know that I can never adequately explain to someone who hasn't personally dealt with obesity what it is like to live a life with it.

Yes, I can explain why those exceedingly popular resin chairs always strike fear in my gut. But do you really understand the level of humiliation that I experienced when I broke not one, but two of them when trying them out in one of the big box stores? Outsiders are more apt to find it a funny story and not understand how soul crushing it can be.

The best I can do is to try to explain how almost every single daily activity is touched by obesity. From wondering if you will fit in the restaurant chair or booth to navigating your way through a crowded venue, you spend your time anticipating the best way to move through a space without infringing on everyone else. It's chronic. It's exhausting. And it can be depressing when you don't see a way out of it.

That's why I believe in comprehensive obesity care — and why mental health should never be overlooked in the process. I still don't have a better handle on my mental health than I had in the past, but I am working on it. I still find it hard and cost-prohibitive to get the care that I need.

Thankfully, my personal journey since discovering the Obesity Action Coalition (OAC) has brought me out of myself and helped me see the bigger picture with obesity. I've learned the impact my personal story can have on others like me and people who are in a position to help drive change by expanding access to obesity care and standing against weight bias. Your story may not change legislation (it could, though!), but it may be just what someone else needs to read/hear to take a step in the right direction and advocate for themselves.

**“I believe that mental health care should be an integral part of any weight-loss approach.”**



## Do You Want to Share Your Story?

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

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

# Sneaky Thoughts and Sticky Feelings:

## A Guide to Getting Unstuck

by Robyn Pashby, PhD

Do you ever feel stuck? You want to do things differently. You know there is another way. Yet day after day, week after week, or month after month, things stay the same.

I get it, both personally and professionally. Feeling stuck is part of the normal human experience. We all feel stuck from time to time. In fact, help getting unstuck is one of the most common requests I hear from clients who seek therapy with me. Learning how to get unstuck is not as hard as it seems once you uncover what is keeping you stuck.





“ Learning how to get unstuck is not as hard as it seems once you uncover what is keeping you stuck. ”



## Why Do I Feel Stuck?

Let's say you feel stuck in some behavior cycles you'd like to change. Maybe you find yourself emotionally eating every night around 9 p.m., or you really want to do a yoga class before logging on in the morning, but you find yourself playing games on your phone so late each night that you keep snoozing through your alarm. Time and time again, you try to break the cycle. You wake up each morning with a vow to do it differently. But then, bam! The same cycle shows up again that very same evening. What is going on?

The truth is these “stuck” behavior cycles actually reflect something much less observable, but arguably much more important. Behaviors are the observable outcomes of how you think and feel. In other words, your behavior is a window into your thoughts and feelings. Behavior isn't something to be looked at, rather looked through. Another way to think about it is that behavior is the outcome while thoughts and feelings are the equation. If you keep solving the same equation, you're going to keep getting the same answer.

So, let's look through the behavior window to see what we find. What we often uncover are common, predictable and sneaky patterns of thinking which contribute to unpleasant (or sticky) emotions.

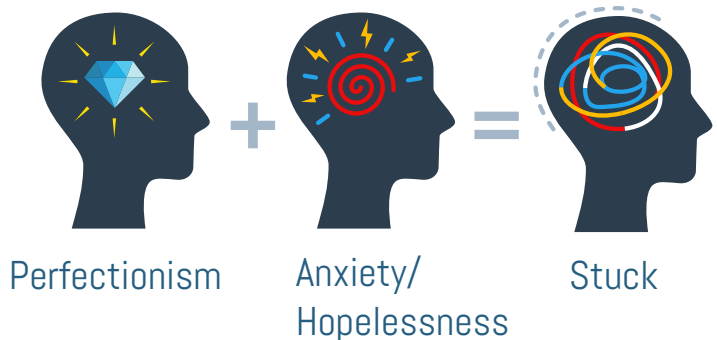
The equation goes like this:

$$\text{Sneaky Thoughts} + \text{Sticky Emotions} = \text{Stuck Behavior Cycles}$$

Below, I've listed some of the common equations for “stuckness.”

### 1. Perfectionism:

If I had a nickel for every time a client said, “I am not a perfectionist! If I was, I'd be healthier, cleaner, more organized and on time,” then I'd be rich! Hear me out. Perfectionism may be THE reason you are struggling to get more organized, arrive on time, and so on. When you have perfectionist thinking, you put things off for as long as possible because the anxiety (sticky emotion) of completing the task in a less-than-perfect way is high. If you find yourself thinking that you don't know the ‘right’ place to start or the ‘best’ way to approach the task at hand, then you will benefit from looking out for perfectionism. This sneaky thinking habit contributes to a host of sticky emotions, including anxiety, frustration, helplessness and even hopelessness.



*Sneaky Thoughts continued on page 12*

## 2. All-or-Nothing Thinking:

Closely related to perfectionism is all-or-nothing thinking. Nearly every day, I hear clients engaging in all-or-nothing thinking patterns that affect their lives in both small and significant ways. A woman who hasn't had time to exercise in months because she has sneaky all-or-nothing thinking is more prone to think she must work out for at least 60 minutes, or else it just isn't worth it. She may feel disappointed, frustrated and mad at herself for not exercising. Day after day, she can't seem to find that full 60 minutes, despite knowing that a 30-minute walk would feel great. A kid who makes one mistake while coloring a picture in their coloring book may rip out the whole page and crumple it up in frustration just because they feel like they have to color inside ALL the lines or otherwise start over. They may get angry and sad and never quite complete any one picture in the book.



All-or-Nothing  
Thinking

Failure/  
Depressed/Angry

Stuck

## 3. The Tyranny of Shoulds:

"I should get more exercise." "I should stop eating carbs." "I should be better at (this task, this relationship, achieving this goal)." Slightly less sneaky (but no less important), 'shoulds' matter. Chances are, you 'should' yourself many times per day. Each time you do, be on the lookout for a sticky emotion to follow. Feeling discouraged, disappointed and worthless are common because the 'shoulds' tell us that we don't measure up and that we aren't good enough.



Shoulds

Discouraged/  
Worthlessness

Stuck

## 4. Self-criticism or Negative Self-talk:

All of these thought patterns contribute to negative self-talk, but the topic is so important that it deserves its own spot on our list. More often than not, negative self-talk reflects deeper feelings of shame, and shame is the stickiest emotion there is. "How could I be so stupid?" "What is wrong with me?" "I am such a loser." Each of these negative self-talk statements are sneaky because they happen mostly underneath our conscious awareness. They may pop up even when you're in the midst of doing something else. Walking by a window reflection and catching a glance at your body can trigger this sort of self-talk, even while you're taking a business call or preparing dinner for your family.



Negative  
Self-talk

Shame

Stuck

Notice that the common equation is:

$$\text{Sneaky Thinking Patterns} + \text{Sticky Feelings} = \text{Stuck Behavior Cycles}$$

When you focus only on the behaviors you want to change rather than what is causing them, you are much more likely to stay stuck.

“A small shift in thinking can go a long way toward getting unstuck.”



## What Can I Do?

### 1. Focus On Sneaky Thoughts:

The first step is to shift your attention away from your behavior and toward your thoughts instead. Stop letting those sneaky thoughts hide! Bringing them to your awareness gives you the chance to challenge and change them. Tune in and listen to what you are saying to yourself. Determine if you are falling into any of these common, sneaky thoughts we've just reviewed or identify others that may be getting you caught in sticky feelings. If you catch yourself being perfectionistic or engaging in all-or-nothing thinking, then change it up. Try telling yourself that you will experiment with a new way of thinking about this situation. A small shift in thinking can go a long way toward getting unstuck.

### 2. Practice Feeling Your Emotions:

Remember, all feelings are valid and not all negative feelings are sticky. Are you lonely because you haven't seen your loved ones in a long time? Are you worried you forgot to mail your rent check on time? Both are completely valid. So, how can you tell if your emotions are sticky? When they stick around.

The emotions just mentioned rise and ultimately pass. Why? Most often, it's because you do something about them. Are you missing your loved one? You probably pick up the phone, write an email or plan a visit. Are you worried you forgot to mail your rent check? You can talk to your landlord to explain the situation and then set up automatic payments so that it doesn't happen again.

These actions are a sign that you aren't stuck! They can also help your emotions follow a natural course with a beginning, middle and conclusion. Instead, being stuck is a sign that there is a slow simmer of emotions in your gut, and you may be working pretty hard to avoid it. Instead of avoiding it or wishing it away, tune in to your feelings. Practice a few deep breaths and then allow the feeling to come. Remind yourself that all feelings are valid, natural, and they are messengers that can guide us out of feeling stuck. The more you practice feeling your feelings, the less likely you are to get caught in them.

