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You’re stronger than you realize—and OPTIFAST® is in your corner. OPTIFAST® is a medically monitored meal replacement weight-loss program that can help you lose twice as much weight as a reduced-calorie, food-based diet*. Go to optifast.com/findaclinic and find a clinic near you today.

*In a clinical study, participants in the OPTIFAST® program lost twice as much weight at 26 weeks and maintained approximately twice as much weight at 52 weeks compared to a reduced calorie food-based diet (modified version of diabetes prevention program). Ard JD, et al. Obesity. 2018;27:22-29.
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**Weight Matters Magazine**

**FOR YOUR HEALTH**

**Summer 2019 | Volume XIV | Issue 4**

**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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- The essence of the OAC Community is all about connecting with each other. Discover how to meet and engage with other OAC Community Members using the OAC’s NEW Community Discussion Forum!

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Hello Everyone,

Happy summer to all! As a kid, I remember counting the days till summer vacation in anticipation of the fun and exciting times ahead. Summer was a time for making new friends, discovering new interests and taking part in community activities. Some of the best memories I have are summer memories. Though summertime for most adults is not quite as countdown-worthy, I propose that many of the same exciting activities are still available to us in our Obesity Action Coalition (OAC) Community. I’d like to highlight a few you’ll read about in this issue...

The OAC’s Your Weight Matters Convention & EXPO (YWMConvention.com) will be held August 1-3 in Tampa, Florida! This wonderful event gives our Community a chance to spend some in-person time with fellow OAC Community Members sharing, learning, making new friends and having fun. It is truly a highlight of my summer each year and I encourage you to join us if you can. If traveling is not possible this year, you can also spend some time getting to know others in the OAC Community by checking out our new Community Member Discussion Forum (Forum.ObesityAction.org). This forum is a safe place to create connections online, share with one another in engaging conversations and gain the support of those who understand our experiences in a judgment and stigma-free zone.

I also encourage you to spend some time exploring the OAC website (ObesityAction.org) to access high-quality weight and health information and education, learn about each other through our Member Discussion Forum and read our featured member spotlights in the Community. Please take some time this summer to see what the OAC Community is up to and discover ways in which you can take part. I know you will be inspired and motivated!

For those who want to turn that inspiration into action, I encourage you to visit the new OAC Action Center at ObesityAction.Org/Action-Center. Here you’ll find opportunities to take OAC Action on issues relating to access to care and weight bias or report issues to the OAC. Many actions can be done with just a click of your mouse and without leaving your home or lawn chair! All actions matter and all actions make a difference. Imagine if every OAC Community Member made a commitment to visit the OAC Action Center and take one action a week! All of us taking OAC Action across the country... what an impact that would make!

“Small acts, when multiplied by millions of people, can transform the world.”
- Howard Zinn

With so many new opportunities available in the OAC Community, I look forward to making memories with you this summer and for the rest of the year.

Michelle “Shelly” Vicari, OAC Chairwoman
Through the Generosity of Others, the OAC Awards 14 Convention Scholarships for YWM2019!

The 2019 Convention Scholarship Fund “Making it REAL” Campaign was a huge success! The funds raised allowed the Obesity Action Coalition (OAC) to award 14 scholarships for individuals to attend the 2019 Your Weight Matters Convention & EXPO from August 1-3 at the Tampa Marriott Water Street in Tampa, FL.

This year, the OAC received more than 70 applications from hopeful attendees. Through the generous donations from supporters we were able to shift some of these envisioned experiences from wish to reality. Together, we made the gift of quality education REAL, we made the gift of support systems REAL and we made the gift of breakthroughs REAL!

Thank you for your continued support of the Convention Scholarship Program. We can’t wait to see all of you at YWM2019!

For more information about the 2019 Your Weight Matters Convention & EXPO and to register, please visit: YWMConvention.com.

OAC Congratulates the 726 Physicians Newly Certified in Obesity Medicine

In May, the American Board of Obesity Medicine (ABOM) announced that a record 726 physicians became certified in obesity medicine in 2019. Today, more than 3,370 physicians are ABOM certified across the United States and Canada.

ABOM was established in 2010 to help healthcare providers learn more about obesity and its treatments. An ABOM certified physician has been trained in obesity medicine and is prepared to talk with you about your weight.

“The growth of certification mirrors the rise in interest among physicians seeking [an] evidence-based approach to treating patients coping with obesity,” said Dana Brittan, ABOM executive director.

The newest ABOM certified physicians include:
• Internists
• Family physicians
• Endocrinologists
• Pediatricians
• Surgeons
• Obstetricians/gynecologists
• Gastroenterologists

To find an ABOM certified healthcare provider near you, please visit the OAC’s Obesity Care Provider Locator at: ObesityCareProviders.com.

Six Ways You Can Help to Create a Better World for People with Obesity: Check out OAC’s New Donor Program!

The OAC has launched its new donor program with various ways to support us in creating a better world for people living with obesity. The education, advocacy, support and awareness we provide isn’t possible without help from our Community and supporters. Now, there are easy and engaging ways for everyone to actively show support for what we do.

• Doing some online shopping on Amazon? Support the OAC through the Amazon Smile Program!
• Celebrating a milestone in your journey? Host a fundraiser in celebration of your victories and pay it forward!
• Running a race? Throwing a party? Use your event to raise funds and benefit a cause you care about like weight bias or access to care.
• Looking for a way your support group can give back and have a little fun? Participate in our Calendar Challenges!
• There’s something for everyone in this program. See how you can participate in designated initiatives to help raise funds for the OAC and help move our mission forward. Together we can create impactful change!

Find out how at: ObesityAction.org/Donate/Ways-to-give
Hello Obesity Action Coalition (OAC) Community! My name is Shenese Colwell and I’m an active and passionate advocate for the OAC. I am a business manager by profession and a fitness and bariatric coach by passion. I am excited to share my story about how I got here, and I look forward to continuing to take action with the OAC as it grows its efforts.

Simply put, the OAC has changed my life! Now I am on a mission to help others by sharing the OAC’s message and educational resources.

Motherhood, Self-care and Obesity’s Impact

I was active and had a healthy weight into adulthood. I even bounced back to my high school weight of around 120 pounds after my first child was born. As a single mom, I quickly made a habit of putting myself on the back burner. I started to see more than a few pounds creep on and began to panic when I couldn’t fit into some of my clothes. It bothered me, but I soon bought bigger clothes.

I tried several weight-loss methods over those years (weight-loss programs, boot camps, group challenges, you name it), all with little success. The weight always came back and I usually gained more. Fast forward 20 years and my weight went from 140 pounds to more than 230 pounds. At 5’3,” my weight was taking a toll on my health and joints.

