

Weight Matters

FOR YOUR HEALTH

SPRING 2020

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FRIEND OR FOE?

**KID'S
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p.18

OAC
Obesity Action Coalition

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WEIGHT, STARTED
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YOUR STRENGTH. OUR PLAN.

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Weight FOR YOUR HEALTH Matters

Spring 2020

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

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Message from the



Chairwoman of the Board

Hello Everyone,

Almost 14 years ago, I found myself alone, crying in my car after opening the mail. I had been referred for bariatric surgery by my doctor who said that it might help alleviate some of the obesity-related health issues I was dealing with. My high blood pressure was being regulated by several medications. I had severe Gastroesophageal Reflux Disease and Sleep Apnea, the same conditions that led to the early death of my father at 67 years old. After discussing options with my doctor, I decided to move forward with seeking surgical treatment of my obesity. A few weeks after submitting the paperwork, there I was sobbing in a parked car staring at a denial letter from my insurance company. I was shocked and confused. It seemed so unfair. If there was a treatment that my doctor was suggesting, why was my insurance company stopping me from utilizing it? Could I appeal? What next steps could I take? I wanted a sample letter or a path to take. A Google search lead me to the Obesity Action Coalition (OAC) website and I found those answers.

I continued to visit the OAC website over the years and each time found a useful article or educational resource. I started to receive this great magazine in the mail. I shared the OAC website and social media posts with others online who found themselves seeking answers and resources when they faced similar issues assessing care or wanted trustworthy, scam-free education about health, weight, weight loss, nutrition, emotional health, and more. It was such a comfort knowing there was a group out there fighting to right the wrongs, educating the public and making the world a better place for people with obesity. The OAC has since added even more features like a blog and online forum where people can connect and support each other 24/7, something that is more important than ever in these trying times. There's an online video library with 300+ resources and even a platform to share your own story.

If you are learning about the OAC for the first time right now, I hope before you put this magazine down, you will be inspired to learn more about the OAC at **obesityaction.org**. Come explore the website and check out the resources and meet others in the OAC Community. We're here for you!

I would love to hear how you first learned about the OAC. There is a thread on the OAC Forum, **Forum.ObesityAction.org**, that we encourage you to participate in.

However you found the OAC, I am so glad you did. Welcome!

Michelle "Shelly" Vicari, OAC Chairwoman

Michelle Vicari

P.S. Special thank you to our OAC Community Members who have been taking **#OACAction** by helping lead people to the OAC and its education, resources, and support.

"No matter how small the action, you can help to change the world." – Nelson Mandela

Learn more about taking **#OACAction**
ObesityAction.org/action-center

Thank You for Helping Us Change the Way We Care!

This past March, during OCW2020 (*March 1st-7th*), Obesity Care Week (OCW) experienced outstanding support from more than 77 Champion Organizations, breaking all previous records, in addition to thousands of individuals from more than 65 countries participating and taking action to change the way we care about obesity.

With the help of every individual who signed-up for OCW alerts, showed their support and took action during OCW2020, we were able to join together to raise awareness and advocate for a better world for people living with obesity. This awareness week had different focus days that highlighted topics like obesity treatment, World Obesity Day, access to care and childhood obesity. Some of the actions during OCW2020 included:

- Supporting the World Obesity Day 2020 Declaration
- Supporting the Treat and Reduce Obesity Act (TROA)
- Signing-on to a Childhood Obesity Pledge

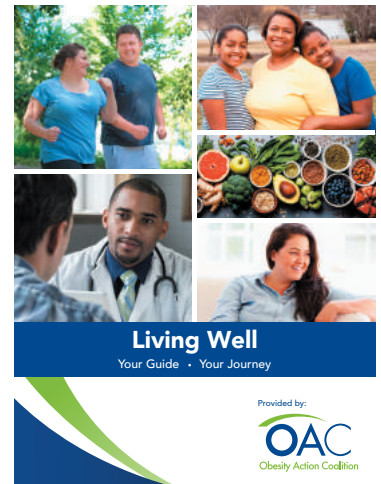
As a result of this successful week, individuals from different parts of the world united in the mission to show why they care about obesity and supported OCW's global vision. Additionally, more than 185 legislators were contacted to support TROA and more than 65 legislator visits occurred during OCW2020. Social media also played an important role during this awareness campaign. For the entire week, Facebook, Twitter, LinkedIn and Instagram feeds were filled by OCW2020-related posts, comments, stories, pictures and videos that helped us raise awareness about OCW2020.



OAC's *Living Well* Guide is Now Available!

The OAC knows that managing your weight can be difficult, which is why we are excited to announce the creation of a brand new resource – our *Living Well* Guide – to serve as a helpful tool in your health journey. In this guide, you can find helpful information about lifestyle modifications, nutrition, weight management, tools for staying on track, and how your weight affects your health. We also encourage you to take advantage of the “Health Notes” section located in the back of the guide to capture information such as lab results, favorite exercises, thoughts, goals and much more.

If you would like a copy of the OAC's *Living Well* Guide, visit **ObesityAction.org** and click “Order OAC Resources” under the “Get Educated” tab, or call (800) 717-3117.



OAC Joins the Global Obesity Patient Alliance (GOPA)

The OAC is excited to announce that it has formally joined the new Global Obesity Patient Alliance (GOPA). Founded in 2019, GOPA's mission is to ignite and inspire global change for people living with and affected by obesity through supporting collaboration and advocacy around the world.



“With more than 650 million people affected by obesity worldwide, there is an inherent need for obesity patient organizations around the globe to unite and learn from each other. The OAC is excited to be a part of GOPA and fight for individuals dealing with obesity and its many related issues, such as weight bias, limited access to care and more,” said Joe Nadglowski, OAC President and CEO.

Consisting of representatives from North American and European obesity patient organizations, GOPA was created with a mutual goal in mind: to impact global change for people living with obesity. Additional members of GOPA include: Adipositasforeningen (Denmark); Adipositaschirurgie Selbsthilfe Deutschland e. V. (Germany); European Coalition for People Living with Obesity – ECPO (Europe); Obesity Action Coalition – OAC (United States), Obesity Canada (Canada), and Obesity UK (United Kingdom).

To learn more about GOPA, please visit **GOPA.org**. To learn more about the OAC, please visit **ObesityAction.org**.



OAC Community Perspectives

Learning that Obesity is a Disease *By Michele Tedder*



My Vicious Cycle with Obesity

Diet. Exercise. Disappointment. Repeat. This was my story.

For most of my life, I was trapped in a cycle of chronic dieting. I participated in all the latest and greatest exercise fads, only to end them with the same disappointing results: minimal weight loss and weight regain. I usually regained all I had lost with more time. I also struggled with high blood pressure, joint issues and diabetes.

Despite my best efforts, obesity was gaining control of my life. I knew something had to change, so I went on a quest to discover why my best efforts always seemed pointless. After about two years of research, I finally discovered the truth: obesity is a disease.

The Turning Point

This discovery was a major turning point in my journey with weight. It broadened my understanding of the various treatment options that exist out there beyond diet and exercise. Like other diseases, obesity requires a treatment plan that is unique to the patient. It also requires long-term management and a whole person approach.



My Decision to Have Surgery

Armed with reliable information and an awesome medical team, I made the decision to have bariatric surgery. It was undoubtedly one of the best decisions I've ever made in the fight to reclaim my health! In fifteen months, I lost 85 pounds and ten dress sizes, but I gained a completely new enthusiasm for life. Now I'm happy to say that I no longer have diabetes, I lowered my blood pressure, and my joints are thanking me on a daily basis!

Finding the OAC

I'm also a bit of an information junkie. During my quest to find answers for overcoming my struggle with obesity, I found the OAC through a Google search. I couldn't believe that such an organization existed! I called immediately to learn more about their mission.

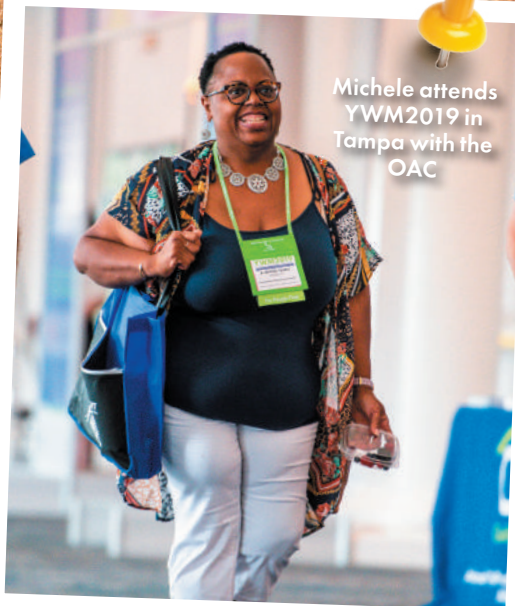
The OAC's Your Weight Matters Convention & EXPO

I will never forget that first conversation with an OAC staff member. I felt extremely comfortable as she listened to my story and shared as much information as she could. I immediately knew I had found my people! During that initial call, she also invited me to the OAC's upcoming 2019 *Your Weight Matters* Convention & EXPO in Tampa, FL. I vowed that I would go and I made it my goal.

YWM2019 exceeded my expectations! I met new friends, participated in high-quality educational workshops, and networked with a variety of professionals who are committed to advocating for excellence in the treatment of obesity.

“After about two years of research, I finally discovered the truth: obesity is a disease.”

“Like other diseases, obesity requires a treatment plan that is unique to the patient. It also requires long-term management and a whole person approach.”



My Journey as a Patient Advocate

My passion for advocacy and excellence in the treatment of obesity runs deep, both professionally and personally. As a well-trained nurse, certified lifestyle coach and obesity “survivor,” I totally get it! One of the challenges I found along my own journey was that obesity is a very misunderstood disease. Weight bias and stigma run deep. The diet industry continues to make us think that eating less and exercising are the only and obvious solutions for weight loss and improved health. While diet and exercise are important, so many other tools are also necessary for developing an effective obesity treatment plan.

Knowledge is Powerful

Additionally, I’ve met countless well-trained health professionals who sadly know the wrong information, or biased information, about obesity care. As a health professional myself, I’ve become extremely passionate about sharing education and information that will enlighten others about obesity as a disease. One size does not fit all when it comes to obesity treatment, just like cancer or heart disease.