### 3. Set Realistic and Small Goals:

The steps I've proposed in this article take time. I've been working on them myself for years. The more you practice tuning into your thoughts, feeling your feelings and treating yourself with kindness and compassion, the easier it is to move out of feeling stuck and toward the lifestyle you want to live. Start by saying just one encouraging thing to yourself each morning or adopt an attitude of curiosity about your emotions rather than self-judgment. No matter how you begin, start smaller than you want to and just keep going.

## Conclusion

The Obesity Action Coalition's (OAC) Health Talks, articles and other resources are a great place to get more information about tools for getting unstuck. I also always encourage you to consider working with a counselor, therapist or other support network to help you along your path. ALL of us need each other and all the support we can get. Hopefully, your sneaky thoughts didn't just tell you that you 'should' figure it out on your own!

#### About the Author:

*Robyn Pashby, PhD, is a clinical health psychologist, a passionate OAC member, and someone who has both personal experience with and a family history of obesity. Dr. Pashby has spent the last 15 years incorporating mental healthcare into obesity treatment in a variety of multidisciplinary settings, and most recently in her own behavioral health group practice.*

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# The Power of Protein

*by Angela Miatke, RD*

You may watch your calories, but are you getting enough protein from the foods you eat? Protein is essential to a healthy diet and crucial if you're on a weight-loss journey.





# Protein:

## What Does it Do and Where Can I Find it?

Comprised of amino acids, protein is one of the three primary macronutrients (protein, carbohydrates and fat) essential for any healthy diet. Protein plays a role in the creation of every cell in the human body. It's also essential for making enzymes and hormones, and it helps transport nutrients and oxygen throughout the body. Without protein, your body may fail to grow, repair cells or function properly. Protein is a key component of thousands of processes in the body, from hormone production all the way to muscle repletion. It's no surprise why fitness and health professionals place emphasis on this special nutrient!

Protein is found in a variety of foods ranging from both animal and plant sources such as:

- Meat
- Eggs
- Dairy products
- Seeds
- Nuts
- Legumes

Because protein is a primary nutrient, it's important that you strive to include it in your diet every day. How much protein you need is dependent on many factors, such as your age, gender, weight, muscle composition, activity level and health status.

The daily recommended intake value for protein is 50 grams per day. However, some research supports a higher intake. If you are interested in calculating your specific needs, the U.S. Department of Agriculture (USDA) has a protein calculator to help you determine your daily recommended intake. Visit [Nal.usda.gov/human-nutrition-and-food-safety/dri-calculator](https://www.nal.usda.gov/human-nutrition-and-food-safety/dri-calculator).

“Without protein, your body may fail to grow, repair cells or function properly.”

## Complete Vs. Incomplete Proteins

When choosing protein-based foods, it's also important to understand the quality of the protein you are consuming. Not all sources of protein are created equal.

Protein is made from 20 basic building blocks called amino acids. Nine of the 20 amino acids are considered essential and can only be obtained from your diet. Some proteins found in food contain all 20 amino acids needed to create new proteins in the body. These foods are considered “complete.” Foods that are lacking in one or more of the nine essential amino acids are considered “incomplete.”

Good sources of complete protein tend to come from animal-based foods such as meat, eggs and dairy. Plant sources of protein tend to lack one or more essential amino acids. If you are vegetarian or vegan and abstain from eating animal-based foods, it's important to eat a variety of protein-containing plant foods each day to get all the amino acids your body needs to make new proteins. Plant sources such as chia seeds and soybeans are considered complete plant proteins.

## Protein and Weight-Loss

Did you know that protein can assist you in your weight-loss efforts? A high-protein diet boosts metabolism, reduces appetite, stabilizes blood sugars and affects many of the hormones responsible for regulating appetite and weight.

Protein provides the same energy value as carbohydrates (four calories per gram) but is used and metabolized differently in the body. Although not all sources agree on the exact figures, it generally requires more calories for the body to digest protein than carbohydrates and fat, which can lead to a calorie deficit in the long run.

Protein is also known to positively impact hunger and appetite levels, which can promote weight-loss by reducing your calorie intake. Specifically, your levels of ghrelin, a hunger hormone, decrease when your protein intake is higher. This means you may not feel those hunger pains as often. Several research studies have shown that when people eat more protein, they consume fewer calories overall.

As you lose weight, protein helps preserve lean body mass, even when calories are restricted. Several studies have demonstrated that when on a restricted calorie diet, individuals who increase their protein intake tend to lose more fat mass and less muscle mass. Muscle tissue is also more effective at burning calories than fat tissue, so you can positively impact your metabolism by maintaining muscle as you lose weight.

Eating protein-rich foods can also help stabilize blood sugars, therefore minimizing blood sugar and insulin spikes. Although protein has little effect on lowering blood sugar, it can help keep your levels balanced by slowing the absorption rate of carbohydrates into the bloodstream. This is beneficial because it can help decrease fat storage.

*Protein continued on page 16*





“ Protein is also known to positively impact hunger and appetite levels, which can promote weight-loss by reducing your calorie intake. ”

*Protein continued from page 15*

## Dressing up Protein in Your Diet

If you're looking for some creative ways to add protein to your diet, consider the following:

- Have you tried quinoa? Quinoa is an edible seed from the flowering plant in the amaranth family. It packs in a full eight grams of protein per one-cup serving. Eat it hot or cold on salads or as a side to replace pasta or rice.
- Consider adding beans to your soups, casseroles and sauces. Try adding cannellini beans to a salad for an interesting flavor twist. Or, add black beans to a favorite crock pot chili recipe. A half-cup serving of beans provides around seven grams of protein.
- Top your food with chopped almonds. Add almonds to oatmeal, salads or Greek yogurt. A one-ounce serving contains roughly seven grams of protein.
- Try scrambled egg whites. Simply switching out egg yolks for more egg whites can increase your protein intake. Three egg whites have roughly 20 grams of protein.
- Enjoy cheese. A one-ounce serving of cheese contains seven grams of protein. Add it to sandwiches, top your favorite soup with it or have some as a snack. In moderation, cheese can be a great way to add both protein and calcium to your diet.
- Consider mixing together a high-protein dressing to use on salads, as a dip or in a spread. Greek yogurt is a great high-protein base in recipes.
- Edamame is a great addition to salads or as a snack all on its own. One cup of edamame has about 13 grams of protein!

## Make Sure You Get Enough Protein

Protein is a key part of any diet. Not only does it support a healthy weight, but it supports a healthy body overall. Make sure you're getting enough of this essential nutrient! Incorporating it into your diet doesn't have to be boring or difficult. You can dress up protein-based foods or find easy ways to add them into a variety of tasty and healthy dishes.

### **About the Author:**

*Angie Miatke, RD, is a registered dietitian, mother of four, avid runner and foodie. She has been practicing for over 18 years, specializing in weight management and bariatrics at John Muir Medical Center in Concord, CA.*



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# Creating Balanced Meals All Winter Long for Your Children

by Catherine Anthony, RD

"I'm starving!"

"When is dinner?"

"Can I have another snack?"

These are just a few of the many things we hear from our kids all year round, but it becomes extra challenging during the winter when we spend more time inside. It's easy to become less active and to choose foods based on comfort and convenience. But before we know it, these winter habits can turn into an unhealthy routine that is hard to break.

So, how can we develop healthy habits during those cold winter months? Let's take a look at some key strategies for staying on track over the winter: structure, balance and involvement.

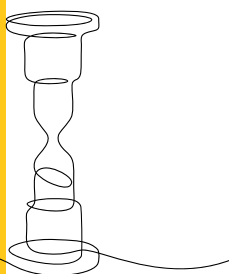




## Structure

During the winter, we often spend more time at home. Kids may find themselves frequently eating or “grazing” throughout the day or skipping meals and eating large portions later on. How can we solve this? One strategy is to have structured meal and snack times to help create a routine for your family. A typical day should involve three meals and one to three snacks based on your child’s age and stage of life. An example schedule could be something like this:

6:00-7:00 am - Breakfast  
9:30-10:30 am - Snack  
12:00-1:00 pm - Lunch  
2:30-3:30 pm - Snack  
6:00-7:00 pm - Dinner



These times may vary by time of year or your family’s schedule. Setting your own schedule ensures an easier answer to “When is dinner?” or “Can I have another snack?” By answering these questions with the time of the next meal or snack that you’ve planned out, you can create a more predictable routine. Posting this schedule on your fridge and making it visible can help remind everyone when meal and snack times are.