My priorities remained my family, my education and career development. Soon, I was a single mother to three very active boys. I also juggled a full-time job, a part-time job and went to school full-time. There was no time for self-care! I always thought I could work on that later, when I had more time. I had high blood pressure, high cholesterol and joint pain, but I kept putting myself on hold.

As a single mom, I quickly made a habit of putting myself on the back burner.
Navigating My Journey with Obesity

When I was about a year away from college graduation, I decided it was time to do something different. I wanted my walk across the stage to be a new chapter in my life in more ways than one. I'd heard about bariatric surgery and decided to learn more. I turned to the internet where I found information and I wanted to explore it all—even though it was overwhelming. I looked at so many before and after photos and read so many transformative patient stories!

I decided to talk about bariatric surgery with my healthcare provider. However, she was not very encouraging or supportive about this option. I did not let that stop me! I wanted my life and health to be better. I felt that it was a real tool for my weight management, so I went to a bariatric surgery information session. Five months later, when I had finished all of my pre-op requirements (the day before my 42nd birthday), I had Roux-en-y-surgery (also referred to as gastric bypass).

I was excited, scared and alone, but I never doubted my decision. Since then I’ve been on a journey of growth, self-love and rediscovery. I learned to put myself first. Along the way, I’ve become aware of the biases in the world against people living with obesity and related conditions. I am surprised that many healthcare providers are not more educated and informed about effective and science-based treatment options for obesity. I am happy to say that my healthcare provider is now excited by and supportive of the changes that bariatric surgery has made in my health and quality of life. She no longer has a negative view about bariatric surgery.

“Shenese before her decision to have bariatric surgery”

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
How I Stumbled across the OAC

Shortly after my surgery, I began to actively participate in online bariatric surgery and fitness forums. I’d seen ads and mentions of the OAC’s *Your Weight Matters* Convention & EXPO. I googled the meeting and was excited to see that this was an entire event dedicated to education, support and resources for people in the weight management community!

I wanted to know more about the OAC. I was blown away that there is an organization whose mission is about serving, educating and advocating for people affected by obesity. The more I learned, the more my passion grew. I wanted to get involved! As a bariatric surgery patient and someone who knows the struggle, I feel a sense of belonging and a call to action with the OAC.

The amount of “information” out there is overwhelming. Finding the OAC helped me learn more about obesity as a disease. It gave me resources and information that I feel people and healthcare providers need to see. Watching the OAC grow and change lives gives me hope. I believe that their message is being heard and shared, and I hope that it’s as helpful to others as it has been for me.

How I Take OAC Action in My Own Way

Following surgery, I learned a lot about obesity and about myself. I’m still learning, but I know it’s on me to take charge of my weight and health long-term. I believe that what I’ve learned must be shared because there are too many people who don’t have access to these resources or know they even exist.

I strive to pay it forward by sharing my story and what I have learned. I have changed in many ways. I am now a fitness coach who helps others meet their fitness needs both pre- and post-surgery. I became a weight-loss group support leader because support is so important to weight management success. I’m also a bariatric coach so that I can help surgery patients find what works for them to have long-term success on their journey.

Each role I play fuels my passion and need to help others. I share as much information as I can to help others learn how to succeed and thrive after bariatric surgery, manage the disease of obesity and keep the weight off!

Want More OAC Community Perspectives?

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

Want to be featured in OAC’s *Weight Matters Magazine?* Contact membership@obesityaction.org with your request and to learn more.
Move over, protein shakes!

**Clearly Protein** from Bariatric Advantage® is the new way to get 20 g of protein from 100% whey protein isolate in a refreshing, thirst-quenching drink! Now you can help meet ASMBS recommendations for high-quality protein at any time of day!

+ 20 g protein from 100% whey protein isolate
+ 100 mg calcium, 90 mg potassium
+ 0 g fat, sugar*
+ No artificial sweeteners
+ 80 calories

Ask your healthcare practitioner today about Clearly Protein, and learn more at [BariatricAdvantage.com](http://BariatricAdvantage.com).

*Not a low-calorie food*
SUMMER IS UPON US! The sun is out, the skies are blue and carefree weekends and vacation await.

When we were children, summer was a break from routine. Why should it be different as adults? Most of us can’t take months off from work, but we can use these months to branch out from our normal physical activity choices and have some fun.

For most of us, exercise tends to fall into three categories: walking, running or working out at the gym. Maybe you mix it up with a new route or group class from time to time. This summer make a real departure from your routine with some help and guidance from fellow OAC Community Members as they share their favorite outdoor activities!

How would you like to boost your immune system, lower your blood pressure and reduce stress? How about improving your mental health, quality of sleep, energy level and more? Sound good? Then take a hike!

Find Your Footing

For those living with obesity, walking is often suggested as an easy way to start getting active. Try moving off those paved sidewalks and paths and head out into nature. Hiking can have all the health benefits mentioned above, and more, according to many studies around the world!
Why Wait To Lose Weight?

Lomaira is a low dose (8mg) of phentermine HCl, taken 30 minutes before meals.

Can be taken up to 3x a day.

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.

Data on file KVK Tech, Inc. Newtown, PA
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.

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.

Let Nature Be Your Guide

Spending time in nature helps us take a break from the rush of our daily lives. It's a natural stress reliever, and breathing in fresh air can boost your immune system. Hiking often involves terrain that can be a bit more challenging than the paved trails around your local park, adding additional cardio benefits to your physical activity.

Be Prepared

There may be hills to climb, streams to cross and other “hazards” such as rocks, logs and more to be aware of, so hiking may take additional preparation on your part. Make sure to always carry water and a nutritious snack to help keep your energy level up. It is also a good idea to bring along a hiking buddy or at least let someone know where you are going and when you plan to be back.

A Pair of Shoes Can Change Your Life

Don't underestimate the importance of a good pair of hiking shoes. A sturdy boot can offer protection from slips as well as the weather. Boots also provide proper ankle support for uneven trail conditions. For those who are worried about those uneven trails, a trekking pole (or two) or walking stick can provide additional support when navigating trail conditions.

The Options are Endless

When it comes to finding a hiking trail, there are endless resources to choose from. Local and state parks typically publish trail maps of some sort, and many online communities have various outdoor groups that organize outings. Like any new activity, start slow and work your way up. Online resources can give you detailed trail information, including factors like distances, elevation and trail conditions.

Caution! More Fun Ahead!

One last word of caution: hiking can often lead to other outdoor activities, such as backpacking, camping, bird watching, nature photography and more!
“Spending time IN NATURE HELPS US TAKE A BREAK FROM THE RUSH OF OUR DAILY LIVES. IT’S A NATURAL STRESS RELIEVER, AND BREATHING IN FRESH AIR CAN BOOST YOUR IMMUNE SYSTEM.”