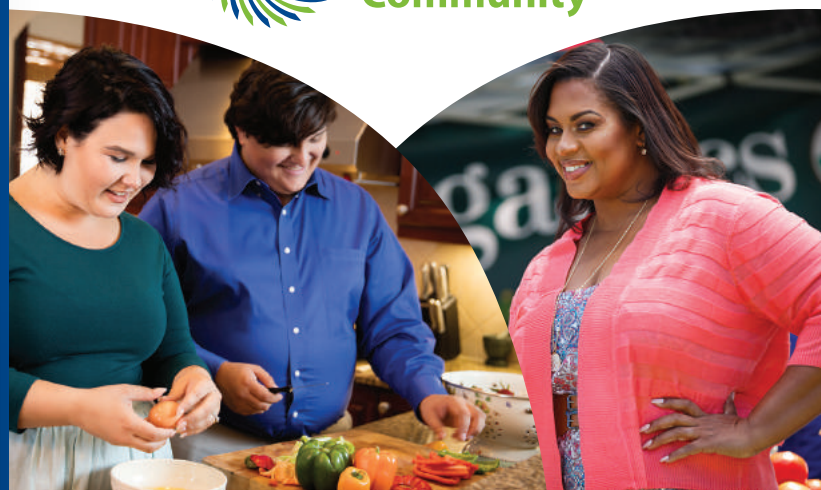
LEARN, CONNECT, **ENGAGE**

We know that your health journey can be overwhelming at times and we want to be there for you. We recognize the power of support through on-going weight and health education, connecting with others who have similar concerns and ultimately, joining together to take action for ourselves and one another.

LET US SUPPORT YOU
ON YOUR HEALTH JOURNEY AND
BECOME A MEMBER
OF THE OAC COMMUNITY TODAY
AT NO COST!

Get access to valuable education and community-exclusive content and support:

Weight & Health Education • Community Blogs
Ongoing Support • Meaningful Connections
And Much More



JOIN TODAY:

Go to **ObesityAction.org/Join**

“One size does not fit all when it comes to obesity treatment, just like cancer or heart disease.”

Helping Others

As a lifestyle coach, I'm totally committed to helping others gain the tools they need to design a healthy lifestyle that suits them as individuals. I offer one-on-one coaching, groups and hands-on workshops on healthy living. Being a proud member of the OAC, I also participate in the OAC Community Discussion Forum to offer support and encouragement for others just like me, fighting the disease of obesity every day.

NOTE: You can visit the OAC Community Discussion Forum at Forum.ObesityAction.org.



Michele incorporates a lot of physical activity into her post-bariatric surgery lifestyle.

Taking to Social Media

Beyond the OAC, my personal struggles even inspired me to start a Facebook group called “Bariatrically Blessed.” I wanted to create a space for people to find the tools and support necessary to make informed decisions about their health. “Bariatrically Blessed” is a community for people looking for support, information and inspiration along their health journey. It takes a village to achieve and maintain a healthy lifestyle, and this online group is a village of like-minded people supporting one another along the way.

The Value of Community

Bariatric surgery was the tool I personally used to transform my life, but anyone and everyone should be able to have options for fighting the disease of obesity. It's important to have opportunities to make healthy lifestyle decisions that really stick. That's also why there's so much value in having a supportive community to join you as you walk the journey with weight.

I'm doing my best to be that support for others – in the OAC Community and outside of it. I gained the tools that helped me lose weight and develop a better lifestyle, and I'm absolutely committed to helping others do the same!

Do You Want More OAC Community Perspectives?

For personal stories, words of wisdom and more from other OAC Community Members, visit ObesityAction.org/Community and click “Find Support and Connect” on the left-hand menu of the home page. You too can share your stories, thoughts and experiences!

Are you interested in being featured in OAC's *Weight Matters Magazine*? Contact membership@obesityaction.org to see how.

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How to Avoid the Springtime Slumps:

Tips and Tricks for Sticking to Your Resolutions

by Natalie-Jean Schiavone, PhD

NEW YEAR'S RESOLUTIONS CAN SOMETIMES GET THE BETTER OF US. WE MAY HAVE ALL THE BEST INTENTIONS OF STICKING TO THEM, BUT AFTER A FEW WEEKS, A MONTH OR MORE, WE TEND TO SLIP BACK INTO OUR OLD WAYS. IT'S EASY TO FORGET HOW TO STAY MOTIVATED, SO HERE'S A FEW TIPS TO GET YOU BACK ON TRACK AND MOVING IN A HEALTHY DIRECTION AGAIN.

Who Needs a Gym When You Have the Great Outdoors?

If one of your resolutions was to exercise more, you don't need a gym to accomplish that goal. With springtime upon us, now is the perfect time to get outside. It's a little easier to get motivated by the sunshine and the warmer weather, so take a hike - literally. Find a place to go that you enjoy. It can be a park, a hiking trail, or even your own backyard. Just get outside and go. Take a walk and rejuvenate your senses. Start small and gradually increase your distance with each walk. Remember, even baby steps move you forward.

You Can Exercise Indoors as Well!

Not a big fan of the great outdoors? No problem. Head to your local mall and take a walk. Most malls offer this program for free. Some even open earlier just for this purpose. You can either join a group of mall walkers or walk by yourself, or perhaps just go with a friend or family member. Either way, you are benefiting from the exercise. While you're there, feel free to lap the mall several times and take advantage of your step count to hit your goal(s).



Joining a Group is a Great Way to Get Excited to Go Outside!

Many social media sites have local groups with similar interests that you can join. Plus, they don't cost a thing! Just search around, join and enjoy. Joining a group may motivate you to get active, encourage you to meet new people and help you accomplish your goals of living a healthier lifestyle. Feeling accountable, not only to yourself, but also to the group, may help you stay the course. Having the support of a group may motivate you to stick with your new goal(s), and making new friends in the process is just an added bonus.



Newsletters and Newspapers

Grab the local newsletter or newspaper and see what health-focused classes are offered in your area.

EXAMPLES OF HEALTH-FOCUSED CLASSES:

- Healthy cooking classes
- Spin class
- Aerobics class
- Cardio dance class
- High Intensity Interval Training (HIIT) class
- Hot Yoga
- Boxing class
- CrossFit
- Barre



Oftentimes, there are free classes for you to participate in or classes that are offered at a discounted rate. Having a class to attend is a fun way to try new activities, meet new people, and get fit. Again, being accountable may be the motivation you need to get you to stick to your New Year's resolution(s).

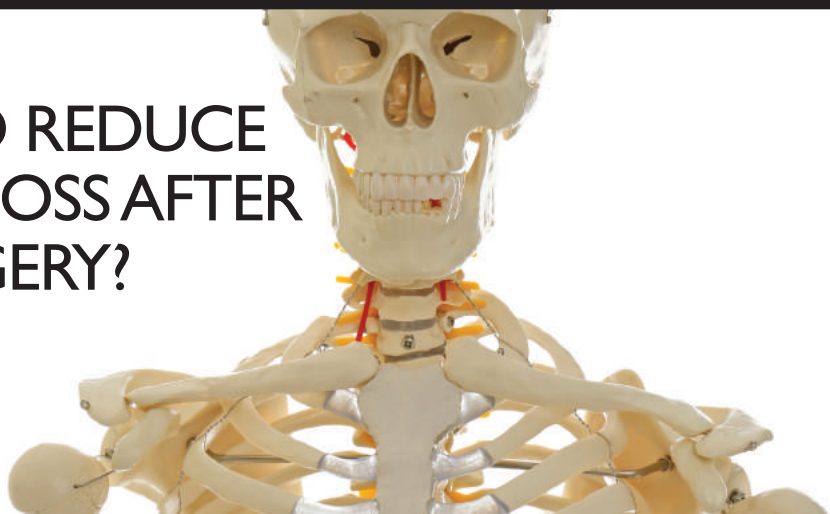
Our Four-Legged Friends Can Help Us Stay Fit as Well!

Many animal shelters offer volunteer programs that can help you stay active, which include walking a shelter dog. Contact your local animal shelter and volunteer today! It's a win-win situation. You and your furry friend will get some exercise, you'll be helping a great cause, and you may just end up finding your new best friend. If you do adopt one of these pups, you have a workout buddy for life. Even when you're not feeling very motivated, a dog may be just the trick you need for giving you that extra push. So grab a leash and get going!



Springtime Slumps continued on page 12

ARE YOU HELPING TO REDUCE YOUR RISK OF BONE LOSS AFTER BARIATRIC SURGERY?



48% of patients experience calcium deficiencies after bariatric surgery.¹

1. Parrot J, Frank L, Dilks R, et al. ASBMS integrated health nutritional guides for the surgical weight loss patient – 2016 update: micronutrients. Surg Obe Relat Dis. <http://dx.doi.org/10.1016/j.soard.2016.12.018>.

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The Many Health Benefits of Gardening

Have you ever stopped and smelled the roses? Well, the roses are in bloom, so get to sniffing!

Gardening is a great way to get outside, enjoy the warmer weather and get your exercise in. If you don't have a yard, that's no problem. Many towns/cities have "community gardens" with areas that people can walk through to enjoy the benefits of gardening. Community gardens can get you moving, spending time outside in the sunshine and meeting new people. Plus, you may even benefit from a basket of healthy veggies or a beautiful bouquet of flowers!

If you happen to live in an apartment or have limited space, a patio garden or planter box will do the trick. You can still plant some of your favorite vegetables or fruits and reap the rewards in just a few months. Either way, roll up your sleeves and get a little dirty. Gardening is a satisfying way to achieve your exercise goals and enjoy organic, clean eating.

Being able to enjoy the fruits (and veggies) of your labor will surely satisfy your taste buds and your waistline, all the while saving you a little money. So get to planting and exercising that green thumb. Your body will thank you later.



Being Prepared is Key

Remember to wear protective clothing or sunblock when you are outside. Bring a water bottle and stay hydrated too. Having these tools may help you to stay motivated and safe during your outside adventures.



Insurance Companies Want You to Get Healthy

Did you know that many insurance companies offer rewards or benefits for getting healthy? If you're like most people, you were not aware of these perks. I encourage you to contact your health insurance provider and speak to a representative about this. Some plans offer free or reduced pricing on "Fitbits" or other fitness tracking devices. You can also try getting discounts or (partial) reimbursements on gym memberships. All you need to do is call, ask a few questions and start taking advantage of these self-help tools. Having this kind of incentive is a helpful way to stay on track and accomplish your resolutions without breaking the bank.