## Balance

Are you tired of hearing your child say, “I don’t want that,” or “Can I have ice cream now?” 15 minutes after they didn’t finish their dinner? Meals and snacks that lack balance can lead to a cycle of hunger. Balancing meals and snacks can help provide your child with what they need to thrive and prevent them from being hungry all day long. The goal of balanced eating is to get the right types and amounts of foods from each food group. Aim for a plate that is:

- **½ fruits and/or non-starchy vegetables:**

Examples: bananas, oranges, strawberries, pears, broccoli, green beans, carrots, lettuce, tomatoes, etc.

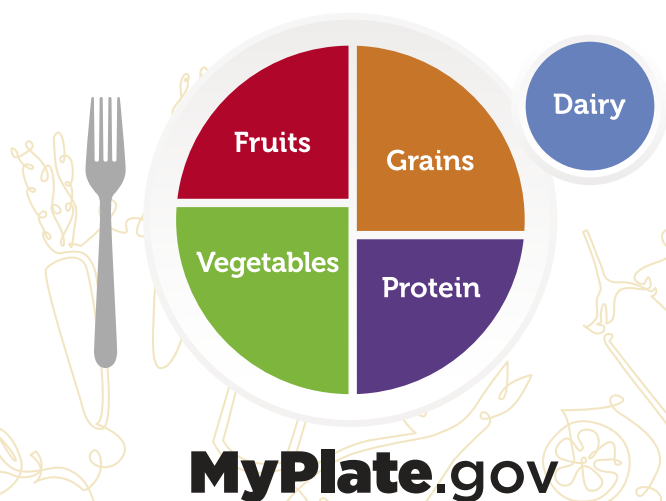
- **¼ protein:**

Examples: meat, fish, eggs, beans, legumes, etc.

- **¼ carbohydrates:**

Examples: bread, pasta, tortillas, crackers, potatoes, corn, etc.

This style of eating is shown in the MyPlate method of eating developed by the United States Department of Agriculture (USDA). More information on MyPlate can be found at [MyPlate.gov](https://www.MyPlate.gov).



“Balancing meals and snacks can help provide your child with what they need to thrive and prevent them from being hungry all day long.”

*Balanced Meals continued on page 20*

# Meal Ideas & Recipes:

*\*The portion and frequency will depend on the age of your child.*

## Balanced Breakfast Ideas:

- Plain or low-sugar oatmeal + fruit + peanut butter + a glass of milk
- Toast (whole wheat or whole grain) + an egg + fruit + low-sugar yogurt
- For on-the-go: dry low-sugar cereal (look for single digits of added sugar) + boiled egg + string cheese + fruit



## Balanced Lunch Ideas:

- Turkey and cheese sandwich on whole wheat bread + banana + cucumber slices
- Peanut butter + banana sandwich on whole wheat bread + low-sugar yogurt + celery
- Lean lunch meat of choice + cheese cubes + wheat crackers + carrots + grapes



## Balanced Snack Ideas:

- Fruit + nut butter
- ½ peanut butter sandwich
- String cheese + light popcorn
- Cheese + wheat crackers
- Cottage cheese + fruit
- Low-sugar yogurt + fruit
- ½ of a lean lunchmeat and cheese sandwich





## Balanced Dinner Idea:



# Double Vegetable Fried Rice

Adapted from *ChopChopFamily.org*

### Ingredients:

- 1 Tbsp. toasted sesame oil (or vegetable oil)
- 3 scallions, chopped, whites and greens kept separate
- 2 celery ribs, including the leaves, chopped
- 3 cups assorted sliced or diced vegetables, such as bell peppers, zucchini, cabbage, broccoli and mushrooms
- 3 cups cooked brown rice
- 1 tsp. vegetable oil
- 2 large eggs, beaten
- 4 cups baby kale or spinach
- ½ cup frozen peas
- 2 tsps. low-sodium soy sauce
- 1 Tbsp. toasted sesame seeds (optional)
- ¼ tsp. crushed red pepper (optional)

### Directions:

1. Heat a large skillet on medium-high.
2. When the skillet is hot (if you flick water on it, the water should dance and evaporate), add the sesame oil, scallion whites, celery and assorted vegetables and cook, stirring once, until they start to brown, 3–5 minutes.
3. Add the rice and stir until everything is well-mixed and heated through. Lower the heat to medium-low.
4. Push the rice to one side of the skillet and add the vegetable oil. When the oil is hot, add the eggs and cook until set, about 1 minute, scrambling as you go. Mix the eggs into the rice.
5. Add the scallion greens, kale or spinach, frozen peas, 2 Tbsp. soy sauce, vinegar, sesame seeds, and optional crushed red pepper. Mix well.
6. Cook until the kale or spinach is wilted, about 2 minutes. Taste the fried rice. Does it need another tiny splash of soy sauce? If so, add some and taste it again until you've achieved your desired flavor. Serve right away.

## Picking Snacks

When choosing snacks, aim to include at least two food groups. Choose foods with both fiber and protein to help your family feel fuller for longer.

### • Fiber:

Examples: whole grains, fruit, vegetables, beans, legumes, popcorn, etc.

### • Protein:

Examples: cheese, yogurt, nuts, nut butter, milk, meat, cottage cheese, fish, eggs, etc.

\*You will find balanced breakfast, lunch, dinner and snack ideas in this article.

## Involvement

Research shows that involving kids in the planning, preparation and cooking process can encourage them to try new and healthy foods. The level of involvement will depend on the age and stage of your child, but nonetheless, involving them is a great way to engage their curiosity and develop healthy eating habits they will carry into the future. Visit [EatRight.org/food/home-food-safety/safe-cooking-and-prep/teaching-kids-to-cook](https://www.eatright.org/food/home-food-safety/safe-cooking-and-prep/teaching-kids-to-cook) for specific ways to get your children involved in the kitchen depending on their current stage of life.

## Conclusion

Winter can pose a challenge to healthy eating, but it doesn't have to! Consider this the perfect time to develop new habits with your family that will encourage wellness all year long. Strive for structure, balance and involvement as you look for ways to keep your family healthy and engaged this winter.

### About the Author:

*Catherine Anthony, RD, is a registered dietitian from Cincinnati, Ohio. She works in a family-based pediatric weight management clinic and is passionate about providing education on how to make healthy eating more fun and practical for families.*

# Conquering Emotional Eating

*by Jenna Nocera, MA, MFT, CLSC, CPFT*

Have you ever swallowed the last morsel of food, taken a deep breath, and realized you weren't physically hungry when you started eating? If you're honest, you answered affirmatively. Afterward, you likely felt exponentially worse about whatever was truly bothering you in the first place. In addition, guilt about emotionally eating might have begun to surface, causing you to become more upset.

If the above scenario sounds familiar, you are in good company. There is a "new normal" in America that is often overlooked. Study after study has found that the majority of Americans have either overweight or obesity, putting them at increased risk for certain diseases and premature death. Since overeating is often caused by emotional eating, let's take a look at this behavior.





## What is Emotional Eating?

Emotional eating refers to eating as a way to cope with emotions rather than eating in response to true physical hunger. These emotions may include (but are not limited to) anger, boredom, loneliness, frustration and even happiness.

Emotional eating can also be a sign of an eating disorder, such as anorexia, binge eating disorder or bulimia – but not necessarily. Anyone can be an emotional eater from time to time as it impacts countless people. American culture centers around processed and addictive foods. We eat to celebrate, socialize and soothe. Problems arise when food becomes a primary way to cope with feelings. Unless we develop a new mindset and make healthier food choices, we may habitually and mindlessly resort to food in response to our emotions.

## What Can Cause Emotional Eating?

Numerous psychological and emotional issues can impact an individual's relationship with food. For instance, low self-esteem, loose boundaries and a poor sense of self are often found in those who struggle to maintain a healthy weight. Such individuals tend to people-please while ignoring their own needs and feelings. As a result, they often hide or ignore their feelings with food.

Ironically, with weight gain often comes increasing feelings of rejection and isolation, which can result in eating more food. This roller coaster pattern of using food to manage emotions is usually an unconscious habit that needs to be replaced.

In a culture that idolizes thin celebrities and announces the latest diet on an almost daily basis, it can be confusing and challenging to overcome individual weight issues. Comparing ourselves to “perfect” media images tends to trigger negative emotions and questions about self-worth. To curb emotional eating, you must cultivate self-love and respect. Appreciate your body and all it does for you, regardless of your current size. Resist the urge to compare yourself to others. Set your own fitness and health goals and compete with yourself.