AdventuRe is Out There continued on page 14
Last year, I told my Bariatric Surgeon that I was planning to start kayaking as a primary form of exercise. She thought it was a great idea as it combines resistance with cardio exercise.

Kayaking has many health benefits including:
- Improved cardiovascular fitness
- Increased muscle strength
- Reduced risk of joint and tissue damage (it is a low impact activity)
- Calories burned from active paddling (more than a brisk walk!)

**Do Your Research**

To research my kayak options, I went online and used an outfitter that sells and rents kayaks. With their help, I learned the difference between recreational, touring and whitewater kayaks:

- **Recreational kayaks**—tend to be less expensive, stable sit-on-top boats.
- **Touring kayaks**—are longer, sit inside and narrower boats.
- **Whitewater kayaks**—are the shortest and are designed to handle class 3 and 4 river flows.

There are many other features to learn about (such as using a rudder, tracking, splash skirts and which paddle to get), so I highly recommend spending time in a store that really knows the sport. Renting kayaks before you buy can help you determine which one works best for you.

The type of water you plan to go out on will also help you pick a kayak. Living on a lake (flat water), visiting the beach on occasion and wanting to do some slow river paddles helped me decide on a touring kayak. In season, I get out on the water four to five times a week for an average of 90 minutes each time.

**Find Your Rhythm**

I tend to go about 4.25 to 4.5 mph on my fitness paddles. I’ll even get into a nice meditative state of mind at times as I find a nice paddle rhythm. Paddling a kayak is not just pulling on the paddle; it actually uses most of your body. There are lots of online resources and instructional videos to learn more about the sport, but you could also look into joining a club if you want to learn specific techniques or paddle with a group.

If you are looking for a water sport that is fun, gets you close to nature and gives you a wonderful workout, then kayaking is something you should explore!

Whether you find outdoor adventure with a paddle, a yoga mat or a new pair of hiking boots; enjoy the summer months seeking a new exercise path and finding the peace and tranquility that disconnecting in nature can provide.
ACCESS TO CARE WEEK
SEPTEMBER 15th-21st, 2019
Learn more and get involved!
ObesityCareWeek.org
A good healthcare provider is hard to find. I know. I loved my primary care physician. She was with me through all of the ups and downs with my weight, when I decided to have bariatric surgery and afterwards when I needed more support. Then one day, she broke my heart. She sat me down and told me she was closing her practice to work at a walk-in clinic. While I felt like I was losing a friend as well as my physician, I had to be happy for her as this change would allow her to spend more time with her children.

So, I began my search for another primary care physician. I didn't want just any old healthcare provider. I wanted someone who would:

✓ Listen to me
✓ Work with me
✓ Support me
✓ Had a clue about bariatric surgery

We find a physician or nurse practitioner we love (or maybe one we don’t like at all) and our insurance changes. Or maybe we move or they move and now we’re left searching for our next physician or nurse practitioner.”
As fate would have it, I found another primary care physician who met my criteria. He was super nice and no matter how busy his office was, he always made me feel like I was his only patient. When he was in the room, he was fully in the room—listening more than speaking and working with me. Then, my husband and I moved more than 800 miles away and I had to begin the search again.

I know I’m not alone in this search. Life happens after surgery. Let’s face it, life happens before surgery too! We find a physician or nurse practitioner we love (or maybe one we don’t like at all) and our insurance changes. Or maybe we move or they move and now we’re left searching for our next physician or nurse practitioner.

WHERE DO YOU BEGIN YOUR SEARCH?

STEP 1: UNDERSTAND YOUR INSURANCE POLICY

Let’s assume you have healthcare insurance and begin there. You need to know what type of insurance plan you have as well as the specifics of your policy. You may have to choose an in-network provider. The terms used by insurance companies can be confusing. Here is a list of terms to help you better understand your policy:

**Health Maintenance Organizations (HMOs):**
Health Maintenance Organizations represent “pre-paid” or “capitated” insurance plans. HMOs have individuals (or their employers) pay a fixed monthly fee for services, instead of charging for each visit or service. The monthly fees stay the same if you have several visits each month or none. Services are provided by physicians who have an agreement with the HMO. Each HMO is different. Some HMO plans have you visit a main office for all health services, but others have you visit the physician’s own office.

**In-Network:** These are providers or healthcare facilities that are part of a health plan’s network. They have an agreement with your insurance company and offer care at a negotiated rate. Seeing an in-network provider is usually cheaper than seeing a provider who is out-of-network.

**Managed Care Plan:** A term that covers any form of insurance plan that has requirements. Managed care plans can be an HMO, Point of Service or Preferred Provider Organization (PPO). Requirements can be pre-authorization or second opinions. The requirements allow your primary care physician to manage all parts of your medical care.

Making the Switch continued on page 21
What is BELVIQ®/BELVIQ XR®?

BELVIQ/BELVIQ XR is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some adults (body mass index [BMI] ≥ 27 kg/m²) living with extra weight, with a weight-related medical problem, or adults living with obesity (body mass index [BMI] ≥ 30 kg/m²), lose weight and keep it off.

It is not known if BELVIQ/BELVIQ XR when taken with other prescription, over-the-counter, or herbal weight-loss products is safe and effective. It is not known if BELVIQ/BELVIQ XR changes your risk of heart problems, stroke, or death due to heart problems, stroke.

Important Safety Information

- **Pregnancy:** Do not take if you are pregnant or planning to become pregnant, as weight loss offers no benefit during pregnancy and BELVIQ/BELVIQ XR may harm your unborn baby.

- **Hypersensitivity Reactions:** Do not take if you are allergic to lorcaserin or any of the ingredients in BELVIQ/BELVIQ XR.

- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using, tell your Healthcare Provider about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ/BELVIQ XR. Call your Healthcare Provider right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.

- **Valvular heart disease:** Some people taking medicines like BELVIQ/BELVIQ XR have had valve heart problems. Call your Healthcare Provider right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ/BELVIQ XR, tell your Healthcare Provider if you have or have had heart problems.

- **Changes in attention or memory:** BELVIQ/BELVIQ XR may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ/BELVIQ XR affects you.

- **Mental problems:** Taking too much BELVIQ/BELVIQ XR may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.

- **Depression or thoughts of suicide:** Call your Healthcare Provider right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.

- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ/BELVIQ XR. Changes to diabetes medication may be needed if low blood sugar develops.

- **Painful erections:** If you have an erection lasting more than 4 hours while on, stop taking BELVIQ/BELVIQ XR and call your Healthcare Provider or go to the nearest emergency room right away.

- **Slow heartbeat:** BELVIQ/BELVIQ XR may cause your heart to beat slower.

- **Decreases in blood cell count:** BELVIQ/BELVIQ XR may cause your red and white blood cell counts to decrease.