Farmer's Markets: Fun, Affordable and Healthy!

Farmer's markets are a great way to get outside and enjoy the warmer weather while grabbing fresh, local produce. You can walk up and down the aisles and check out what's in season. Oftentimes, we get stuck in a rut of eating the same things over and over again. This may cause us to stop watching what we eat. Visiting a farmer's market may just be the healthy, variety-packed incentive you need to try new foods. I suggest eating across the rainbow – yellow squash, red peppers and blue potatoes. Mixing it up and having some options may help you get back on track and back to the goals you set at the beginning of the year.



Don't Forget to Hydrate!

Staying hydrated can be quite challenging for some people, and this may have caused you to derail from your healthy resolution path. If counting your glasses and drinking plain water aren't exactly your favorite things, try adding some lemon, lime or sliced cucumber to your water. Sometimes adding natural flavoring will wake up your taste buds and make consuming water a little more tolerable. That way, tracking your water intake might not be so difficult.



Additionally, get yourself a refillable water bottle that holds 48 – 64 ounces of liquid. Start drinking this as soon as you get up and continue drinking it throughout the day. Once the bottle is finished, you will have hit your daily water goal. This may take the chore out of glass counting and consuming your water.

Final Words of Advice

You have it in you to find the motivation to get healthier. You just need to remember why you started in the first place. Remind yourself that your health and wellness are a priority and no one is going to do it for you. You have to commit to taking care of you. Try incorporating some of the tools listed in this article. Take advantage of the warmer weather and get going. Turn your resolutions into healthy habits. You've got one life to live, so take the control back. Make yourself a priority and have some fun. Have a happy and healthy springtime!

About the Author:

Natalie-Jean Schiavone, PhD, has more than 20 years of experience in the healthcare industry. After receiving her Master's degree in General Psychology, Natalie-Jean went on to complete her doctoral degree in Health Psychology with a specialization in obesity. Dr. Schiavone conducted her research and completed her dissertation on female adolescents with obesity and their social experiences. Using her education, experience and expertise, Dr. Schiavone works with patients to create a healthier lifestyle where knowledge is a key factor.

Do these two symptoms sound like you?



Extreme weight gain early in life?



Hyperphagia, or insatiable hunger?



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

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



Listen, Empower, Advocate, and Drive change
for rare genetic disorders of obesity

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the Date
YWM2021**

July 8-10, 2021
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Find the Right Healthcare Provider to Talk about Your Weight and Health!



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👤 Select Specialty... ▾

🔍 SEARCH

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- Bariatric Surgeon
- Dietitian
- Nurse Practitioner
- Physician
- Physician Assistant
- Psychiatrist
- Psychologist

Location:

- Use your zip code to do a quick search
- Find healthcare providers near you!

Get Useful Tips

Prepare for your appointment with:

- Valuable tips on what to bring during your consultation
- Practical information to better understand your journey with weight
- Questions to ask in order to have an honest conversation about your weight and health

**Finding the right healthcare provider
is a click away! Get started now!**

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This resource is brought to you by:



WHAT DO I TREAT FIRST?

My Obesity or My Condition?

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

The American Medical Association (AMA) has declared obesity a disease, which means it's time to come up with a treatment plan.

Weight loss is the foundation for the treatment of any other disease linked to obesity. It is important that obesity, and any accompanying diseases, are treated at the same time.

The weight gain associated with the disease of obesity leads to increased blood sugar, insulin resistance, metabolic syndrome, prediabetes and diabetes.

Obesity is also linked to:

- Hypertension (*high blood pressure*)
- Hyperlipidemia (*an abnormally high concentration of fats or lipids in blood*)
- Osteoarthritis (*the wearing down of bones in hands, knees, hips, spine, etc.*)
- Hypothyroidism (*a condition in which the thyroid gland is not able to produce enough thyroid hormone*)
- Obstructive Sleep Apnea (*snoring; breathing repeatedly stops and starts while sleeping*)
- Some cancers

Treating Common Chronic Conditions

Weight loss is the foundation for the treatment of obesity and any other chronic disease linked with obesity. Typical treatment options include:

- Treatment for diabetes includes **weight loss** and medications
- Treatment for hypertension includes **weight loss** and blood pressure medications
- Treatment for osteoarthritis includes **weight loss**, pain control, physical therapy and surgery if needed
- Treatment for obstructive sleep apnea includes **weight loss** and CPAP machines (*machine that helps people sleep more easily and regularly every night*)



THE FOUR PILLARS OF OBESITY TREATMENT

Obesity is a complex, chronic disease. Treating obesity hinges on four pillars:

- Nutrition counseling
- Exercise counseling
- Behavior modification
- FDA-approved chronic obesity medications, if needed

1. Nutrition Counseling

A nutrition counselor will help you set achievable goals and teach you how to maintain these goals throughout your lifetime. Nutrition counseling focuses on lifestyle changes instead of a diet. It is important that you work with a healthcare professional who can individualize your eating plan and make specific dietary recommendations based on the patient, their weight-related conditions, medications and personal preferences. Nutrition counseling may be offered through your primary care physician's office and/or a board-certified bariatrician (*weight loss specialist*). Even though your nutrition counselor will focus on lifestyle changes, they may recommend some helpful diets as well, including:

- **The Ketogenic Diet** – This diet is low in carbs but high in fat.
- **The Mediterranean Diet** – The foundation of this diet is vegetables, fruits, herbs, nuts, beans and whole grains. Moderate amounts of dairy, poultry, eggs and seafood are also included.
- **Low-calorie**—These diets restrict your calorie intake to 1,200 to 1,600 calories per day for men and 1,000 to 1,200 calories per day for women.

2. Exercise Counseling

This practice involves the patient's primary care physician creating a specialized fitness plan based on a patient's limitations. Exercise counseling can help prevent high blood pressure, cholesterol, diabetes, heart disease and other cardiovascular risk factors.

3. Behavior Modification

This is the most important part of any weight-loss program. Behavior modification can be offered through your primary care physician's office, a psychologist, or a board-certified bariatrician (weight loss specialist). It is normally offered in a support group setting or in one-on-one counseling.

4. Chronic Obesity Medications

Medications that have been approved by the FDA can be prescribed by a primary care physician (PCP) or a bariatrician. It is important that while taking any of these medications, the patient also receives nutrition counseling, exercise counseling and help with behavior modification.

KEEPING UP WITH WEIGHT MANAGEMENT

Food Journaling

Creating a caloric deficit (*burning more energy than you consume through food*) is an important part of weight loss. A food journal can help you keep track of your calories as well as your macronutrients (*carbs, protein and fat*). Low-calorie diets recommend 800-1200 calories per day, and a very low-calorie diet recommends less than 500 calories per day. A very low-calorie diet is to only be done in very particular circumstances. Any diet that focuses on calorie control should be recommended and supervised by a healthcare professional.

Exercise

Exercise is another great way to keep up with weight loss and maintain your health goals. It is very important that you are mindful of any physical limitations you may have during physical activity. Experts recommend at least sixty minutes of exercise a day, seven days a week to meet your body's physical activity needs.

Other Health Benefits of Weight Loss



- Blood pressures decreases and hypertension improves
- Blood sugar levels decrease and diabetes improves
- Cholesterol decreases and improves
- Energy levels increase and chronic fatigue improves
- Sleep quality gets better and insomnia improves
- Self-esteem gets higher and depression and/or anxiety improves
- Pain eases up and osteoarthritis improves

CONCLUSION

As we can see above, treating obesity goes hand in hand with treating chronic weight-related medical conditions such as hypertension, diabetes, hyperlipidemia, osteoarthritis, etc. As these conditions improve, PCPs can decide what medications, if any, are necessary for the patient. In addition, the possibility of heart disease, stroke, kidney problems and knee replacement surgeries may decrease.

If you or someone you know is looking for medical help with weight management, visit the OAC's Obesity Care Provider Locator at **ObesityCareProviders.com**. This resource can help you find a clinic or provider who is certified by the American Board of Obesity Medicine (ABOM). Many of these clinics contain certified bariatricians and provide the best short-term and long-term results.

About the Author:

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

NAVIGATING OBESITY as an Adolescent

by Faith Anne Newsome

NAVIGATING SCHOOL, FRIENDS AND HEALTHY LIVING AS A YOUNG ADULT

One of the main struggles I've dealt with as an adolescent and young adult living with obesity is navigating the unhealthy environment we live in.

In high school, the vending machines and lunchroom options were never the best. My friends could eat in ways that I couldn't. If I didn't dutifully pack my lunch that morning, I found myself struggling.

IN COLLEGE, THE TREND CONTINUED...

After basketball games at the University of North Carolina (UNC), we found ourselves at popular pizza places. Social gatherings were always accompanied by an order of insomnia cookies or other treats. In college, I also found myself spending more hours at my desk than usual, working on homework and preparing for exams. At first, these situations were intimidating as a young person living with obesity. Throughout the years, I have found that there are a few ways to empower yourself when they arise.

“My friends could eat in ways that I couldn't. If I didn't dutifully pack my lunch that morning, I found myself struggling.”

THE FIRST STEP

My first step in navigating my obesity was recognizing my condition as a disease. For years, I internalized guilt regarding my weight. I thought that if I “wanted it more” I could lose weight, and a few people even told me that directly. This thought process essentially led to years stuck inside a cycle that included dieting, losing weight, gaining weight and never finding balance. Learning that obesity was a diagnosable medical condition helped me learn why my weight was never something I felt in control of. It empowered me. Suddenly, my symptoms had context and it was an issue I could do something about.

In the same way that a person with asthma needs to use an inhaler, I learned that there were steps I would need to take to manage my obesity.



THE SECOND STEP

The second step I took in addressing my obesity was education. Once I accepted my obesity as a medical condition, I was able to learn more about ways to treat and manage it. I found credible sources from the Obesity Action Coalition (OAC) as well as social media. Although there can be information that is blatantly false on social media, there can also be helpful resources.

For example, on Twitter, I follow several leading researchers in the obesity space. They typically post new information about physical activity and food that helps me make healthy decisions. *ConscienHealth*, a blog by OAC National Board Member Ted Kyle, RPh, MBA, is also helpful if you want to learn scientific facts about obesity in a way that is engaging and easy to understand.