## How Can I Conquer Emotional Eating?

The first step toward conquering emotional eating is to develop an awareness of your eating patterns and why you are eating. Learn to identify your emotions and develop go-to coping strategies that do not involve food, such as:

- Don't use food as a reward
- Incorporate exercise into your routine
- Enjoy nature
- Immerse yourself in new hobbies
- Practice mindfulness while eating (eliminate distractions, slow down and focus on your meal)
- Eat balanced whole foods to reduce cravings
- Develop a strong social network and support system

*Emotional Eating continued on page 27*



“Problems arise when food becomes a primary way to cope with feelings.”



# When it comes to **LOSING WEIGHT AND KEEPING IT OFF**

**"We've always had the WILL.  
Now we have another WAY."**



Actor Portrayals.

## What is Saxenda®?

Saxenda® (liraglutide) injection 3 mg is an injectable prescription medicine used for adults with excess weight (BMI  $\geq 27$ ) who also have weight-related medical problems or obesity (BMI  $\geq 30$ ), and children aged 12-17 years with a body weight above 132 pounds (60 kg) and obesity to help them lose weight and keep the weight off. Saxenda® should be used with a reduced calorie diet and increased physical activity.

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

## Important Safety Information

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

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

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

**Possible thyroid tumors, including cancer.** Tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.

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

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

## Who should not use Saxenda®?

### Do not use Saxenda® if:

- you or any of your family have ever had MTC or if you have MEN 2
- you have had a serious allergic reaction to liraglutide or any of the ingredients in Saxenda®. See symptoms of serious allergic reactions in "What are the possible side effects of Saxenda®?"
- you are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby

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

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

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



BMI=Body Mass Index





# 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](http://SaxendaCoverage.com)

**Saxenda®**  
liraglutide injection **3mg**

## Important Safety Information (cont'd)

### How should I use Saxenda®?

- Read the **Instructions for Use** that comes with Saxenda®
- Inject your dose of Saxenda® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your health care provider. **Do not inject into a vein or muscle**
- Change (rotate) your injection site within the area you choose with each injection to reduce your risk of getting lumps under the skin (cutaneous amyloidosis). **Do not** use the same site for each injection

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

#### Saxenda® may cause serious side effects, including:

- **inflammation of the pancreas (pancreatitis).** Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your stomach area (abdomen) to your back
- **gallbladder problems.** Saxenda® may cause gallbladder problems, including gallstones. Some gallbladder problems need surgery. Call your health care provider if you have any of the following symptoms: pain in your upper stomach (abdomen), fever, yellowing of your skin or eyes (jaundice), or clay-colored stools
- **increased risk of low blood sugar (hypoglycemia) in adults with type 2 diabetes who also take medicines to treat type 2 diabetes such as sulfonylureas or insulin**
- **risk of low blood sugar (hypoglycemia) in children who are 12 years of age and older without type 2 diabetes**
- Signs and symptoms of low blood sugar may include: shakiness, sweating, headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heartbeat, and feeling jittery. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®
- **increased heart rate.** Saxenda® can increase your heart rate while you are at rest. Your health care provider should check your heart rate while you take Saxenda®. Tell your health care professional if you feel your heart racing or pounding in your chest and it lasts for several minutes

- **kidney problems (kidney failure).** Saxenda® may cause nausea, vomiting, or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure, which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. Call your health care provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth
- **serious allergic reactions.** Stop using Saxenda® and get medical help right away if you have any symptoms of a serious allergic reaction including swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, or severe rash or itching
- **depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your health care provider right away if you have any mental changes that are new, worse, or worry you

**The most common side effects of Saxenda® in adults include** nausea, diarrhea, constipation, vomiting, injection site reaction, low blood sugar (hypoglycemia), headache, tiredness (fatigue), dizziness, stomach pain, and change in enzyme (lipase) levels in your blood. Additional common side effects in children are fever and gastroenteritis.

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

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

## 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](http://www.novo-pi.com/saxenda.pdf) to obtain the FDA-approved product labeling
- Call 1-844-363-4448

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

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

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

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

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

## What is SAXENDA®?

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

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

### Who should not use SAXENDA®?

**Do not use SAXENDA® if:**

- you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC) or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN2).
- you have had a serious allergic reaction to liraglutide or any of the ingredients in SAXENDA®. Symptoms of a serious allergic reaction include:
  - swelling of your face, lips, tongue, or throat
  - problems breathing or swallowing
  - severe rash or itching
  - fainting or feeling dizzy
  - very rapid heartbeat
  - are pregnant or plan to become pregnant. SAXENDA® may harm your unborn baby.

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

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

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

SAXENDA® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. SAXENDA® may affect the way some medicines work and some other medicines may affect the way SAXENDA® works.

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

## How should I use SAXENDA®?

- Inject your dose of SAXENDA® under the skin (subcutaneously) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider.

**Do not inject into a vein or muscle.**

- Change (rotate) your injection site within the area you choose with each injection to reduce your risk of getting lumps under the skin (cutaneous amyloidosis). **Do not** use the same site for each injection.
- If you take too much SAXENDA®, call your healthcare provider right away. Taking too much SAXENDA® may cause severe nausea, severe vomiting, and low blood sugar (hypoglycemia).

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

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

- See “What is the most important information I should know about SAXENDA®?”

- **inflammation of the pancreas (pancreatitis).** Stop using SAXENDA® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your stomach area (abdomen) to your back.
- **gallbladder problems.** SAXENDA® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms:
  - pain in your upper stomach (abdomen)
  - yellowing of your skin or eyes (jaundice)
  - fever
  - clay-colored stools
- **increased risk of low blood sugar (hypoglycemia) in adults with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus such as sulfonylureas or insulin.**
- **risk of low blood sugar (hypoglycemia) in children who are 12 years of age and older without type 2 diabetes mellitus**
- Signs and symptoms of low blood sugar may include:
  - shakiness
  - weakness
  - hunger
  - sweating
  - dizziness
  - fast heartbeat
  - headache
  - confusion
  - feeling jittery
  - drowsiness
  - irritability

Talk to your healthcare provider about how to recognize and treat low blood sugar. You should check your blood sugar before you start taking SAXENDA® and while you 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.
- **kidney problems (kidney failure).** SAXENDA® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.  
Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.
- **serious allergic reactions.** Stop using SAXENDA®, and get medical help right away if you have any symptoms of a serious allergic reaction including:
  - swelling of your face, lips, tongue, or throat
  - problems breathing or swallowing
  - fainting or feeling dizzy
  - severe rash or itching
  - very rapid heartbeat
- **depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

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

- nausea
- change in enzyme (lipase) levels in your blood
- diarrhea
- constipation
- vomiting
- injection site reaction
- low blood sugar (hypoglycemia)
- headache
- upset stomach (dyspepsia)
- tiredness (fatigue)
- dizziness
- stomach pain

Additional common side effects in children are fever and gastroenteritis.

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

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

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

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

**More detailed information is available upon request.**

Available by prescription only.

For information about SAXENDA® go to [www.SAXENDA.com](http://www.SAXENDA.com) or contact:

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Revised: 06/2022





It's important to stick to a daily schedule for balanced meals and snacks. This will help you learn to separate physical hunger from emotional hunger. Physical hunger develops gradually based on the time of your last meal or snack. You should be able to sense when you are full and are ready to stop eating. By contrast, emotional eating generally comes on suddenly, and you tend to keep eating without feeling satisfied. If you stop to think about it, you may be able to identify that you were triggered to eat by a need to self-soothe. As you break the habit of emotional eating, you'll improve your relationship with food and reduce feelings of guilt, shame and regret.

### Work with a Professional if Necessary

Emotional eating often stems from a lifetime of conditioning and culture. Food activates certain “feel good” areas of the brain, making it a desirable and legal drug of choice for many of us. Since we all need to eat in order to survive, overcoming emotional eating can be easier said than done. It will likely take time. Consider working with a professional, such as a health coach or therapist, to learn new lifestyle habits, develop healthier coping mechanisms, get feedback and find accountability.

Bottling your feelings up and managing them with food is not healthy. Having additional support and structure is vital to changing your relationship with food. A professional can assist you while you confront the difficult emotions involved in your love-hate relationship with food. Journaling is another excellent way to get in touch with your emotions. Cultivate new ways of being that allow you to take care of all the parts of you, including challenging emotions. Acknowledging your emotions and putting food in its proper place in your life paves the way for becoming your best possible self!

#### About the Author:

*Jenna Nocera, MA, MFT, CLSC, CPFT, is a life and wellness coach, psychotherapist and personal fitness trainer with advanced degrees in Behavioral Science, Psychology, and Marriage and Family Therapy. She works with clients to redesign their lifestyle habits. To learn more about Coach Jenna's services, visit [FormulaForExcellence.com](http://FormulaForExcellence.com).*

	Breakfast	Lunch	Dinner
Day 1			
Day 2			
Day 3			
Day 4			

“Appreciate your body and all it does for you, regardless of your current size.”