- **Increase in prolactin:** BELVIQ/BELVIQ XR may increase the amount of a hormone called prolactin. Tell your Healthcare Provider if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.

- **Most common side effects of BELVIQ®/BELVIQ XR® include:** Headache, dizziness, fatigue, nausea, dry mouth, constipation, cough, low blood sugar (hypoglycemia) in patients with diabetes, and back pain.

- **Nursing:** BELVIQ/BELVIQ XR should not be taken while breastfeeding.

- **Drug interactions:** Before taking BELVIQ/BELVIQ XR, tell your Healthcare Provider if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter [OTC] common cold/cough medicine); OTC supplements such as tryptophan or St. John’s Wort; or erectile dysfunction medicines.

- **BELVIQ/BELVIQ XR is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.** For more information about BELVIQ/BELVIQ XR, talk to your Healthcare Provider and see the Patient Information on the reverse side.

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.
FDA approved for weight loss

Adding BELVIQ® to your healthy routine may help you take weight loss further and may help lower blood pressure.* In clinical studies, BELVIQ® helped some people lose weight and keep it off more effectively, compared with diet and exercise alone.† Ask your Healthcare Provider if BELVIQ®/BELVIQ XR® is right for you.

*Though it is not a blood pressure treatment, BELVIQ may lower blood pressure.

Also Available:

BELVIQ® (lorcaserin HCl) CIV
BELVIQ XR® (lorcaserin HCl) CIV EXTENDED RELEASE

Approval of BELVIQ XR® (lorcaserin HCl) CIV 20 mg tablet was based on the results of a clinical study that demonstrated bioequivalence (i.e., performs in the same manner) to BELVIQ (lorcaserin HCl)® CIV 10 mg tablet twice daily.

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For questions about coverage or financial assistance for eligible patients call 1-866-EISAI (1-866-613-4724) or visit eisaiimbursement.com

†BELVIQ 10 mg twice daily was evaluated in three clinical studies involving overweight adults (with at least 1 weight-related medical condition) and adults living with obesity. All three studies compared people taking BELVIQ plus diet and exercise with people using diet and exercise alone (placebo). The results of the first two studies (involving 7,190 people without diabetes) showed that 47.1% of people taking BELVIQ lost 5% or more of their body weight compared with 22.6% of the placebo group. People taking BELVIQ also had significant improvements in their blood pressure and cholesterol levels. A third clinical study (involving 604 overweight adults with type 2 diabetes) showed that 37.5% of people taking BELVIQ lost 5% or more of their body weight compared with 16.1% of the placebo group. People with type 2 diabetes taking BELVIQ also had significant improvements in their blood sugar levels. Nearly one-half of all participants completed the first two studies; nearly two-thirds of the participants completed the third study.

‡Restrictions apply.
IMPORTANT PATIENT INFORMATION

BELVIQ® (BEL-VEEK) (lorcaserin hydrochloride) tablets, CIV

BELVIQ XR® (BEL-VEEK Eks-Are) (lorcaserin hydrochloride) Extended Release Tablets, CIV

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

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

It is not known if BELVIQ changes your risk of heart problems or plan to become pregnant.

Tell your Healthcare Provider if you have any of the following symptoms while taking BELVIQ:
- mental changes such as agitation, hallucinations, confusion, or other changes in mental status
- rapid heart rate
- increased sweating
- dizziness
- back pain
- fever
- convulsions
- mental or emotional changes
- vision changes
- bleeding

What should I avoid while taking BELVIQ?
Do not drive a car or operate heavy machinery until you know how BELVIQ affects you. BELVIQ can slow your thinking.

General information about the safe and effective use of BELVIQ. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use BELVIQ for a condition for which it is not prescribed. Do not give BELVIQ to other people, even if they have the same symptoms you have. It may harm them.

You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals. For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

What are the ingredients in BELVIQ and BELVIQ XR?
BELVIQ Tablets
Active Ingredient: lorcaserin hydrochloride hemihydrate
Inactive Ingredients: silicified microcrystalline cellulose NF; hydroxypropyl cellulose NF; croscarmellose sodium NF; polyvinyl alcohol USP; polyethylene glycol NF; magnesium stearate NF; yellow #6/sunset yellow FCF aluminum lake; iron oxide Type B NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol; silicified microcrystalline cellulose; magnesium stearate NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C blue #2/Indigo carmine aluminum lake; and magnesium stearate NF

BELVIQ XR extended-release tablets
Active Ingredient: lorcaserin hydrochloride hemihydrate
Inactive Ingredients: microcrystalline cellulose NF; mannitol USP; hyrocellulose USP; ethylcellulose dispersion Type B NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C yellow #6/sunset yellow FCF aluminum lake; iron oxide yellow NF; iron oxide red NF; and magnesium stearate NF

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Revision: May 2017

Important Patient Information
Step 2: Research Your Options

Now that you know how your policy works, visit your insurance company’s website. There you can search for providers in your area. Once you find the providers closest to your home or work, look at their reviews. Common sites with trustworthy reviews include Healthgrades, Google and Yelp. I know, it seems odd to look at physician reviews on Yelp. However, this is the way of the world we live in. The best and most trustworthy resources of information on this are your friends and family, followed by online reviews.

Network: A group of physicians, hospitals and other healthcare providers that have an agreement with an insurance company to provide services at fixed rates. Networks can cover a large geographic area or a wide range of healthcare services. Insured individuals typically pay less for using a network provider.

Out-of-Plan (Out-of-Network): Physicians, hospitals or other healthcare providers who are not part of your insurance plan (usually an HMO or PPO). Not all plans allow you to see providers out-of-network. If you do not have coverage of out-of-network visits, you will pay 100% of the costs involved. Some plans allow for out-of-network visits, but charge a higher rate or you pay a percentage of the cost of the visit.

Preferred Provider Organizations (PPOs): Insurance coverage that uses a pre-selected group of healthcare providers. You will pay less for visiting these providers. If you use a physician outside the PPO plan, you will pay more for medical care.

Primary Care Provider (PCP): A healthcare professional (usually a physician) who is responsible for taking care of someone’s overall healthcare needs. Typically, a PCP serves as a “quarterback” for an individual’s medical care. They see patients for all concerns and give referrals for specialist care.

Provider: A healthcare professional who gives healthcare services. The term can refer to physicians, but it also includes other healthcare professionals such as hospitals, nurse practitioners, physical therapists and others offering specialized healthcare services.

Additional information regarding insurance plans and coverage of bariatric surgery can be found on the OAC website (ObesityAction.org) under the Access to Care Resources section.