SCHEDULING EXERCISE HELPED

After I learned ways to manage my condition, I found physical activities that I enjoyed and scheduled them the same way I did classes. Personally, I love high-intensity workouts that involve cardio and lifting weights. Each semester, I have to evaluate the days and times that work best for me as my classes change. Once I figure out my schedule, I pick three to four days out of the week and schedule an hour at a time for workouts. These are times that I commit to, the same way that I committed to going to biology and social psychology classes. I'll see if there is a group fitness class at the campus recreation center or I'll go to a gym on my own. The key to consistency is to find something that you enjoy and make sure you set a specific and measurable goal.



Obesity as an Adolescent continued on page 20

FOOD MANAGEMENT

Managing food was also difficult to navigate after I learned more about my condition. High school and college can be challenging when it comes to free, unhealthy food that is easily accessible. I learned to accept that I wasn't perfect. I learned to make goals but also to be patient with myself. During meals, I made it a goal to include at least one vegetable and a high amount of protein. I also didn't deny myself the occasional treat. Perfection was never the goal; balance was.

THE FINAL STEP

I also learned how to talk to my friends about my weight journey. When I came to college, I had two options:

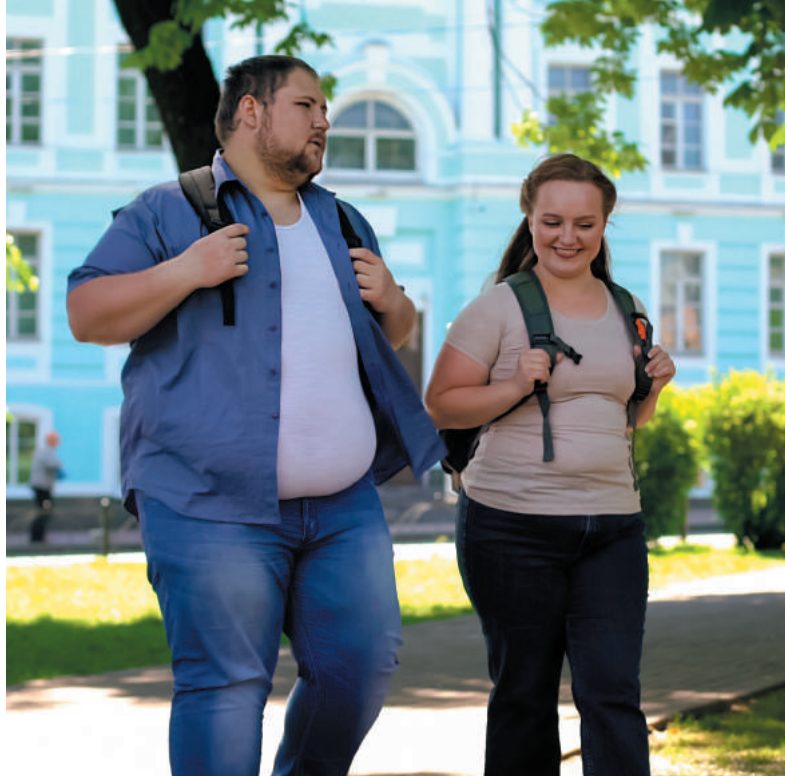
1. I could open up and share my weight management journey.
2. I could keep it to myself.

For me, I felt more comfortable sharing. I explained to my friends that if I turned down a trip to a restaurant or if I skipped out on a social event so I could make my workout, it wasn't because I didn't want to spend time with them. I explained that, for me, these things are necessary to manage my condition. I invited them to my workouts and started suggesting healthier places to eat on nights we wanted to go to dinner together. Luckily, my friends were understanding. Eventually, they also learned to be advocates for individuals living with obesity. They ask me questions regularly and even engage with other people in conversations surrounding weight management.

EMPOWER YOURSELF

These are the steps I took to empower myself to treat my condition and how I developed my values in health and fitness. I didn't learn everything at once; it took years of trial and error and learning to be patient with myself. High school and college can be hard to navigate when you struggle with your weight. Educate yourself, educate your friends and find what works for you. I promise you're not alone, and opening yourself up to these conversations can help your friends and family understand the struggles you may be facing. Don't ever let stigmatizing comments, social media posts or content from the media negate the steps you are taking to empower yourself.

“I learned to accept that I wasn't perfect. I learned to make goals but also to be patient with myself.”



HELPFUL TIPS: NAVIGATING OBESITY AS AN ADOLESCENT

- Educate yourself on the topic of obesity.
- Understand that it is a disease.
- Create achievable goals for yourself.
- Find physical activities that you enjoy and make time to do them.
- Find friends that you are comfortable opening up to.
- Don't keep unhealthy snacks in your room.
- Avoid eating food late at night.
- Try to incorporate a fruit or vegetable with every meal.
- Be patient with yourself and with your body.

About the Author:

Faith Anne Newsome is a senior at the University of North Carolina at Chapel Hill studying psychology and journalism. After graduation, she will be attending the University of Florida to work toward her doctorate in medical sciences with a concentration in health outcomes and implementation sciences. Eventually, she aims to work in obesity research.

In 2018, Faith founded OCEANS, which stands for outreach, community engagement, advocacy and non-discriminatory support. OCEANS is a support and advocacy group for adolescents with obesity and was founded after Faith experienced obesity her entire life, eventually undergoing bariatric surgery at the age of 16. You can read more about OCEANS at OceansLifestyles.com or reach the group at oceanslifestyles@gmail.com.

Meet NEW YOU Winner, Craig & His Wife Denise — Lost a Combined 275 lbs!

Craig lost
185 lbs*

“Once your mind’s
set, you can do
anything!”

Denise lost
90 lbs*

“We did it
together —
it worked for us!”

The **OPTIFAST®** program is a medically
monitored meal replacement weight-loss
program that can help you lose **2x** as much
weight as a reduced-calorie, food-based diet.**

Learn what the **OPTIFAST®** program
can do for you at optifast.com!




OPTIFAST®

* The success stories of OPTIFAST® New You Contest winners are representative of those individuals only and do not represent all OPTIFAST® patients. OPTIFAST® patients who actively participate in a 26-week program typically lose approximately 30 lbs. and maintain approximately a 25-lb. weight loss at 1 year.** In a separate study, OPTIFAST® patients maintain an average weight loss of approximately 19 lbs. after 2 years and 15 lbs. after 3 years from starting the program.** Ard JD, et al. *Obesity*. 2018;27:22-29.

** modified version of Diabetes Prevention Program (DPP)

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OPTI-14810-0120

Dear Doctor +



Am I Losing Weight Fast Enough Post-surgery?

Answer Provided by
Lloyd Stegemann, MD, FASMBS

People have bariatric surgery to lose weight and get healthier. The question is, how much weight will they lose, and how fast will they lose it?

These are difficult questions to answer because each patient is a little different. While there is a lot of research teaching us about the average amount of weight loss after surgery, there isn't much research to guide us in terms of how fast the weight will come off. There are, however, some general rules that, in my experience, hold true for most patients.

Total Weight Loss

The main factor that will determine how much weight you will lose after bariatric surgery is the surgical procedure that you choose. Each of the bariatric surgical procedures has a different amount of weight loss that is expected after the operation. For most patients, this weight loss will happen in the first year after their operation, and then the weight loss will stop. Usually, when we talk about weight loss with diet, exercise, medications, etc., we describe the amount of weight loss as the "Percent Total Body Weight Loss."

Calculating "Percent Total Body Weight Loss"

$$\left(\frac{\text{Weight before Surgery} - \text{Current Weight}}{\text{Weight before Surgery}} \right) \times 100$$



Calculating "Excess Weight Loss"

$$\left(\text{Weight before Surgery} - \text{Ideal Weight} \right)$$

Calculating "Weight Loss after Bariatric Surgery"

$$\left(\frac{\text{Weight before Surgery} - \text{Current Weight}}{\text{Excess Weight}} \right) \times 100$$

Who knew determining weight loss after bariatric surgery would take a math degree from MIT! Don't worry; we'll make it really simple.

Here is the expected percentage of Excess Weight Loss (% EWL) and the percentage of Total Body Weight Loss (% TBWL) for each of the major procedures done in the United States:

- Gastric Banding Surgery: 50% EWL (25% TBWL)
- Gastric Sleeve: 60% EWL (30% TBWL)
- Gastric Bypass: 70% EWL (35% TBWL)
- Duodenal Switch: 80% EWL (40% TBWL)

For example, if a person weighed 300 lbs. before surgery, they can expect the following weight loss with these different procedures:

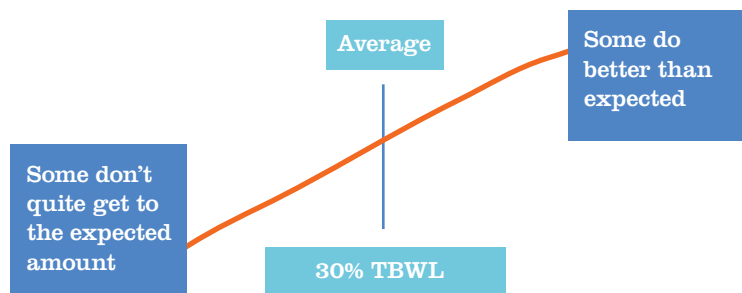
- Gastric Banding Surgery: 75 lbs.
- Gastric Sleeve: 90 lbs.
- Gastric Bypass: 105 lbs.
- Duodenal Switch: 120 lbs.

Everyone's Weight Loss is Different

It is important to keep in mind that these weight loss numbers are just averages. For example, if 100 patients had a gastric sleeve procedure, and we tracked the weight loss for each individual, the graph showing their weight loss results would look like the graph below. Most would lose around 30% of their total body weight, but some would lose a little more than that, and some wouldn't lose quite that much.

Does that mean the ones who don't lose as much as expected are "failures?" Absolutely not! Generally, the ones who lose a little more than expected aren't doing anything different than the ones who don't lose quite as much as expected. Each individual will lose weight differently after bariatric surgery. We just don't know who will respond best to which operation. The good news is that with any bariatric surgery procedure, most people will lose enough weight to see significant improvement in their health and quality of life, even if they don't lose as much as we would "expect!"