# Building Family Goals for Your Children

*by Michelle "Shelly" Vicari*

The start of a new year is the perfect time to focus on making goals together as a family. Whether you call them resolutions or goals, they are an opportunity to think about what your family can do together to prioritize health in a fun and achievable way.

## Developing Your Family Goals

Take some time to discuss with your children why it's good to have goals and how they will help your family be healthy in body and mind. As a family, brainstorm the health goals you would like to achieve this year. The more you can involve your children in helping set these goals, the more likely it is they'll be on board with working to achieve them.

Make sure your family's goals are specific, measurable and trackable. Pair each goal with specific actions you can take to achieve them. Keep track of and celebrate your family's goal progress. For example, if your family goal is to get more active, perhaps you can plan to find a 5K charity walk you can all participate in every month. Register for the event and place it on your family calendar. Take a family photo at each of the finish lines so next year, you can look back at all those fun memories and feel the satisfaction of a goal accomplished.





Let's look at some of the most common goals and fun, family-friendly ways to make them happen:

## **GOAL:** Spend More Time Together

Start a weekly ritual. For instance, once a week, have a family movie or game night. Turn on some tunes and have a Saturday night dance party. Eat Sunday dinner together. Make it device-free and simply talk to each other. (Use our conversation starters on page 30.)



## **GOAL:** Less Screen Time

This is a goal that children and teens often fight parents on. How about making screen time something you do together as a family? Try a TikTok dance challenge, create a YouTube cooking show or make an Instagram account for your family pet.



## **GOAL:** Eat Healthier

Sit down as a family and plan the menu for the week ahead of time. Not only will you hear the dreaded "What's for dinner?" question much less, but you will ensure an overall healthier and more balanced week of meals.

Maybe a family goal could be to eat more vegetables. Pick out a vegetable of the week and choose a recipe to try that highlights it. Research suggests that cooking together increases the likelihood of children eating and enjoying new foods.



## **GOAL:** Volunteer as a Family

Make a list of various ways you want to help others this year and figure out how to make them happen. Schedule something each month. From participating in a charity walk or collecting used blankets and towels for your local animal shelter to raking an elderly neighbor's leaves, there are endless possibilities.



## **GOAL:** Get More Active

Get some fun exercise together. Take an after-dinner walk, fly a kite on a windy day or build a snow person. Create a family step challenge! You can use a smartwatch or an inexpensive, less-than-five-dollars step counter to chart each family member's number of steps per day. The person with the most steps at the end of the week can pick the movie everyone will watch on family movie night. These ideas are also opportunities to spend more time outdoors, which is a great mood booster.



## **GOAL:** Drink More Water

There is a debate as to how many glasses a day we should drink, but most of us aren't drinking enough regardless. Create a chart for each family member to fill in at the end of the day. Plan a prize for the best water drinker each month – like a cool new water bottle! To track water intake and keep everyone motivated, you can download a fun app like Plant Nanny, which helps encourage sipping to keep a plant alive and healthy (think 90's Tamagotchis).



*Kid's Corner continued on page 30*

## Final Thoughts

Many people set a weight-loss goal for the New Year. While weight-loss might be an area you want to work on to improve your health, make sure you work with your healthcare provider (find one at **ObesityCareProviders.com**) and be mindful of what you are role-modeling. Avoid negative comments about your body, food and eating, which can be harmful. Be a positive role model by making the healthiest choices you can each day, which will help create a healthy environment for the whole family.

I hope these ideas inspired you to make some family goals so that 2023 will be your family's healthiest and happiest yet.

“Be a positive role model by making the healthiest choices you can each day, which will help create a healthy environment for the whole family.”



### Family Dinner Conversation Starters:

- If you could plan the perfect day, what would you do from the time you woke up until bedtime?
- What is your favorite thing that we've done together as a family?
- What is something that makes you feel happy?
- When was a time you felt very proud of yourself?
- What do you think the best part about being a kid is? (For the adults: What was the best part?)
- What's the best part about being in this family?
- If you had a million dollars, what would you do?
- What was the highlight of your day?
- What was the worst or hardest part of your day?
- What was the funniest thing that happened this week?
- How were you helpful today?
- What is your favorite memory from this year?

#### **About the Author:**

*Michelle “Shelly” Vicari, Immediate Past OAC Chair, majored in Child Development and Family Studies as well as Political Science at San Diego State University. She is the former Curriculum Director of the largest National Association for the Education of Young Children (NAEYC) accredited Child Care Centers in Southern California. She has authored many curriculum guides for teachers working with young children and was lucky enough to once meet Mr. Fred Rogers!*



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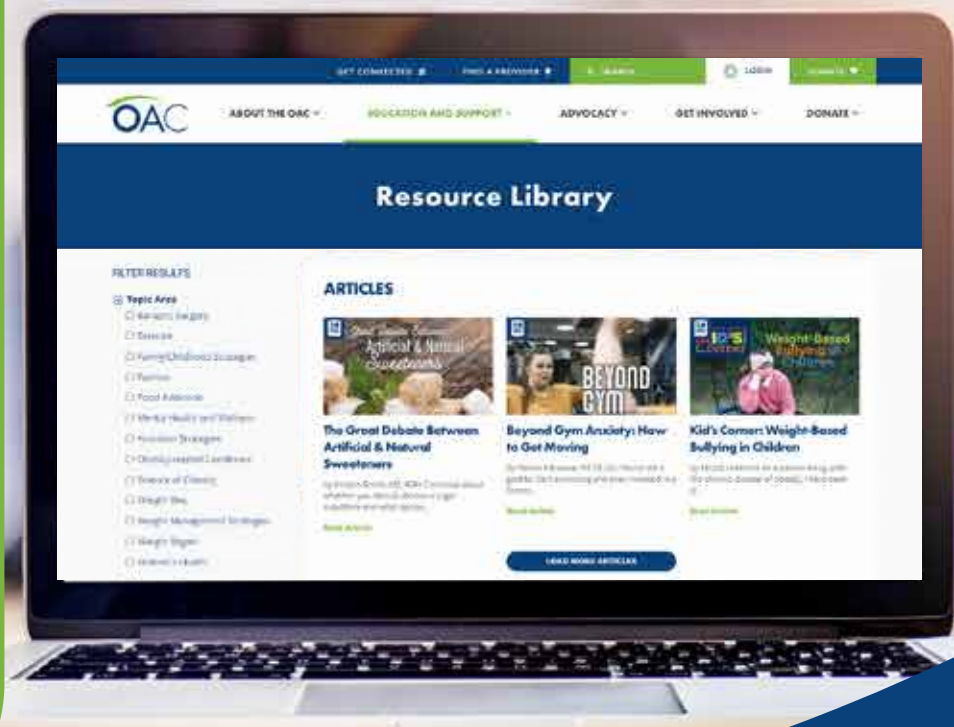
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# Dear Doctor +

## How Can We Help the Obesity Epidemic?



*by Sunil Daniel, MD, FTOS, FOMA*

In 2013, the American Medical Association (AMA) recognized obesity as a chronic disease. This means overweight and obesity are officially considered medical diagnoses and should therefore be treated as such by the medical community.

To diagnose overweight and obesity in adults, healthcare providers often measure body mass index (BMI) and classify individuals using the following equation:

Overweight:  
BMI = 25.0 – 29.9  
Obesity: BMI > 30

## The Importance of Treating Obesity

The current state of obesity in the United States is alarming. Trust for America's Health reported that the adult obesity rate passed 40% nationally for the first time in 2020. This is a 26% jump from 2007–2008. Despite the continuing rise in obesity and its related medical conditions such as diabetes, heart disease, cancer and others, the U.S. has failed to create a coordinated and comprehensive response to the obesity epidemic. The higher rates of hospitalization and deaths for COVID-19 patients with underlying conditions, including obesity and related chronic diseases, emphasize the importance of treating obesity.

## Origins of BMI

In 1985, the National Institutes of Health (NIH) adapted BMI as the standard for evaluating overweight and obesity. A major shortcoming of BMI as a measure of adiposity (excess body fat) is that it fails to distinguish between lean mass (body weight minus body fat) and fat mass. However, despite its limitations, BMI is still the most commonly used tool to measure obesity in patients. It is also the key determinant of treatment indications in current guidelines.