Step 3: Find Out if They Specialize in Obesity Medicine

How do you know if a PCP or nurse practitioner near you understands obesity and metabolic health? You have your list of who is covered by your insurance plan and you’ve checked their reviews. Now check to see if they are listed on the OAC Obesity Care Providers (OCP) website available at ObesityCareProviders.com.

You can also begin your search at this site. It allows you to search by zip code and specialty. After you find healthcare providers that specialize in obesity medicine in your area, you can check to see which providers are covered on your insurance plan.

Congratulations! You Did It!

You found a provider that’s covered by your insurance, has great reviews and is listed on the OCP website. You have an appointment for next week. All you need to do is show up, right? Not quite.

To make the most of your appointment and to build a solid foundation with your new healthcare provider, make sure you have a copy of your medical records for the past three to five years. These need to include records of any surgeries you’ve had, your most recent lab results and a complete list of any medications (prescription, over-the-counter, vitamins and supplements) you take on a regular basis. It is also good to include a list of any specialists you see.

Now, you’re ready! One important thing to remember is that if you and your new healthcare provider don’t click, repeat this search and find another. Your healthcare is a team effort and you’re the key player!

About the Author:
Pam Davis, RN, CBN, MBA, is a Certified Bariatric Nurse and a bariatric surgery patient. Pam has 15 years of experience working with individuals affected by obesity. Pam has authored articles, patient education materials, and practice guidelines for treating individuals affected by obesity. In 2015, she received the Integrated Health Circle of Excellence award from the American Society for Metabolic and Bariatric Surgery.
Beyond the Looking Glass: An Honest View of Body Dysmorphic Disorder

by Merrill Littleberry, LCSW, LCDC, CCM, ACE-CPT

I’m too tall, I’m too short, my hair is too curly, my hair is too straight, I’m too pale, I’m too dark...

Let’s be honest. We all have at least one thing we wish was different about our appearance. If you have occasional thoughts about the size of your thighs or how large your hips are, you do NOT have a disorder. Trying to look your best by using extra makeup, a push-up bra or some Spanx does NOT qualify as a disorder. Even if you’re a person who appears to be overly set on losing that extra 10 pounds or ridding yourself of cellulite, you do NOT meet the criteria for an official medical diagnosis.

However, it is another story if the previous examples become:

- Uncontrollable, constant negative thoughts
- Extreme sources of stress in your life
- Repetitive unstoppable behaviors
- Overtakes hours of your day.

Then YES, you should see a healthcare professional to address them.
**WHAT IS BODY DYSMORPHIC DISORDER?**

Body dysmorphic disorder (BDD) is very different from being unhappy with how you look on a bad day. It is far beyond the everyday complaints about hair or weight most people have. BDD is a debilitating, time-consuming, ritual following, psychiatric diagnosis. It is an obsessive disorder that forces a person to focus all of their thoughts on a personal flaw—real or imagined. This is not a disorder to be ignored or minimized. It can be an emotionally damaging way of thinking that negatively impacts every part of someone’s life.

**PUTTING IT INTO PERSPECTIVE**

We have all stared into a mirror under terrible lighting and magnification, only to see how imperfect we actually are. That stray hair suddenly looks like a tree trunk growing from your chin and becomes the center of your attention. We seem to have a natural habit of looking for, and focusing on, the smallest flaws we can find. We then try to find a way to fix, live with or ignore the newly found flaw. We may pluck it, tuck it or bleach it. We can even razor, laser or wax it. After that we tend to go on with our daily routine, giving it little to no thought.

Entire industries succeed on our desire to look our best. Procedures to look more like flawless celebrities are created daily. Thousands of dollars are spent by everyday people wanting to be the perfect image they see in magazines and on television.

The idea of looking perfect fills our brains at every stage of life. However, nearly everyone looking to spend money and have procedures done still does NOT qualify as having BDD.

**THE REALITY OF BODY DYSMORPHIC DISORDER**

BDD consumes a bit of every minute, of every hour, of every day. It can steal three to eight hours of a person’s day. It fills their brains with negative and damaging thoughts. Think about it this way: a 15-year-old who develops BDD will lose two to five years of their life by their 30th birthday obsessing over how they look.

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**THIS NEEDS TO BE SAID IN EVERY WAY POSSIBLE: BDD IS A COMPULSIVE AND SEVERELY DEBILITATING OBSESSION OVER ONE’S APPEARANCE.**

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Try Devrom Today!
Beyond the Looking Glass continued from page 23

UNDERSTANDING BODY DYSMORPHIC DISORDER

To better understand BDD, think about obsessive-compulsive disorder, also known as OCD. Most of us have a basic understanding of OCD. We can think of somebody who may be obsessed with germs. This person cannot stop the thoughts in their mind about germs and coming in contact with them. These thoughts negatively impact the activities of daily life due to repeated hand washing and cleaning surfaces.

BDD is in the family of obsessive-compulsive disorders. Healthcare providers use a reference guide called the Diagnostic Statistical Manual (DSM-V). In today’s edition, under obsessive-compulsive and related disorders, five primary conditions are listed.

Three of the five are:
- Hoarding
- Trichotillomania (the pulling of hair)
- Excoriation (the picking of skin)

To understand BDD, you need to know that this disease causes someone to have never-ending thoughts and a laser-like focus on how they look. These thoughts can be centered on their whole body, a specific part of their body or a real (or imagined) flaw. In rare cases of BDD, the focus is on body odor.

BDD is not an eating disorder, even when someone’s believed flaws center around body fat or weight. BDD can only be diagnosed when it is known that the individual does not have an eating disorder.

BDD often results in extreme, repetitive behaviors such as excessive grooming, compliment seeking or the ongoing need for reassurance of how they look. This disorder also causes the person emotional pain from constantly comparing themselves to others.

Adolescents and young adults that suffer from BDD often find it hard to cope with their symptoms while at a traditional high school or college. Studies have found this leads to an increase in suicide attempts and a high school drop-out rate of 20% among sufferers of BDD.

HOW COMMON IS BODY DYSMORPHIC DISORDER?

The flaws a person with BDD sees—real or imagined—cannot usually be seen by others and generally would not bother someone without BDD. Yet, for someone with BDD, it is as if a neon arrow is pointing out the flaw to the world. These suffocating thoughts result in repetitive behaviors which cause so much distress that they keep someone from daily life. An example might be a person who wishes to only be alone, drops out of school or is afraid to meet new people. This can seem to mirror social anxiety. However, if someone is only choosing these behaviors because of how they feel others see them and their “flaws,” it is classified as BDD.

BDD is split evenly between men and women. Nearly 70% of people diagnosed with BDD show signs of the disease before the age of 18.
WHAT CAUSES BODY DYSMORPHIC DISORDER AND IS IT TREATABLE?

Where does it come from and how do we get it? BDD most often occurs in victims of childhood neglect or abuse. It can also be seen more when an immediate relative has a form of OCD.