Average Weight Loss after Bariatric Surgery



Dear Doctor continued on page 27

Platinum

Novo Nordisk

Gold

American Society for Metabolic & Bariatric Surgery
Bariatric Advantage
Potomac Currents

Silver

Amgen
Boehringer Ingelheim
Eisai Inc.
Ethicon
Intercept Pharmaceuticals
Medtronic
New Life Center for Bariatric Surgery

Bronze

Allurion Technologies
FitForMe, LLC
Geisinger Healthcare System
KVK-Tech, Inc.
Nestle Health Sciences/OPTIFAST
Rhythm
Rocky Mountain Associated Physicians

Patron

Bariatric Medicine Institute
Baronova
Billings Clinic
BonusLife.com/Walter Medlin, MD
ConscienHealth
Jaime Fivecoat
Gainesville Medical Obesity Specialty Clinic
GI Dynamics
HorizonView Health
IU Health Bariatric & Medical Weight Loss
Olga Joukovski, MD, PA
Livliga@/Mindful Eating
Medi-Weightloss®
Mercy Bariatric Center
Naturally Slim®
Pennington Biomedical Research
ProCare Health Bariatric Vitamins & Supplements
Salem Hospital
Lloyd Stegemann, MD
Christopher D. Still, DO
The Obesity Society
Trinity Bariatric Surgery
Weight & Life MD/Nadia B. Pietrzykowska, MD
Woman's Hospital

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

List as of 4/07/2020

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

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



Actor Portrayals.

Indications and Usage

What is Saxenda®?

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

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

Important Safety Information

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

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

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



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

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

Who should not use Saxenda®?

Do not use Saxenda® if:

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

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

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

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



Managing your weight long term requires more than willpower alone

Saxenda® can help you lose weight and keep it off

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

Ask your health care provider about FDA-approved Saxenda®

Check your prescription coverage at
SaxendaCoverage.com

Saxenda®
liraglutide injection **3mg**

Important Safety Information (cont'd)

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

How should I use Saxenda®?

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

What are the possible side effects of Saxenda®?

Saxenda® may cause serious side effects, including:

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

sugar may include: shakiness, sweating, headache, drowsiness, weakness, dizziness, confusion, irritability, hunger, fast heartbeat, and feeling jittery. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®

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

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


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

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

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<div>  <div> Brief Summary of Information about Saxenda® (liraglutide) injection 3 mg </div> </div>	<ul style="list-style-type: none"> • If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting. • Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.
Rx Only This information is not comprehensive. How to get more information: <ul style="list-style-type: none"> • Talk to your healthcare provider or pharmacist • Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling • Call 1-844-363-4448 	What are the possible side effects of Saxenda®? <ul style="list-style-type: none"> • Saxenda® may cause serious side effects, including: possible thyroid tumors, including cancer. See “What is the most important information I should know about Saxenda®?” • inflammation of the pancreas (pancreatitis). Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back. • gallbladder problems. Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms: <ul style="list-style-type: none"> • pain in your upper stomach (abdomen) • yellowing of your skin or eyes (jaundice) • fever • clay-colored stools • low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus. Saxenda® can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood sugar may include: <ul style="list-style-type: none"> • shakiness • weakness • hunger • sweating • dizziness • fast heartbeat • headache • confusion • feeling jittery • drowsiness • irritability
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Who should not use Saxenda®? Do not use Saxenda® if: <ul style="list-style-type: none"> • you or any of your family have a history of medullary thyroid carcinoma. • you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body. • you are allergic to liraglutide or any of the ingredients in Saxenda®. <ul style="list-style-type: none"> • Symptoms of a serious allergic reaction may include: <ul style="list-style-type: none"> • swelling of your face, lips, tongue, or throat • problems breathing or swallowing • fainting or feeling dizzy • severe rash or itching • very rapid heartbeat Talk with your healthcare provider if you are not sure if you have any of these conditions. <ul style="list-style-type: none"> • are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby. 	
Before taking Saxenda®, tell your healthcare provider about all of your medical conditions, including if you: <ul style="list-style-type: none"> • have any of the conditions listed in the section “What is the most important information I should know about Saxenda®?” • are taking certain medications called GLP-1 receptor agonists • are allergic to liraglutide or any of the other ingredients in Saxenda®. • have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food. • have or have had problems with your pancreas, kidneys or liver. • have or have had depression or suicidal thoughts. • are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®. • are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first. Tell your healthcare provider about all the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your healthcare provider if you take diabetes medicines, especially sulfonylurea medicines or insulin.	
How should I use Saxenda®? <ul style="list-style-type: none"> • Inject your dose of Saxenda® under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. Do not inject into a vein or muscle. 	Keep your Saxenda® pen, pen needles, and all medicines out of the reach of children. For more information, go to saxenda.com or call 1-844-363-4448. Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark More detailed information is available upon request. Available by prescription only. For information about Saxenda® contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448 Saxenda® and Victoza® are registered trademarks of Novo Nordisk A/S. PATENT Information: http://novonordisk-us.com/patients/products/product-patents.html Revised: SEPTEMBER 2016, VERSION 2 <div> <div>© 2016 Novo Nordisk USA16SAM04984 12/2016</div>  </div>

How Fast Will I Lose the Weight?

This is where we don't have much research to guide us. Here is what I have found after treating thousands of bariatric surgery patients. First and foremost, if you weigh yourself every day in the first year after surgery, you are going to go nuts! I encourage you to put the scale away and bring it out only once a week during the first year after surgery. For the first three months after surgery, this is the rate at which most patients lose weight:

Gastric Banding: Average 1 – 2 lbs. a week

Gastric Sleeve: Average of 3 – 5 lbs. a week

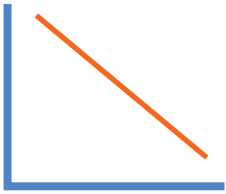
Gastric Bypass: Average of 5 – 7 lbs. a week

Duodenal Switch: Average of 6 – 8 lbs. a week

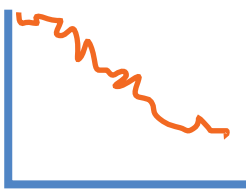
Looking at Weight Loss Patterns after Bariatric Surgery

After surgery, your weight will:

Not come down like this:



But more like this:



Don't Get Defeated

Some days you may do everything right but you will gain a pound, which is why you'll go crazy if you weigh yourself daily! That is just the way that our bodies shed weight. To avoid getting frustrated, it is important to look at the weight you were before surgery and then divide that by the number of weeks you are out from surgery. For example, let's say you had gastric bypass four weeks ago and your weight loss followed the below pattern.

Week 1: lost 13 lbs.

Week 2: lost 5 lbs.

Week 3: lost 8 lbs.

Week 4: lost 2 lbs.

These results mean you have lost a total of 28 lbs. in four weeks and are averaging a weight loss of seven lbs. a week. According to the information listed previously for gastric weight loss, you're right on track. If your weight loss is way above or way below the averages listed, then I would recommend you reach out to your bariatric program for guidance.

The "Second Half" of Weight Loss

Generally, patients will lose half of the weight they are going to lose in the first three months after surgery. My experience has been that the amount of weight the patient loses in the first three months after surgery will usually double by the time a year has passed.

For example:

If you lost 40 lbs. in the first three months after your operation, then in general, you should lose another 40 lbs. throughout the next nine months. This means you will have lost 80 lbs. in the first year after surgery.

During the "second half" of the weight loss period, you will often encounter times where your weight stays stable. This is commonly referred to as a weight plateau. However, you will notice that you are still losing inches and your clothes will fit looser.

In the "second half" of your weight loss, the weight also seems to come off in "chunks." Your weight may be stable for a very long time, drop by five pounds, become stable again, drop by three pounds...etc. When you are in the plateau phase, it can be frustrating. This is a perfect opportunity to focus on the healthy habits you are working on that will help you maintain the weight loss long term. It is important that you also reflect on how much better you feel overall as your health steadily improves. For most patients, their weight will reach its lowest point one year after surgery.

Conclusion

After bariatric surgery, it is virtually impossible for a patient not to lose weight due to all of the neural, chemical, hormonal and psychological changes that occur from the operation. However, the rate of weight loss and the amount of weight loss a patient will experience will vary between individuals. I believe the most important thing to emphasize is that patients should lose weight in a safe, healthy way that will help them keep the weight off forever. I encourage you to focus on developing healthier habits for eating, exercising, sleeping and stress management in the first year after surgery. If you do those things, the weight will take care of itself.

About the Author:

Lloyd Stegemann, MD, FASMBS, is a bariatric surgeon in Corpus Christi, TX, and an OAC National Board of Directors member. He also serves on the OAC Access to Care Committee and is a passionate advocate for universal access to bariatric surgery.

FROM 'GROWING PAINS' TO TEACHABLE MOMENTS:

HOW AN OAC RESOURCE HELPED MY DAUGHTER FIND THE HEALTHCARE SHE NEEDED

by Nikki Massie, MA



"LIVING WITH OBESITY
YOURSELF IS TOUGH.
WATCHING YOUR CHILDREN
COPE WITH IT CAN BE BRUTAL."

As with many aspects of parenting, there's a sense of personal blame involved. If your child struggles with weight, you may wonder, "Did I do this to my child? Am I feeding her/him the wrong things? Should I put him/her on a diet?"

However, as a person in recovery for obesity, I find that dwelling on these thoughts is unhelpful. Over the years, since I've begun mindfully addressing my weight and health, I've found one thing to be true: knowledge is power!

When my youngest daughter turned 18, it was time for her to transition from a pediatrician to an adult primary care provider. I was thankful that I knew of a very powerful tool available to me – the Obesity Care Providers website, powered by the Obesity Action Coalition (OAC). It's available to you, too.

This helpful website made what could have been a frustrating and traumatic experience for my child into a positive and affirming one. Let me tell you how.



NOT A KID ANYMORE

First, can we acknowledge that there is little to no guidance on how to transition young adults into the healthcare system? Seriously! I think the assumption is that many kids see family practitioners, but that wasn't the case for us. My children went to a pediatrician who saw patients until they turned 21. We could have done this too – but after a while, it got awkward for my daughters to share waiting rooms decorated in cartoon characters, sitting alongside newborns and toddlers.

Therefore, when both my children turned 18, I offered to help them find their “grown-up” doctor. For my youngest, this happened pretty soon after she turned 18. She needed to address some symptoms that needed a closer look, such as migraines and sleep problems. She also has obesity.

MY DAUGHTER NEEDED BETTER HELP

Looking back at my daughter's pediatric care, our pediatrician was kind. However, he didn't always understand how to connect with my daughter in a meaningful way about the subjects of health and weight. He had good intentions, but when he brought the subject of her weight up, the conversation usually ended with him sharing how he lost weight as a teenager by simply not eating half of what he was served. This was not helpful.