## The New Model for Prevention and Treatment of Obesity: ABCD

Obesity is a complex disease that involves more than just an increase in body mass. The conventional diagnosis of obesity, based on BMI, is an indirect measure of body mass and provides no information about the effects of excess weight on health.

New models and guidelines proposed by societies such as the American Association of Clinical Endocrinology (AACE) use a complication-centric approach to manage obesity. According to a new article in the scientific community about treating obesity, obesity is now also referred to as Adiposity Based Chronic Disease (ABCD).

There are two ways to measure Adiposity Based Chronic Disease (ABCD):

- Screening and diagnosing ABCD using physical measurements such as height and weight
- Screening for the presence and severity of health complications such as diabetes, heart disease, liver disease, sleep apnea, etc.

Many people suggest that ABCD is a more precise clinical model for treating obesity. This way of thinking highlights the fact that the goal of obesity treatment shouldn't just be weight-loss, but also the prevention and treatment of medical complications to improve overall health and quality of life.

## Common Health Effects of Overweight and Obesity

According to the Centers for Disease Control (CDC)

- Type 2 diabetes
- Sleep apnea
- High blood pressure
- High LDL (bad) cholesterol
- Low HDL (good) cholesterol
- Stroke
- Coronary heart disease
- Different types of cancer
- Osteoarthritis
- Gallbladder disease

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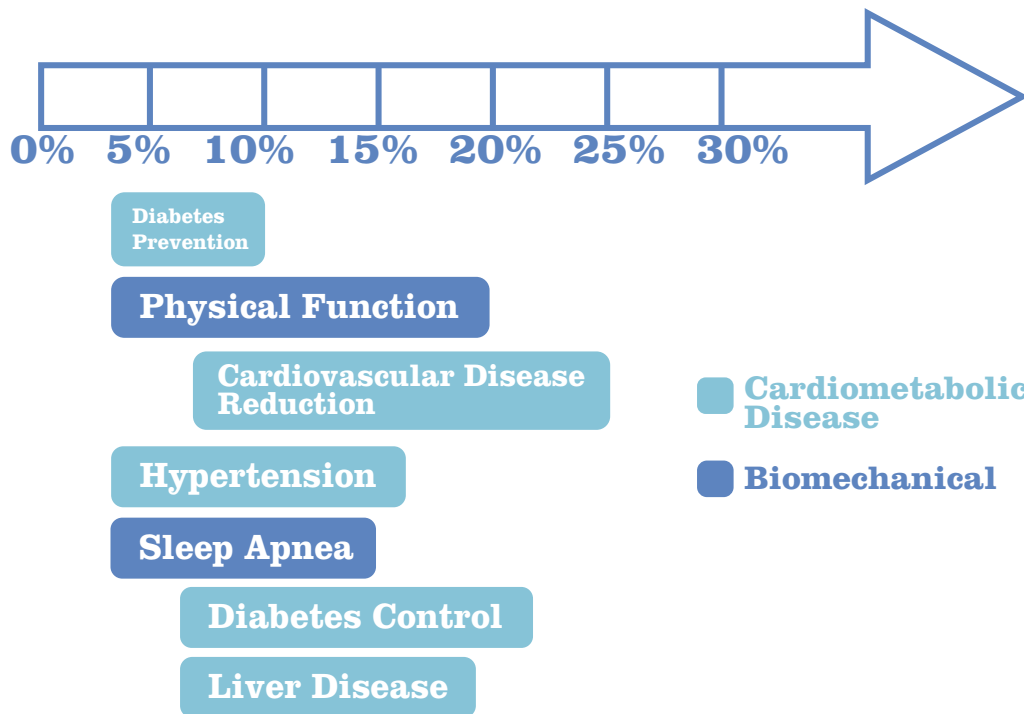
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List as of 12/16/2022

The below image can show the percentage of weight-loss needed for effective improvement of cardiometabolic and biomechanical complications of obesity.



## Why and How to Treat an Elevated BMI:

### Primary Prevention:

**Goal:** To intervene before health is worsened. Getting a vaccination and developing healthy habits, such as balanced eating and regular exercise, are examples of primary prevention.

### Primary prevention for ABCD includes:

- Public health messaging
- Changes in our built environments (such as sidewalks and parks)
- Promoting healthy lifestyles
- Providing access to preventive health care
- Providing access to maternal-fetal health

Those at increased risk of ABCD because of genetics (such as having a strong family history of obesity) may require a more targeted and personalized approach for lifestyle habits that support a healthy weight.

### Secondary Prevention:

**Goal:** To screen and identify diseases in their earliest stages before the onset of signs and symptoms. Screening tools include measuring BMI, measuring blood pressure, and getting bloodwork done.

With the development of overweight and obesity, secondary prevention efforts must prevent further weight gain and screen for/monitor health complications such as high blood pressure, high blood sugar, acid reflux, sleep apnea and others. The presence of prediabetes, metabolic syndrome, high cholesterol, pre-hypertension and/or fatty liver indicates the presence of insulin resistance and cardiometabolic disease. Individuals with these conditions are at increased risk of one or all of the end-stage complications of cardiometabolic diseases, such as:

- Congestive heart failure
- Stroke
- Hypertension
- Type 2 diabetes
- NASH
- Chronic kidney disease

A weight-loss of just 7-10% is often enough to prevent these complications.



## Tertiary Prevention:

**Goal:** To reduce the effects of ABCD once established.

Once complications from ABCD occur and advance, more aggressive weight-loss is required to manage them. In patients with type 2 diabetes, the more weight-loss they achieve, the better. Losing just 5-15% of your total body weight can improve blood sugar, blood pressure and cholesterol levels. For obstructive sleep apnea, a weight-loss of at least 10% is generally needed to see noticeable improvements. A weight-loss of 5-10% is needed to improve nonalcoholic fatty liver disease. Overall, losing 10-20% of your total body weight is required to improve weight-related medical complications in patients with ABCD.

“Treating each patient with respect, offering attention and support, and developing individualized treatment approaches are all important to making progress and improving health.”

## Title: ABCD Three-Tier Prevention Process

### Primary Prevention

- ✓ Public health messaging
- ✓ Physical activity/healthy eating
- ✓ Built environment
- ✓ Social determinants of health
- ✓ Stress reduction, sleep quality
- ✓ Healthy pregnancy

### Secondary Prevention

- ✓ 10% or more total weight-loss
- ✓ Physical activity and healthy eating (including prescription meal plans, i.e., Mediterranean diet)
- ✓ Lowering LDL (bad) cholesterol
- ✓ Treatment of blood sugar issues, high blood pressure, sleep apnea, etc., as appropriate after weight-loss

### Tertiary Prevention

- ✓ 10-20% or more total weight-loss
- ✓ Actively managing or preventing all end-stage complications
- ✓ Cardio-protective and renal-protective medications
- ✓ Continuous lifestyle therapy

## Working with Your Doctor

ABCD is not currently curable and requires lifelong treatment and follow-up care. Lifestyle interventions and obesity medications can be extremely helpful. However, results generally aren't permanent because of our complex biology.

Bariatric surgery procedures can help counter our complex biology. However, few patients attain their ideal body weight, many regain weight, and all require long-term follow-up care to manage their obesity. Therefore, clinicians and patients should be committed to the long-term treatment of ABCD with the goal of achieving sufficient weight-loss to optimize health by preventing and treating its complications.

Also, clinicians and patients must understand that weight-loss is not the only important factor in the obesity epidemic. Many patients experience weight stigma, shame, guilt and hopelessness.

Attempts to lose weight are frustrating at times, both for patients and clinicians. Treating each patient with respect, offering attention and support, and developing individualized treatment approaches are all important to making progress and improving health.

### About the Author:

*Sunil Daniel, MD, FTOS, FOMA, is a board-certified obesity medicine physician with fellowship training in clinical nutrition and obesity management. He is a fellow of The Obesity Society (TOS) and Obesity Medicine Association (OMA) and has authored several scientific papers on obesity and its medical management. He is also an Obesity Action Coalition (OAC) National Board Member and serves on the Education Committee.*

# PILATES:

## What Is It and What Are the Benefits?

*by Shenese Colwell, GEI, FNS*

Fitness trends come and go. Some resurface with a surge in popularity under the guise of reinvention. Fitness enthusiasts and hopeful newbies flock to the newest fitness format that promises everything your body needs. The interest peaks and then declines at the onset of the next trend in health and fitness. Thankfully, some formats stand the test of time while experiencing the ebbs and flows of popularity. Pilates is undoubtedly one of those fitness formats. It has been widely practiced by men and women for more than 100 years.



“The goal of Pilates is to improve posture, flexibility and strength to help prevent injuries and balance the muscles.”