The refreshing news is that BDD is treatable. Beneficial treatment options usually include behavioral therapy combined with medication.

A patient once said to me, “When I started treatment it felt like a boomerang. The minute I get rid of it, it comes soaring back. Now it takes much longer for the boomerang to loop back around and I am ready for it.” She is a wonderful work in progress!

CONCLUSION

There are enough people in the world who will dislike you simply because of your appearance. They will dislike you before they ever get to know you. People will look for your flaws and weaknesses no matter your size or color. My one suggestion to you is this: don’t be one of those people. Learn to love the you you’re with.

About the Author:
Merrill Littleberry, LCSW, LCDC, CCM, ACE-CPT, is a healthcare professional in the field of mental and physical health. She believes mental and physical health are equally important, stating one cannot function optimally without the other. She is known as “Vitamin M,” a motivational speaker, psychotherapist and personal trainer along with many other roles. She hopes the role she will be remembered by is a dedicated advocate who continually discovered ways to improve the lives of others.

IF YOU SUFFER FROM THE THOUGHTS DISCUSSED ABOVE, I SUGGEST YOU SEEK OUT RESOURCES EXPLAINING THESE DISORDERS. VISIT IOCDF.ORG FOR RESOURCES AND INFORMATION YOU CAN USE TO LEARN MORE.

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Take the guesswork out of portion control. Learn more at LivligaHome.com
THE DO’S AND DON’TS of Summer Smoothies to Stay Refreshed

by Jennifer Johnston, MA, RD, CSOWM

Summer is around the corner! Along with the heat of summer comes tasty frozen treats to help us stay refreshed and cool. Unfortunately, many of these “treats” are loaded with sugar and calories. While it’s important to treat yourself on your weight-loss journey, remember to do it smartly.

When everyone around you is sipping milkshakes, licking ice cream cones and slurping smoothies, it’s natural to want to join in. Luckily, following a few simple guidelines will help keep the calories in check while enjoying those long summer days!
Don’t let your smoothie derail your weight-loss efforts. There are healthier options, but they are harder to find among the smoothie shops near your office or at the mall.

Smoothies 101

Smoothies mean different things to different people. According to the Merriam Webster Dictionary, a smoothie is defined as “a creamy beverage made of fruit blended with juice, milk or yogurt.” That means your drink can range from a healthy-leaning snack option to a calorie-rich dessert.

Dietitians often shake their heads at smoothies. They imagine the fat, sugar and calorie content, while the rest of us get excited at the thought of a fun, colorful, so-called healthy drink. After all, smoothies have fruit and fruit is good for you! Don’t let your smoothie derail your weight-loss efforts. There are healthier options, but they are harder to find among the smoothie shops near your office or at the mall.

Did you know that a small peach mango smoothie at Jamba Juice has 300 calories and 41 grams of sugar? Make that a large and you’re looking at 460 calories and 71 grams of sugar! That’s the same amount of sugar as eating 109 Starburst fruit chews. You wouldn’t eat that much sugar, so why drink it?

Smoothies 101

Make it yourself: Not only do you know exactly what is going into your smoothie (fruit versus fruit juice, for instance), but you can control the volume you are drinking.

Watch the portion size: Not everyone needs a 32-ounce beverage with a meal’s worth of calories. An eight-ounce smoothie may do the trick.

Pump up the protein: Using some filling protein will help your creation keep you satisfied and prevent blood sugar spikes, especially for bariatric surgery patients. Don’t forget that liquid calories can easily sabotage weight-loss efforts. Adding protein, which takes longer for the body to digest, can be what takes your smoothie from liquid sugar to satisfying snack.

For a healthy protein boost, try an unflavored protein such as Genepro, or a flavored one like Unjury or Nectar. Another easy way to increase the protein is to use one of the newer, ultra-filtered dairy products. Kroger’s CarbMaster milk and Fairlife milk are both lactose-free and have 11 grams (CarbMaster) and 13 grams (Fairlife) of protein in eight ounces. A glass of skim milk will give you eight grams of protein in eight ounces.

Fill up with fiber: Although whole fruit is usually recommended, using high-fiber fruits such as berries will give you an edge. These fruits can help you feel full sooner and longer. For someone whose weight-loss plan does not allow many fruits or vegetables, this can be a fun way to fit them in.

Don’t forget your veggies: Adding kale, spinach or other vegetables can help boost the nutrition of a smoothie and add to the thick texture without needing ice cream, sherbet or other sugary thickeners. Eating your veggies will always be more filling than drinking them, but if you are one who stays away from vegetables due to portion size or preference, adding them to your smoothie is a great way to get some extra vitamins and minerals.

Toss the temptations: It’s easy to add juice, ice cream, sherbet and high calorie syrups to flavor your smoothie. Get creative! Find sugar-free syrups like Torani, toss in a few teaspoons of sugar-free gelatin or use flavor extracts like almond, orange or mint to add flavor. The great thing about these options is that you can adjust the flavor to your preference. Let those creative juices flow and keep the sugary juices away!
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® 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®
- you have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food
- you have or have had problems with your pancreas, kidneys or liver
- you have or have had depression or suicidal thoughts
- you 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®. Saxenda® may cause death or birth defects when taken during pregnancy
- you 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

Novo Nordisk is a registered trademark of Novo Nordisk A/S. Saxenda® and Victoza® are registered trademarks of Novo Nordisk A/S.
Managing obesity like the long-term disease it requires more than willpower alone. Adding Saxenda® to a reduced-calorie meal plan and increased physical activity may help you lose weight and keep it off.

When you lose weight, your body’s response includes an increase in the hunger hormone and a decrease in fullness hormones, undermining your ability to lose weight and keep it off.

Saxenda® works like a fullness hormone naturally produced by your body that is thought to regulate appetite—helping you to eat less, so you can lose weight and keep it off. 56% of people achieved significant weight loss at year 1, and approximately half of them maintained weight loss at 3 years when taking Saxenda® added to a reduced-calorie meal plan and increased physical activity.*

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

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Tell your health care provider about your efforts to lose weight and keep it off, and ask for FDA-approved Saxenda®

Check your prescription coverage and then activate a Savings Card at Saxenda.com/AnotherWay

*In a 3-year study, 2,254 adults with pre-diabetes and BMI ≥30 or ≥27 with one or more weight-related conditions were given Saxenda® (1,505 people) or placebo (749 people) added to a reduced-calorie meal plan and increased physical activity. The study looked at how many people lost ≥5% of their body weight. At year 1, 891 people on Saxenda® (56%) lost ≥5% of their weight vs 182 patients on placebo (25%). After 3 years, 747 people on Saxenda® and 322 people on placebo remained and had their weight measured. 391 of those people on Saxenda® (26%) lost ≥5% of their weight at both the 1- and 3-year marks vs 74 people on placebo (10%).
What is Saxenda®?