HOW THE OAC HELPED

However, I also have obesity, and I sought treatment for it in 2008 by having gastric bypass surgery. I've since been successful in maintaining my weight loss. Still, one of the best things that has happened to me along my journey to address my health has been discovering the OAC. Through the OAC, I found resources and tools to help me have conversations with doctors about weight and health. Then, in 2018, the OAC launched **ObesityCareProviders.com** – an online tool that lets you search for a variety of healthcare providers who have experience treating patients with obesity.

My daughter and I both agreed it was time to transition her to a different primary care physician. I was grateful to have this resource to help her find a doctor who could also have a meaningful conversation about her various health issues, including her weight.

THE SEARCH

The OAC's Obesity Care Providers website is simple to use. You can enter your zip code and find providers within a specific distance that you choose. You can also choose between different kinds of providers, such as primary care physicians, nurse practitioners, specialists, dietitians, bariatric surgeons and more.

Once you filter your search, the website returns a list of providers in your area. After talking to my daughter, we decided that we would like a female doctor whose office is close to our home. The provider profile for each practitioner on the website gives us that information, and we were able to find a doctor who seemed to be a good fit.



“I DIDN'T WANT HER TO THINK THAT HER WEIGHT WAS ASSOCIATED WITH HER CAPABILITIES AS A PERSON OR HER CHANCES OF SUCCEEDING IN LIFE.”



Teachable Moments continued on page 30



"IN ORDER TO HAVE MEANINGFUL CONVERSATIONS ABOUT WEIGHT AND HEALTH, BOTH PATIENTS AND MEDICAL PROVIDERS HAVE TO BE WILLING AND KNOWLEDGEABLE."



Teachable Moments continued from page 29

WEIGHT DOES NOT DETERMINE OUR VALUE

This was also the time where I felt it would be good to have a conversation with my daughter about her personal goals. Weight is just one detail about us. It is something that affects our health, but it does not determine our value as people. I didn't want her to think that her weight was associated with her capabilities or chances of success. I also wanted her to understand, before we embarked on any journey related to her health, that it is all about what SHE wants for herself and her life. I wanted her to know that I'm here to support her in whatever she decides as a young adult.

I think that conversation set her mind at ease. She knew I was on her team and that she can make her own choices. As a newly minted adult, my support was important to her. It's important to me that she learns how to navigate these decisions. So, with that talk behind us, we went into her medical appointment feeling hopeful.

MY JOURNEY

I already told you how my daughter's conversations with her pediatrician around weight used to go, but it might be helpful to share how mine went throughout my life so you can understand our reaction to this doctor's visit.

Throughout my young life, I always battled with my weight. As an adult, I had obesity. However, very few medical providers started a conversation with me about it. I was always the one to bring up the topic of weight, and the conversation usually resulted in a copy of the food pyramid and advice to exercise more. There was very little follow-up involved.

MY DAUGHTER'S JOURNEY

I am SO happy to tell you that this is NOT how my daughter's first adult doctor appointment went!

Since she's an adult now, she chose to see the doctor without me in the room (which is fine – it's her right – but I'd be lying if I said it didn't make me a little sad!). As I sat in the waiting room for 25, 35, 45 minutes, I began to worry. What was going on back there? However, as soon as she emerged with a smile on her face, I could tell things went well.

As we headed out, she showed me her post-appointment document that outlined everything they had discussed. I discovered she was gone so long because the doctor listened to all of the symptoms she was having and discussed next steps with her. She had several orders for follow-up testing and one to get blood drawn.

The doctor did discuss her weight and its effects on her health, but from what I can tell, it wasn't the first thing they discussed. Also, according to my daughter, they made a plan and set some targets for a follow-up in three months.

For example, she was given a target number of steps to work toward taking each day. She was also given some advice on ways she could change her eating to address not only her weight, but also some of the symptoms she was experiencing.

Everything she told me sounded very sensible. But more importantly, it felt very doable to her. Best of all, she felt empowered to start!

KNOWLEDGE IS POWER

I can't say that enough. The more information you have, the better you can advocate for yourself in any situation – but especially for your health!

In order to have meaningful conversations about weight and health, both patients and medical providers have to be willing and knowledgeable. The OAC's Obesity Care Providers website is a valuable resource when looking for providers who have experience and training in treating patients with obesity. This will increase your chances of having productive conversations and a collaborative relationship with your healthcare provider.

That's exactly what happened for my daughter and I. She felt empowered, and I feel like she's building a support team that will take her where she wants to go in life. At the end of the day, isn't that really what any parent wants?

If you are in need of a healthcare provider that has experience and training working with people with obesity, you can access the OAC's Obesity Care Provider Locator at **ObesityCareProviders.com**.

About the Author:

Nikki Massie, MA, is a member of the OAC National Board of Directors and Co-Chair of the Membership Committee. She lives and works in Baltimore, Maryland, where she loves to take OAC Action by strategically leaving recently-read copies of Weight Matters Magazine everywhere she can.



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VITAMIN D

and Me

by Melissa Majumdar, MS, RD, CSOWM, LDN

“D” is not only the fourth letter in the alphabet, but also a very important vitamin and nutrient. Until about 15 years ago, little was known about vitamin D levels and the risk of deficiency. Now, savvy physicians are testing for vitamin D, and in-the-know patients (like you after you read this article) are knowledgeable about the risks of low levels.

What is Vitamin D?

Vitamin D is a fat-soluble vitamin, meaning it requires fat to be absorbed. It is found naturally in foods such as:

- Fish with bones
- Dairy
- Egg yolk
- Cod liver oil

Many foods like non-dairy milk and orange juice have plenty of vitamin D. Our skin can also make vitamin D from the sun's ultraviolet rays. Vitamin D is typically measured in your blood using serum 25-hydroxyvitamin D. This is a blood test that is ordered to check vitamin D levels and is the best indicator of vitamin D status.



Why Do We Need Vitamin D?

Vitamin D is best buddies with calcium. Without enough vitamin D, we are not able to sufficiently absorb calcium, which makes vitamin D crucial for bone health. Vitamin D also impacts cell growth, neuromuscular and immune function, and reduction of inflammation.

Why Might I Be at a Higher Risk for Vitamin D Deficiency?

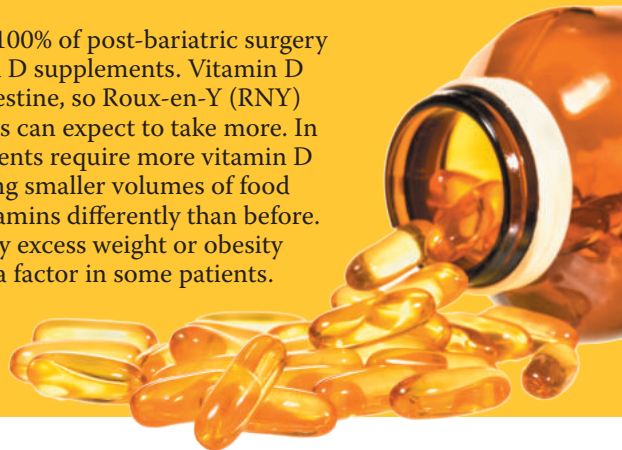
Some people are at a higher risk for vitamin D deficiency than others. Here are some factors that may put you at risk:

- Being inside at peak exposure times (10am until 2pm)
- Wearing sunscreen often
- Wearing long clothing (*vitamin D cannot penetrate clothing*)
- Having darker skin tones
- Being exposed to cloud cover or smog during your day

Other people may need more vitamin D because of vitamin D's love for the fat cell. Since vitamin D is a fat-soluble vitamin, it gets along well with fat, and therefore may hang around longer in the fat cells instead of pushing through to the bloodstream. This means that if you have excess weight or obesity, you may be at higher risk for vitamin D deficiencies.

Bariatric Surgery Patients and Vitamin D

Studies show us that 100% of post-bariatric surgery patients need vitamin D supplements. Vitamin D is absorbed in the intestine, so Roux-en-Y (RNY) gastric bypass patients can expect to take more. In general, bariatric patients require more vitamin D because they are eating smaller volumes of food and are absorbing vitamins differently than before. Deficiencies caused by excess weight or obesity may also still remain a factor in some patients.



Know Your Numbers

Your primary care physician is likely checking your vitamin D levels yearly, tracking your numbers, and is aware of your targets. The Endocrine Society recommends keeping vitamin D levels in a range of 30 – 50 ng/mL. Blood levels of calcium are not a good indicator of bone health. If vitamin D levels are consistently low, you should be tested for parathyroid hormone (*also called PTH, a hormone that helps maintain the balance of calcium in the bloodstream*) and bone density.

The Parathyroid Hormone (PTH)

Often times, if vitamin D levels are insufficient or deficient, PTH levels will be high (*see chart below*). When PTH levels are high, this tells us that the body is producing more of the hormone (PTH) that takes calcium from the bone to the blood. This helps create balanced levels of calcium in the bloodstream but leaves weaker bones. Vitamin D deficiency can also result in weakened muscles, contributing to issues with balance and falls.

Defining Low Levels of Vitamin D



Category (as defined by Endocrine Society)	Vitamin D Level
Insufficiency	21 – 29 ng/mL
Deficiency	<20 ng/mL

Vitamin D continued on page 34

Certain Populations Might Be at a Higher Risk for Vitamin D Deficiency

Populations at a higher risk for vitamin D deficiency may require 1,500 – 2,000 mcg per day, and those who have had bariatric surgery are suggested to take 5000 mcg daily. Specific recommendations will differ with the goal of reaching sufficient vitamin D levels.



Vitamin D2 and Vitamin D3

Calcium and multivitamins generally contain some vitamin D, but usually not enough to meet the needs of those at a higher risk for deficiency.

Vitamin D comes in two forms:

- Vitamin D2
- Vitamin D3



Our body may be better able to use vitamin D3 since it is in the active form. Studies show that we need 70% less vitamin D2 compared to D3. It may be beneficial for some people to alter their source of vitamin D for “stubborn” levels. Prescription vitamin D in the United States comes from vitamin D2, so you may want to take over-the-counter vitamin D3 more frequently instead. This would mean taking vitamin D3 everyday instead of the once-weekly recommendation. You can speak to your doctor or dietitian if you have questions about dosing.