## WHAT IS PILATES?

Created by and named after Joseph Pilates in 1920, Pilates was instrumental in the rehabilitation and corrective exercise movement. Joseph suffered illnesses in his youth that led him to try exercise and various forms of physical activity to help treat and manage his health conditions. As his health improved, he attributed it to his active lifestyle. He began sharing the benefits of movements he believed were essential to rehabbing ailments many people experienced. Joseph thought that for many of us, our lifestyles were the root cause of our illnesses, aches and pains. Joseph set out to explore, prove and correct the imbalances in his clients' bodies that he believed resulted from limited movement, incorrect posture and overused/underused muscles. He said these were the underlying causes of various ailments and a hindrance to what he thought of as total mind-body wellness.

Pilates (initially Contrology) is often confused with being a form of yoga. While there may be similar elements, Pilates is more about control and stability. The essence of this low-impact exercise focuses on the core muscles: lower back, pelvis, abdomen and hips. The goal of Pilates is to improve posture, flexibility and strength to help prevent injuries and balance the muscles. The attention of Pilates centers on the correct alignment of the pelvis, shoulder girdle, spine, head and neck as much as possible to create stability and strength in the body. It is also often mistaken as a stretch-centered workout, which gives the impression of “easy.”

On the contrary, the continuous practice of challenging and stabilizing the core while incorporating efficient breathing patterns is present during the exercise sequences in Pilates. You can make exercise sequences more challenging or easier by using various apparatuses and props. The modifications are endless! This flexibility in level of difficulty makes Pilates workouts adaptable to just about every body type and a wide range of pathologies — including, but not limited to:

- Scoliosis
- Pregnant clients
- Shoulder injuries
- Herniated discs
- Osteoporosis



*Pilates continued on page 38*

“As I always say, find a movement that works for you. Mix it up, but ultimately... just move! ”

## WHAT FITNESS LEVEL IS PILATES?

Pilates is a fitness format for everyone. The movements in Pilates are highly effective and efficient for beginners and people with joint issues. It is also ideal for those with physical limitations that often make other workout formats more difficult. At the same time, it is also excellent for building and maintaining control and strength for those who are already physically active. You can create a Pilates workout that will help you progress from a novice to a pro with consistency, various props and apparatuses, and dedication.

People with specific injuries and specialized populations often gravitate to Pilates under a referral from their doctors or, most times, in combination with other therapies. Using a wide variety of apparatuses allows Pilates to be highly adaptable and adjustable to a vast range of bodies at all fitness levels. In addition to the groups mentioned, Pilates has remained a mainstream fitness format that attracts athletes, dancers, performers and a wide range of movement enthusiasts.

## WHAT ARE THE BENEFITS OF PILATES?

Pilates classes challenge every muscle group in the body, providing a total body workout with every session. The attention on engaging the core and aligning the spine while practicing efficient breathing patterns is instrumental in helping clients learn how to stabilize their bodies while performing the movements. This helps build core strength that improves so much of what we do daily and, ultimately, how we move overall.

Building your core muscles helps improve your posture, balance and movement. Consistent practice will allow you to see the same benefits you would gain from strength training and toning exercises. Increased range of motion, better posture, a stronger back and greater flexibility are just a few of the widely noted benefits of Pilates. Moreover, regular Pilates practice can provide increased endurance and greater focus.

## WHAT EQUIPMENT DO I NEED FOR A PILATES CLASS?

Pilates practice is generally done using equipment in a studio, but it can be done without equipment as well. It is highly recommended that a beginner starts with mat practice. Mat Pilates relies more heavily on your body's ability to stabilize and engage to perform each exercise in the repertoire. This is the foundational principle in Pilates practice. Fun fact: there are 34 exercises in the Mat repertoire! However, the widespread consensus is the element of fun and perceived authenticity of the exercise using specialized equipment — namely, the reformer.

The reformer is one of the most famous pieces of Pilates equipment. It is best described as a bed-like frame with an adjustable foot bar, moving platform (carriage), straps attached to ropes to accommodate the feet and hands, and an assortment of springs to adjust the resistance based on the user's fitness level, strength, and ability to stabilize during the movement. The reformer takes the workout to another level and provides unlimited options for training as you progress in your practice. It is undoubtedly my favorite piece of equipment.

Another popular but intimidating Pilates apparatus is the Cadillac or Trapeze Table. One look at a Cadillac, and it is easy to see why most people are a bit overwhelmed. Not only does it take up a significant amount of space, but the ropes, bars, springs and loops hanging off could confuse a novice. It resembles a large canopy bed with a cushioned mat. The Cadillac is excellent at adding the challenge of gravity to your practice. As with the mat and reformer, many exercises can be done and elevated to another level on the Cadillac. The amount of space and a higher experience level often limit this equipment to primary use in private studio sessions.







Other popular items used in Pilates include:

- **The Chair:** A cushioned backless “chair” with springs and a pedal that allows for varying resistance for various upper-body and lower-body exercises. Some chairs have handles for added challenges and safety.
- **The Barrels:** Various-sized barrels (rounded/domed pieces) allow for modifications (regressions or progressions) and spine support in exercises. These include the baby barrel (smallest of the barrels), ladder barrel (largest of the barrels), and the Spine Corrector.

Pilates studios are widespread and abundant in many states. The practice’s popularity continues to grow, and the ease of access to physical and virtual content and classes is trending to bring Pilates to the mainstream. The resurgence over the last few years has hardcore enthusiasts investing in equipment for home use. Undoubtedly, the benefits are worth the cost of the pricey pieces. A reformer or a Cadillac can cost as much as \$8,000-\$10,000. Considering the price of Pilates classes (which cost a bit more than other fitness classes), purchasing equipment for home use makes sense for those dedicated to the practice. However, classes at clubs, gyms and studios with equipment are a great option to experience the benefits, receive guided instruction and build community.

## CONCLUSION

With a long history of success and quantifiable benefits, it’s a great time to check out the Pilates practice and experience. As with any exercise, there are risks of injury. It is essential and recommended to get clearance from your doctor and to try classes with a certified professional to ensure proper movement and necessary assessments for your body and programming.

The popularity with many different populations is quite a testament to the benefits. Results are not immediately noticeable, but they will come over time. Improvements to your posture as your core strength improves, focus and stability, and the benefits of better movement are all results of regular Pilates practice. If you prefer cardio-based workouts, I challenge you to add a Pilates class to your routine. As I always say, find a movement that works for you. Mix it up, but ultimately... just move!

### About the Author:

*Shenese Colwell, GEI, FNS, is a gastric bypass surgery patient and the Owner/Founder of L.A.B. Work & Fitness (Life After Bariatrics). Having maintained a weight-loss of over 100 lbs. over the last 10 years, she is passionate about helping clients reach their fitness goals and adopt lifestyles of frequent, effective movement to enhance mental and physical health. Fueled by her continuous pursuit of knowledge and support in nutrition, fitness and motivation, Shenese has fallen in love with barre and Pilates and the essence of what they do for aging bodies and ALL bodies. She is a certified fitness instructor, health coach and fitness nutrition specialist. She teaches barre and Pilates classes, mentors others, and advocates for aging wellness/active aging and ending obesity bias.*

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# Signs, Symptoms and Forms of Postoperative

# ADDICTION

*by Kelly Broadwater, LPA, LCMHC, CEDS-S*

Postoperative addiction has also been called addiction transfer or cross-addiction in the popular press, assuming that individuals “trade” compulsive eating (which becomes restricted after weight-loss surgery) for other compulsive behaviors. However, this fails to fully account for all post-op addiction cases and is seen as an overly simplified way to explain how addictive processes occur after surgery. It is important to note that addictions can develop in patients who did not have any problems before surgery. It is also not uncommon for someone to relapse with prior addictions.





# Signs and Symptoms

Addictions that may develop or relapse postoperatively include alcohol, other drugs, and “process” or behavioral addictions such as compulsive spending, sex, gambling, skin picking and overexercise. It is also common to see a relapse of binge eating disorder, with a subset of patients being classified as “food addicts” on the Yale Food Addiction Scale.

The following are some signs and symptoms of addictive behavior:

- A need for more and more of the behavior/substance to achieve the desired effect
- Using the substance or engaging in the behavior for longer than intended, or in higher amounts than desired
- A strong desire to cut back on the behavior/substance, or unsuccessful efforts in changing the drinking/using behavior
- Any social, professional, personal, financial or legal problems related to the addictive behavior
- Other people have commented or complained about the behavior, or others have suggested that the person cut back.
- The person affected is sneaking around, or lying, to cover up the behavior and the consequences of it.
- The person affected is spending more and more time/money to get the substance or engage in the behavior.
- Feelings of guilt or shame about the behavior
- Defensiveness or denial when others confront the person about their behavior
- The behavior or the substance becomes one of the main things the person looks forward to.