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

- Saxenda® should be used with a reduced calorie diet and increased physical activity.
- Saxenda® is not for the treatment of type 2 diabetes mellitus.
- Saxenda® and Victoza® have the same active ingredient, liraglutide.
- Saxenda® and Victoza® should not be used together. Saxenda® 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 due to heart problems or stroke.
- It is not known if Saxenda® can be used safely in people who have had pancreatitis.
- It is not known if Saxenda® is safe and effective in children under 18 years of age.

Saxenda® is not recommended for use in children.

Who should not use Saxenda®?

Do not use Saxenda® if:
- you or any of your family have a history of medullary thyroid carcinoma.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
- you have had kidney problems before. Drinking plenty of fluids may reduce your chance of kidney problems (kidney failure).

Who should not use Saxenda®?

Do not use Saxenda® if:
- you or any of your family have a history of medullary thyroid carcinoma.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
- Symptoms of a serious allergic reaction may include: 
  - swelling of your face, lips, tongue, or throat
  - problems breathing or swelling of your hands or feet
  - fainting or feeling dizzy
  - severe rash or itching
  - very rapid heartbeat

Talk with your healthcare provider if you are not sure if you may have any of these conditions.

Before taking Saxenda®, tell your healthcare provider about all of your medical conditions, including if you:
- have any of the conditions listed in the section “What is the most important information I should know about Saxenda®”.
- are taking certain medications called GLP-1 receptor agonists.
- are allergic to liraglutide or any of the other ingredients in Saxenda®.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digestion 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.
- 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®?

- 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.

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

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

- More detailed information is available upon request.

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

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How to Find a Healthier Smoothie

Weight-loss can be hard to navigate because there is a lot of conflicting information. It’s easy to think that a smoothie is the way to go. But buyer beware—a calorie bomb of a smoothie (or milkshake) is just as easy to make or buy as a high-protein, low-sugar beverage. Be cautious of smoothies advertising no added sugar. These are often made with juice, which while not using added sugars, can still contain hundreds of sugary calories. Advertising can be misleading. For example: Bolthouse Farms Lower Sugar Strawberry Banana Smoothie still has 26 grams of sugar. So, before you order-up a refreshing summer smoothie, do some research so you can enjoy it guilt-free.

Do:

- Research menus ahead of time. Many restaurants post their nutrition information online to help you make informed choices.
- Ask to add or subtract ingredients based on your needs.
- Be cautious of portion size.
- Make your own if possible.
- Watch for words like “protein,” “fresh,” “healthy,” “light,” “gluten free,” “paleo,” “keto” and “juice.” These terms are used to reel you in, but they don’t always mean what you think.

Don’t:

- Let advertising and buzzwords trick you.
- Feel like you have to choose one of the pre-made products on the menu board.
- Feel as if you must finish what you order. It may be enough to have leftovers!

Conclusion

Now that you know the basics of what to look for, how to choose healthier ingredients, how to order a smoothie that fits in your plan and a recipe to try at home; it’s time to sit back, relax and enjoy a refreshing summertime treat!

About the Author:

Jennifer Johnston, MA, RD, CSOWM, is a registered dietitian with Community Health Network in Indianapolis, Indiana. She has been working as a bariatric dietitian since 2010. Jenny is an active member of the Indianapolis Walk from Obesity committee, the Indiana state chapter of the American Society for Metabolic and Bariatric Surgery (ASMBS) and is also a Certified Specialist in Obesity and Weight Management. She enjoys helping patients get back on track after bariatric surgery and seeing the positive changes in her patients’ lives.
I don’t know exactly when the “waiting period” to qualify for bariatric surgery became a thing. Yet it seems that most insurance companies have added the requirement. They state that in order to be covered for bariatric surgery you must spend six months, in 30-day increments, “attempting weight-loss” overseen by a healthcare provider (HCP).
You might wonder... are these requirements for health and safety reasons? Or are they just a series of paperwork and office visits to complicate the process? Let’s take a look.

**CLAIM:** Requiring a six-month HCP-managed weight-loss time frame will “improve surgical outcomes.”

**TRUTH:** There is no evidence to prove this statement. Many studies show required weight-loss efforts are not likely to improve weight-loss after surgery.

Additional studies show many patients actually gain weight during the waiting period before surgery. This can cause the patient’s overall health to become worse. It can also mean that the patient will no longer qualify for bariatric surgery. Looking at the bigger picture, it seems (in a way) that waiting periods might be a cost-saving action by the insurance companies to avoid covering as many surgeries.

Weight-loss before surgery may not pose any additional risk. However, mandated weight-loss may be harmful for those who cannot meet the requirement. These patients will continue to suffer the effects of living with obesity and will be denied the improved health and quality of life that follows surgery.

Facing a required weight-loss period by your insurance company can be hard. How do you make the best of it without feeling discouraged and stay focused on making healthy lifestyle changes?

After 12 years of working with bariatric surgery patients, I know one thing for sure: they have had years and years of “dieting” before surgery. I put dieting in quotes because I refer to it here not as “what you eat,” but restrictive eating with a short-term goal. While many of my patients were able to lose weight, they struggle to keep that weight off long term.

Waiting Game continued on page 34

IF YOU’RE CONSIDERING WEIGHT-LOSS SURGERY, YOU DON’T HAVE TO DO IT ALONE.

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

- Tips for talking with your doctor about weight-loss surgery
- Guidance for affording — and preparing for — weight-loss surgery
- Materials to help your family support you before, during, and after surgery


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Efforts for rapid weight-loss are often associated with:

- High-school athletes running around in reflective gear or black trash bags “sweating it out”
- Fasting and fad-diets
- Extremely restrictive diets
- Disordered eating and even malnutrition

The methods used to lose weight quickly when “required” are very different from the healthy eating plans we build with patients after surgery. This poses a problem. In the time before surgery, when you need to focus on creating healthy lifestyle habits and preparing for post-surgery eating, many patients “do what it takes” to lose weight. This can make it harder for them to create and practice the changes they need to keep after surgery.

Waiting Game continued from page 33

**WADING THROUGH IT**

I think it is best to view the required waiting period as a chance to prepare for your life after surgery. I like to have my patients practice the post-op life. I have them focus on habits they can build into lasting behavior change, such as:

- Begin meal planning like you would after surgery (pre-surgery portions will be larger, but aim for a balance of food groups and timing of meals).
- Start taking vitamins regularly.
- Try not to focus on foods you will never have again. This could lead to a “last supper” approach to eating before surgery that can cause weight gain. Think about what new foods you get to try!
- Talk with your surgeon and form a realistic view about life following surgery. Take time to talk about your relationships, routines and environment. Find behaviors that might help lead to success if continued post-surgery.
- Make time for physical activity before surgery. Making it a habit before surgery will make it easier to maintain afterwards.