Also, consider taking vitamin D with a food source containing fat to increase absorption. If you generally take vitamin D on an empty stomach, try it with fish oil or flaxseed oil. Dry forms of vitamin D that do not require you to pair it with fat are also commercially available.

Treating Vitamin D Deficiency with Prescriptions

Vitamin D deficiencies are generally treated with prescription vitamin D in a dose of 50,000 mcg once weekly, taken for eight weeks. People who have issues with absorbing vitamins, or are taking medications that impact vitamin D metabolism, may need three times the regular dosage if they are deficient. You may be referred to an endocrinologist if vitamin D or PTH levels are consistently out of range.

Calcium and Vitamin D

Since vitamin D and calcium are buddies, we also need to ensure we’re meeting our calcium needs. Calcium can be found in many of the foods that vitamin D is in:

- Fish
- Dairy
- Fortified non-dairy drinks
- Fortified tofu

Calcium is naturally present in green vegetables like broccoli, kale and turnip greens. Pregnant and lactating women, as well as teenagers ages 14-18, need 1300 mg per day while men and women over 19 should consume at least 1000 mg.

Bone-Building Exercises

Beyond getting enough vitamin D and calcium, we can protect our bones by doing specific bone-building exercises. If you’ve lost weight, your bones weaken, so focusing on both high and low-impact weight-bearing exercises is important for building and maintaining strong bones. Try to aim for 30 minutes of either low or high-impact exercise most days.

Balance, posture and functional exercises done on a regular basis can be helpful as well. Some examples include:

- Yoga
- Pilates
- Tai chi

Water-based exercises are also an option, especially if they include buoyancy weights or other resistance equipment. Aim for 60 minutes of moderate to high-intensity water-based exercises at least three days per week for the most impact.



Examples of High-impact, Weight-bearing Exercises:

- Jogging or running
- Jumping rope
- Climbing stairs
- Tennis
- Hiking
- Dancing
- Aerobics



Examples of Strength-building Exercises (try to aim for at least 2x/week):

- Lifting weights
- Elastic bands
- Weight machines
- Bodyweight exercises
- Yoga
- Pilates



Examples of Low-impact, Weight-bearing Exercises:

- Walking quickly
- Stair-step machine
- Elliptical
- Low-impact aerobics

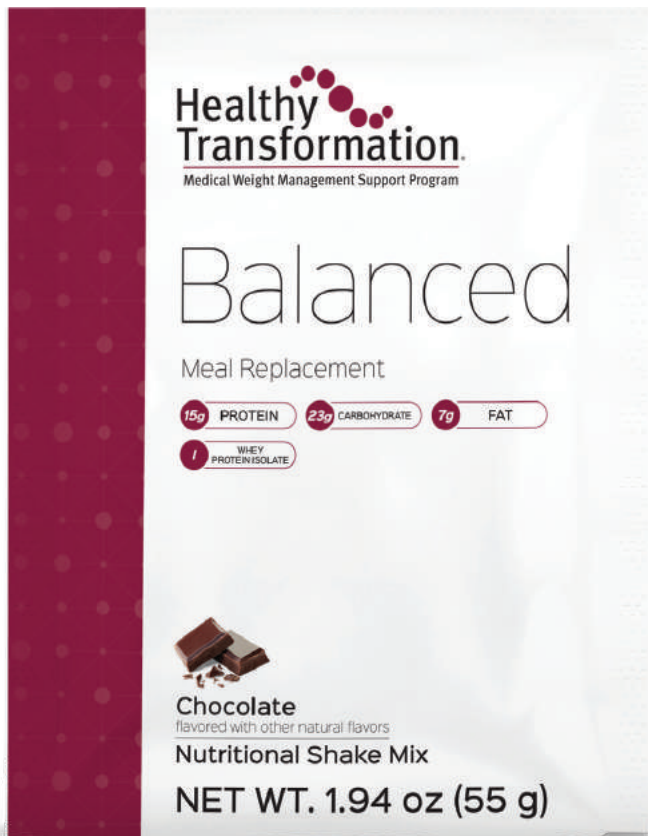


Take Action

Now that you are in the know about your vitamin D levels, check in with your healthcare provider or dietitian to make a personalized action plan to keep your vitamin D levels spot on!

About the Author:

Melissa Majumdar, MS, RD, CSOWM, LDN, is a registered dietitian and specialist in weight management. She is the Metabolic and Bariatric Coordinator at Emory University Hospital Midtown and lives outside Atlanta with her husband and two kids.



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1. Atallah R et al. *Circ Cardiovasc Qual Outcomes*. 2014;7(6):815-827.

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NATURAL



Friend or Foe?

by Sarah Muntel, RD



SUGAR: IT'S THE BUZZ WORD THESE DAYS, ISN'T IT?

Some say sugar is addicting, and some say they love the taste. We also know that diets high in sugar are linked to an increased risk for obesity, diabetes and heart disease. Despite health concerns, sugar is everywhere. It's in places you would expect like:

- Cookies
- Cakes
- Sweet drinks



But, it is also in foods like:

- Apples
- Skim milk
- Blueberries



There are also artificial sugar substitutes that add sweetness to foods and drinks without the extra calories. How do you know which type of sugar is best for you?

ADDED VS. NATURAL SUGAR

Sugar is a carbohydrate that your body converts to energy. It's a sweet substance made of crystals from various plants. Due to its sweet taste, it can be easily overconsumed. Many times, sugar is used to sweeten foods or drinks and is added to products during processing. You will find sugar added to everything – drinks, cookies, yogurts and even salad dressings! However, adding sugar adds calories without contributing to the food or drink's nutritional value. The American Heart Association recommends no more than six to nine teaspoons (25 – 36 grams) of added sugar per day. On average, Americans consume more than 20 teaspoons of sugar per day.

“ADDING SUGAR ADDS
CALORIES WITHOUT
CONTRIBUTING TO THE
FOOD OR DRINK'S
NUTRITIONAL VALUE.”

“NOTHING IS ADDED TO THE FRUIT OR VEGETABLES TO GIVE THEM THEIR SWEET TASTE, MAKING THEM A MORE NATURAL PRODUCT.”

NATURAL SUGAR IS DIFFERENT

Natural sugar is not added to food but is instead found naturally in that food. For example, milk contains a natural sugar called lactose. This naturally occurring sugar makes food and drinks sweet. Fructose is another naturally occurring sugar that is found in fruit. You will also find natural sugar in vegetables like sweet potatoes and peas. Nothing is added to the fruit or vegetables to give them their sweet taste, making them a more natural product.

YOUR BODY CAN'T ALWAYS TELL THE DIFFERENCE

Your body recognizes sugar when it is breaking down the food for absorption, and doesn't always distinguish between natural and added. However, there is a difference between sugar that is added to your foods and food that naturally contains sugar. Let's look at an apple vs. a cookie.



An apple has 15 grams of carbohydrates and natural sugar. In that sweet-tasting apple, you will also find fiber, water, vitamins and minerals. Your body takes a while to digest the apple and break down its nutrients. When you choose a cookie, you are missing all the nutritional aspects of eating and are just left with the sugar!

Also, foods with added sugar are typically more processed and have a higher concentration of sugar. Cookies, candy and sweets are great examples because they are processed snack foods with a high sugar content.

Natural Sugar continued on page 40



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HOW MUCH NATURAL SUGAR SHOULD WE BE EATING?

Even if the sugar you are eating is natural, there are still limits as to how much (or often) you should eat them. For example, some foods with natural sugars can be very high in calories. Since these foods do not have added sugars, many see these foods as “healthy” and don’t consider portion sizes and calories. These foods can fit into your plan as long as you are aware of these factors.

Foods Higher in Natural Sugar:			
1 tablespoon of honey	17 g of sugar	64 calories	
1 cup of fruit juice	25 g of sugar	115 calories	
½ cup of dried fruit	32 g of sugar	166 calories	

Foods Lower in Natural Sugar:			
1 small apple	15 g of sugar	79 calories	
1 cup 2% milk	12 g sugar	122 calories	
1 small sweet potato	9 g of sugar	100 calories	

LABEL READING

Food labels on products help put the amount of sugar they contain into perspective. The first step in reading a food label is to check the recommended portion size to determine how much sugar you are eating in a serving. When you look at the nutrition facts on a product, you can see the total grams of sugar it has. This number is measured in grams for both added and natural sugar.

Figuring all this information out can be confusing at times. Recently, products are now required to include “Added Sugars” on the nutrition label. This information can be very helpful when determining what is natural. The label notes how many grams of added sugar is in each product and can be a great way to determine if this food fits into your plan.

Check Your labels!

In this label, the product has 12 grams of total sugar and includes 10 grams of added sugar. When you subtract the added sugar from the grams of total sugar, you will see that only two grams are natural and most of the sugar is added.

Nutrition Facts	
8 servings per container	
Serving size	
Amount Per Serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	6%
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	4%

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

WHAT ABOUT A SUGAR SUBSTITUTE?

With America's plan to cut down on sugar, many people are relying on sugar substitutes to get a sweet taste in their food and drinks without the extra calories. These substitutes aren't very nutritious because they do not offer any other benefits like vitamins, minerals or fiber. However, they do provide very few or zero calories. Getting a sweet taste without the extra calories can be helpful if you are trying to manage your weight but you have a sweet tooth.

FDA-approved Food additives:

Aspartame - (*Equal and Nutrasweet*)

Acesulfame K - Sweet One

Neotame - Newtame

Saccharin - Sweet 'N Low

Sucralose - Splenda

Stevia (*Truvia*) - Is not yet generally recognized as safe, but is an available option.

CONCERNS ABOUT ARTIFICIAL SUGARS

Although artificial sugar sweeteners are low in calories or calorie-free, they are often used in foods that are not. When a product is sweetened with a sugar substitute, it is often viewed as "healthy." However, that product isn't necessarily healthy; just the sugar substitute is. For example, sugar-free ice cream made with artificial sweetener still contains a high amount of calories and fat and is certainly not a health food. Additionally, foods sweetened with artificial sweeteners are usually more processed.



SPECIAL DIET RECOMMENDATIONS

Sometimes people follow a low-sugar diet or even a ketogenic diet. Limiting sugar is a great way to cut calories, improve your health and assist with weight loss or weight maintenance. Bariatric surgery patients typically follow a low-sugar plan as well.