There are a variety of free assessments online to screen for various addictions:

- [Screening.MHANational.org/screening-tools/addiction/](https://www.screening.mhanational.org/screening-tools/addiction/)
- [CentraHealth.com/sites/default/files/yale-food-addiction-scale.pdf](https://centrahealth.com/sites/default/files/yale-food-addiction-scale.pdf)
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- [Psycom.net/gambling-addiction-test/](https://psycom.net/gambling-addiction-test/)

*\*Please note: These tools are only a starting point for identifying problematic and addictive behaviors and are by no means a substitution for professional evaluation and help.*

*Addiction continued on page 42*



“There are many psychological and behavioral risk factors for post-op addiction.”



*Addiction continued from page 41*

## What Can Cause Postoperative Addiction?

There are many psychological and behavioral risk factors for post-op addiction. According to an article about bariatric surgery and lessons learned from COVID-19, periods of high stress or major transition following surgery can make one more vulnerable to using compulsive and addictive behaviors as a way to cope. We saw this in our practice during the COVID-19 pandemic, which has been echoed in preliminary research. Other risk factors include:

- A prior history of addiction
- A family history of substance abuse
- A history of chronic pain and/or the use of narcotics for pain management
- A history of trauma
- Lack of support
- Feelings of isolation, avoidance or self-sabotaging tendencies
- A history of an eating disorder (up to 50% of people who seek treatment for severe obesity have a binge eating disorder)

## Alcohol Use Disorder

The most common post-op addiction is alcohol use disorder. Post-op alcohol use prevalence is roughly 10%. What's more alarming is that research has found that new onset substance users ranged from 34.3-89.5%. Problematic alcohol use tends to increase the further out from surgery you are. It should be noted that studies have shown that both the Roux-en-Y Gastric Bypass and Gastric Sleeve surgeries alter the way alcohol is metabolized postoperatively, which can cause serious medical issues.

Medical complications include:

- Weight regain
- Too much weight-loss
- Dehydration
- Vitamin deficiencies (especially thiamine)
- Ulcers
- Elevated liver enzymes
- Pancreatitis
- Chronic constipation (narcotics especially interfere with the GI tract)
- Hypoglycemia
- Poor sleep
- Mood changes
- High blood pressure
- Negative interactions with medications
- Death

Alcohol withdrawal can be deadly, so it is extremely important that someone who is detoxing has appropriate medical supervision. Anyone dealing with post-op alcohol abuse is advised to seek professional help. Follow up with your surgeon, dietitian and therapist and consider becoming involved in support groups.





Social media can be a powerful tool to use throughout your weight and health journey. The Obesity Action Coalition has built an unbreakable social media community where we spread awareness about the disease of obesity, share valuable, evidence-based educational resources, advocate for stopping weight bias and expanding access to care and provide a safe space for you to engage with others with similar stories.

# LET'S GET CONNECTED!



 @ObesityAction

 @ObesityAction

 @ObesityAction



 [Linkedin.com/company/obesity-action-coalition](https://www.linkedin.com/company/obesity-action-coalition)

 [YouTube.com/ObesityAction](https://www.youtube.com/ObesityAction)

Like, Follow and Share!

## Food Addiction

Food addiction is considered a somewhat controversial topic because it is not an actual diagnosis or a formal eating disorder. Food addiction could likely be more accurately called “eating addiction.”

The triad of addiction indicates that people experience a loss of control while using a substance when it no longer provides enjoyment, such as eating to the point of feeling sick or having stomach issues. They also “use” despite negative consequences such as feelings of guilt, shame, and/or medical problems. Lastly, they find themselves preoccupied with the drug of choice or addictive behavior they are involved in, such as someone actively planning their next meal or binge.

Behaviors such as these seem to occur in a subset of patients with binge eating disorder who act in ways that are very biologically driven. These patients demonstrate high levels of impulsivity and compulsivity and are often resistant to intervention, potentially requiring medication to manage their symptoms. They may score high on the Food Addiction Scale and describe their eating as “out of control” and identify with feeling “obsessed” with food and eating. If you fall into this category, you have a higher risk of struggling with weight issues and are more likely to be diagnosed with depression, Attention Deficit Disorder (ADD) or Post-Traumatic Stress Disorder (PTSD). Health care providers who specialize in binge eating can help you with recovery. Visit [AllianceforEatingDisorders.com/find-treatment](http://AllianceforEatingDisorders.com/find-treatment) to learn more and search for help.

## Behavioral Addictive Disorders

The research on behavioral addictive disorders such as shopping, gambling, skin picking and so forth is very limited. A 2015 study titled “Addictive Disorders after Roux-en-Y Gastric Bypass” showed that 9.5% had a diagnosable post-op disorder — 31.6% of whom had no previous history.

Unfortunately, follow-up research has yet to be conducted on larger samples to effectively understand more about the risk for non-substance-related addictive disorders. However, even with minimal information and research out there, we know these addictive issues exist in post-op patients. If you struggle with them, you are not alone. The key is finding appropriate professional help for the specific addiction you are dealing with. It's also important to be assessed and treated for any underlying conditions that could be contributing to your addictive drive.







# Make the Most of Your OAC Community Membership

**UPGRADE TO PREMIUM ACCESS TODAY!**

We invite all Community Members who are looking to get more out of their OAC Membership to add on Premium Access for **only \$25 per year!** Becoming a member with Premium Access is a great way to show your support for the organization and gain exclusive access to even more resources.

**Join today to enjoy these Premium Access Membership benefits:**

- Print subscription to Weight Matters Magazine
- Full access to OAC's Digital Video Library
- Full access to OAC's educational
- Access to past magazines
- Exclusive discounts and bonus opportunities
- **AND MORE!**

Upgrade to OAC Premium Access Membership today and don't miss out!  
**[ObesityAction.org/donate/premium-access-membership/purchase-pam](https://ObesityAction.org/donate/premium-access-membership/purchase-pam)**





# Recovery

## What Should You Do if You Think You Have a Problem?

The first step requires bravery: admitting what you are struggling with. Talk to someone you trust to break the secrecy of your problem and increase your support. Tell your doctor and other health care professionals so they can help ensure your safety and well-being. Seek professional counseling with an addiction specialist or a therapist familiar with bariatrics.

It can also be instrumental to gain support from others who have experienced similar journeys. Look into what your community offers in terms of 12-step programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Gamblers Anonymous (GA), SMART Recovery or faith-based Celebrate Recovery. Since the COVID-19 pandemic, many more meetings are accessible online.

Here are some resources for getting started:

- [ObesityAction.org](https://www.obesityaction.org)
- [ObesityHelp.org](https://www.obesityhelp.org)
- [TheRecoveryVillage.com](https://www.therecoveryvillage.com)
- [Samhsa.gov/find-help/national-helpline](https://www.samhsa.gov/find-help/national-helpline)
- [AA.org](https://www.aa.org)
- [SmartRecovery.org/community](https://www.smartrecovery.org/community)
- [CelebrateRecovery.com](https://www.celebraterecovery.com)

Please know that you are not alone, help is out there, and there is hope for recovery! Recovery isn't easy, but it's worth it. You are worth it!

### About the Author:

*Kelly Broadwater, LPA, LCMHC, CEDS-S, is a psychologist and certified eating disorder specialist who has treated post-operative bariatric surgery patients for nearly 20 years. She is passionate about providing effective bariatric aftercare and does so at her practice, The Chrysalis Center for Counseling & Eating Disorder Treatment. Kelly frequently presents on topics related to post-op addiction and eating disorders. She enjoys educating other healthcare professionals and is currently co-authoring a book to be published in 2023.*





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

The OAC envisions a better world for people affected by obesity where many current challenges are reduced or eliminated. These issues include pervasive weight bias and stigma, limited access to obesity healthcare and science-based treatment options, and a general lack of understanding around obesity.

You can help! There are many ways you can support the OAC's cause and join us in our mission to make the world a better place for individuals affected by the disease of obesity.



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



## AWARENESS

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



## EDUCATION

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



## ADVOCACY

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




## SUPPORT

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

# ACT NOW!

Visit OAC's Getting Started with Advocacy page ([ObesityAction.org/Action-Center/Getting-Started](https://ObesityAction.org/Action-Center/Getting-Started)) and OAC's Action Center (**[ObesityAction.org/Action](https://ObesityAction.org/Action)**) today to learn more and get started!



# Premier Protein®

## Shake it up



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