With special diets, people must choose wisely so they do not exceed their carbohydrate needs. A supervised plan can ensure your nutritional needs are met. When following these plans, nutritional needs are met with lower-sugar vegetables and lean protein sources. There is little room for food with any type of sugar. These plans can be effective if medically managed by a healthcare professional.

THE KETOGENIC (KETO) DIET

A ketogenic (keto) diet can be more aggressive and is characterized by:

- Higher fat content
- Adequate protein
- Very low amounts of carbohydrates and sugar

Someone following a keto eating plan is limited in the amount of carbohydrates they can have. They are also limited in the amount of sugars they can have, even if those sugars are natural. With this plan, carbohydrates are typically limited to less than 50 grams per day.

NOW YOU KNOW

Sugar is everywhere. Awareness of sugar in all of its different forms is key to staying healthy and managing your weight. Knowing the sugar content in your foods and recommendations for added sugar can help you make informed eating decisions and follow a plan that works for you.

About the Author:

Sarah Muntel, RD, is a Registered Dietitian from Indianapolis, IN. She has worked in the field of bariatrics for the past 18 years, working with both bariatric and metabolic surgery patients as well as medical weight loss patients. Throughout her career, she has worked in several bariatric centers in Indianapolis and is currently the Bariatric Coordinator with Community Health Network. Sarah is an active member of the Obesity Action Coalition (OAC), and frequently contributes to OAC's Weight Matters Magazine and Your Weight Matters Blog. She also plays an active role in the Indiana State Chapter of the American Society for Metabolic and Bariatric Surgery (ASMBS). In her free time, Sarah enjoys spending time with her husband and watching her three kids play sports.

Getting Started with Exercise: What's “Enough?”

by Roger E. Adams, PhD, CISSN, ACE-CPT

DISCLAIMER: To develop an exercise program that best suits your needs, please consult with your physician. It is important to talk with your doctor before beginning any exercise program.

We all know exercise is good for us and has numerous benefits. Still, the common question of “How much do I need to exercise?” is not an easy answer. Health goals, lifestyle and time of day all play a role. A significant part of figuring out the right amount of exercise is developing a solid plan.

If you are new to exercise or are just getting back into the habit, you should consider the following questions before beginning a new plan.





**“You must
MAKE time
for exercise,
not FIND
time for it.”**

Why Do I Want to Exercise?

If you don't know why you're doing something, you aren't going to make it part of your routine. Losing weight is the most common answer I hear from clients, but it's not a good one. If your goal is only about moving numbers on a scale, you are putting yourself in jeopardy of giving up if your body, or the scale, doesn't respond as you want or expect. I encourage you to create a 'why' for staying focused and motivated. Exercising to feel good or improve your health are goals worth setting. Losing weight may be a byproduct of aiming to improve your health.

How Do I Exercise?

Find an activity where you are moving your body and making it stronger and do it wherever you can. You don't have to exercise in a gym or follow anyone else's plan. What's important is doing something active that you enjoy and something you will keep doing. If you are just beginning to exercise, I ask that you start simple:

- Take the stairs when you can
- Walk six minutes every hour
- Do standing squats
- Go for a walk at lunch.

Over time, you may want to do other things like yoga, weight lifting or running. Don't rush into an activity unless you're ready so you can prevent yourself from getting overwhelmed and frustrated.

Where Do I Exercise?

The simple answer is anywhere – no equipment or special location is necessary. For exercise to become a habit, it must be convenient and easy to fit into your usual routine. If you have to drive 20 miles out of the way to go to a gym, that fact may cause friction and ultimately give you an excuse for not being consistent with your fitness plan. Be realistic. Maybe you only go to the gym or a class once a week, and the rest of the week you walk your neighborhood or follow a workout tape at home. When you have a plan, you will see opportunities for exercise all around you.



Helpful Tip:

If you're in the office, put on your walking shoes and make a path out of the halls in your office building!!

Exercise continued on page 44

When Do I Exercise?

For decades, exercise physiologists and scientists have debated this topic. Although they haven't done it yet, scientists may eventually come up with guidance on the best time to exercise. However, my guidance is all the same. I tell clients that the best time to exercise is the time they can commit to and stick with.

Here are some things you should remember when scheduling a time to exercise:

- MAKE time for exercise
- Schedule your exercise so it fits into your routine
- Choose a time of day that you are most likely to stick with (*during lunch, later in the afternoon, in the morning*)
- There is no right time to exercise

Now that you've answered the why, how, where and when of exercising, it's time to figure out how much you should do. The amount of exercise you should aim to do each day/week depends on your specific health and fitness goals. Here are a few guidelines to help on your exercise journey.

Overall Health and Heart Health:

If you are exercising to improve overall health and keep your heart healthy, the American Heart Association recommends at least 150 minutes per week of moderate-intensity aerobic activity, or 75 minutes per week of vigorous aerobic activity.

Examples of moderate-intensity exercise includes:

- Brisk walking
- Water aerobics
- Gardening
- Biking slower than 10 mph

Vigorous activities can include:

- Hiking
- Running
- Swimming
- Cycling faster than 10 mph

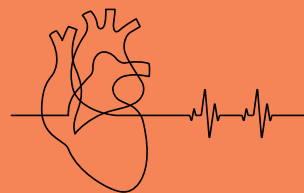
Monitoring your heart rate is a good way to gauge your intensity



Ideal Heart Rates

Your maximum heart rate should be close to 220 bpm minus your age in years. If you are 40, your maximum heart rate should be close to 180 bpm.

Moderate-intensity exercise should reach 50 – 70% of your maximum heart rate, and vigorous activity should reach 70 – 85% of your maximum heart rate.



“ The right amount of exercise begins with the amount you can sustain as part of your plan to be a healthier you! ”

Stress Management:

When stress affects the brain, the rest of the body feels it as well. So, if your body feels better from exercise, so does your brain. Exercise produces endorphins, which are chemicals in the brain that can act as natural pain killers, mood stabilizers and even sleep aids. These “feel good” hormones help you stress less. Regular low to moderate-intensity exercises are best for this. As little as five minutes of aerobic activity can help reduce anxiety and lower stress levels.



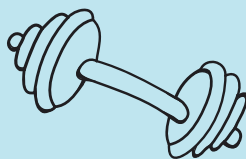
Weight Loss:

The number one reason most people exercise is for weight loss. However, the lack of weight loss from exercise is also the number one reason people stop exercising. While 100% of the daily energy we gain comes from the foods we eat, only 10%–30% gets burned with physical activity. Physical exercise does more than burn calories; it can also affect how much you eat and how many calories you use. Don't expect to lose a lot of weight from exercise alone. Any solid exercise plan must accompany a healthy diet for it to impact your weight. However, incorporating 30 – 60 minutes of daily moderate to vigorous-intensity activity while maintaining a healthy diet is the best strategy to improve overall health and make weight loss a healthy side effect.

Muscle Gain:

Strength or resistance training is important when planning your exercise program. Lifting weights, even your own body weight, stimulates muscle growth. This increase in muscle has numerous health effects such as:

- Improving blood sugar control
- Increasing bone density
- Improving balance
- Reducing the likelihood of falls
- Gaining more confidence
- Improving posture
- Boosting fat loss



Including two sessions each week of resistance training, or bodyweight exercises, is extremely beneficial, and you don't need to go to the gym! Weight training at home with dumbbells or kettlebells is a great way to incorporate strength training into your routine.

Exercise continued on page 46

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Iron I like because it likes me.

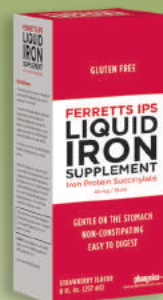
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Sustainability:

If you don't like what you are doing, you won't stick with it. If you hate to run – don't! For any exercise to be effective, you must be able to easily add it to your routine and make it a part of your life. Find the right amount of exercise that you can easily fit into your routine, that you like to do, and begin with that. Don't overdo it and don't make it too complicated.



Conclusion

Exercise should be fun and something that you look forward to. It is manageable and realistic as long as you enjoy what you're doing and set a schedule for it. The right amount of exercise begins with the amount you can sustain as part of your plan to be a healthier you!

About the Author:

Roger E. Adams, PhD, CISSN, ACE-CPT, is owner of eatrightfitness, an evidence-based private practice located in Katy, Texas, that focuses on weight loss and sports performance nutrition. He has more than 20 years of experience working with clients to achieve better health and wellness. Additionally, Dr. Adams holds group nutrition education sessions and personal training classes. He speaks at business seminars, health fairs and non-profit organizations about the ever-changing fields of nutrition and fitness. Dr. Adams holds a doctorate in nutrition from Texas Woman's University and is a certified personal fitness trainer by the American Council on Exercise (ACE). He is also a certified sports nutritionist by the International Society of Sports Nutrition (ISSN), as well as an active member of the Obesity Action Coalition; The Obesity Society; the Sports, Cardiovascular, and Wellness Nutrition; Nutrition Entrepreneurs, and the Weight Management dietetic practice groups of the Academy of Nutrition and Dietetics. More information about Dr. Adams is available at EatRightFitness.com.

IMPORTANT SAFETY INFORMATION

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


Lomaira™
(phentermine HCl)
8 mg tablets

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

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

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

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

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

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

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

For more information and Full Prescribing Information, visit www.lomaira.com.


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8 mg tablets

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Weight-Loss
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Patients pay no
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Lomaira is a **low dose (8mg)** of phentermine HCl, taken **30 minutes** before meals.



Can be taken up to 3x a day.

Find more resources at www.lomaira.com

Dosage should be individualized to obtain an adequate response with the lowest effective dose. The usual adult dose is one tablet three times a day, 30 minutes before meals. This tablet is scored to facilitate administering 1/2 of the usual dosage for patients not requiring the full dose. Phentermine hydrochloride is not recommended for use in pediatric patients 16 years of age or younger. Late evening medication should be avoided because of the possibility of resulting insomnia.

INDICATION

Lomaira is an appetite suppressant used for a short period of time (a few weeks) for weight loss and should be used together with regular exercise and a reduced-calorie diet. Lomaira is for adults with an initial BMI of 30 or more or 27 or more with at least one weight-related medical condition such as controlled high blood pressure, diabetes, or high cholesterol. The limited usefulness of this drug class, including Lomaira, should be measured against possible risk factors inherent in their use.

Daily Dose Tracker App





FEEL GOOD ABOUT GREAT TASTE

30g
PROTEIN

160
CALORIES

1g
SUGAR



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