**Your Last Weight Loss Program**

Average Weight Loss on our Very Low Calorie Diet (VLCD) Ketogenic Program is 36 pounds in 12 weeks

- Our medically supervised programs offer a phased approach for helping you lose weight and keep it off.
- Our delicious, scientifically designed products include:
  - Shakes
  - Pudding
  - Soups
  - Bars
  - Entrées
  - Snacks
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About the Author:
Nina Crowley, PhD, RDN, LD, is an advocate for patient-centered care and appropriate treatment for people with obesity. She leads the interdisciplinary metabolic and bariatric surgery team at the Medical University of South Carolina in Charleston, South Carolina. Dr. Crowley loves public speaking and enjoys presenting to professional and patient audiences about behavior change, counseling, weight bias, and taking action through public policy. Nina is active in several local and national professional organizations and is currently serving as member at large on the Integrated Health Executive Council of the American Society for Metabolic and Bariatric Surgery (ASMB), the Policy and Advocacy Leader for the Weight Management Dietetic Practice Group of the Academy of Nutrition and Dietetics, and a member of the OAC National Board of Directors.

Become a regular at a support group. It can be helpful to learn from others and to share your journey.

Write down your thoughts, feelings and emotions in a journal. You can also track what you eat, how often you eat and what your activity habits look like. Writing this down might help you find ways to make and keep healthy lifestyle choices.

Be honest with yourself. Now is the time to work on the things you think will be hardest so you can go into surgery as strong as possible.

WAIT FOR IT

Whatever you do, don’t let the waiting period discourage you or stop you from having bariatric surgery. Turning healthy choices into habits is never easy, but it’s so worth it. Use this time to prepare for life after surgery. Those months will fly by and you won’t regret making this investment in your future!

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Talk To Your Healthcare Provider Today.
We’re Better TOGETHER:

How the OAC Community Experience is about Connecting

by Mckinzie Step, OAC Community Outreach Engagement Specialist

In his novel Dance, Dance, Dance, Huruki Murakami wrote, “People leave traces of themselves where they feel most comfortable, most worthwhile.” This is truly what the OAC Community is all about!

The OAC Community launched last summer with the vision to be a central space where members from all backgrounds could connect. We are at our best when we work together and know that others who “get it” surround us. Nothing can replace a connection with someone else who knows what it’s like to be affected by obesity.

The OAC Community works to be a place where we can be our truest selves. It’s about helping each other create our healthiest and happiest lives possible. And it’s also about opening those doors for all people affected by obesity. We can’t do that without making meaningful connections.

Why Connecting Makes a Difference

Obesity is often misunderstood and can be challenging to deal with. For many of us with obesity, it’s a part of our lives that can make us feel different or alone. Others care for loved ones or patients who struggle with obesity.

Even with our differences, we all share something great. We all care about obesity. We have similar experiences and hopes relating to obesity for the world we live in. It’s important to share these because we’re in this journey together. We have to hold these connections close and grow them. That’s why the OAC Community is so special!

By connecting with others in the OAC Community, we can:

• **EDUCATE** others about obesity, its causes, treatments and the care it deserves.
• **IDENTIFY** with others affected by obesity and see we’re not alone.
• **EMPOWER** people affected by obesity by supporting their health journeys and spreading hope.
• **CREATE** a space where others feel listened to and encouraged.
• **CHANGE** the way obesity is understood and treated.
How can you meet and connect with others in the OAC Community? Visit the OAC Community Member Discussion Forum! It is the OAC’s newest Community resource and makes meaningful connections possible.

The **OAC Community Discussion Forum** is an active online platform where members can:

- Introduce themselves and get to know one another.
- Share their thoughts and experiences.
- Talk about important topics relating to obesity.
- Find support for the journey with weight management.
- Support others on their weight management journey.
- Share the RIGHT education about obesity.
- Stay informed on what the OAC and other members are up to.

The Forum is one of the many resources available to members in the OAC Community. It is a private, safe and welcoming space to share what’s on your mind with others. The Forum is a place where you can feel accepted and valued while also experiencing the benefit of togetherness.

**How to Use the OAC Community Discussion Forum:**

1. To use the Forum, you need to be a registered OAC Community Member. There is no cost to join as a member of the OAC Community. To sign-up, visit [ObesityAction.org](http://ObesityAction.org) and click “Join OAC” at the top of the page.

2. Visit [Forum.ObesityAction.org](http://Forum.ObesityAction.org) and log-in. Your OAC Community account information is your log-in information for this page. If you don’t have an account, follow the steps on the Community log-in page to set-up your free online account.

3. Customize your profile in the Forum. There are helpful instructions in the Welcome post to walk you through this process.

4. Join a conversation that already exists or start your own!

5. Bookmark the Forum in your web browser so you can check back often for new conversations from members.

Keeping the words of Huruki Murakami in mind, the OAC hopes this Forum is a place where you can feel comfortable connecting with others. You can make the Forum what you need by building meaningful relationships with people who share similar journeys and interests. People join the OAC Community every day, so visit often to be a part of new conversations and welcome new members!
Ahh... glorious summer. Moms everywhere envision their kids smiling and enjoying every ounce of summer. Then you hear it... “Mom, I’m bored!” This exclamation makes every mom’s skin crawl. Summer vacation is an average of 75 days—or 1800 hours—to make sure your kids are occupied, stimulated and enjoying their summer. What’s your plan?

Start with Structured Activities:

Most kids flourish in school when they have structure. They know exactly what to expect at all times and they tend to thrive on this. Plan on structuring summer days so your kids know what to expect. For example, after breakfast, have your kids start with daily chores and quiet reading. After that, everyone goes outside to play while mom gets a break. Sometimes knowing what to expect makes things so much easier.

Then take it one step further. For example, on “Fun Fridays,” take your kids out to a local park after work for some extra playtime and sunshine. Make Sunday evenings the new “Family Game Night.” Let each person choose one game to play each week. Kids will look forward to these structured events and even remind you of them if you forget!

Sometimes, with the kids at home, mornings before leaving for work or an activity give you little time for breakfast. For busy days, check-out the go-to smoothie recipe on the next page! It’s a great mix of protein, fruit and veggies and a perfect start for your morning.
Fun with Food

Forming a healthy lifestyle begins early. When you expose your kids to different elements of fitness and nutrition, they become part of their lifestyle and stick with them for years down the road.

- **Plant a Garden** – Here’s a fun fact: kids are more likely to eat vegetables if they help grow them. If you don’t have time for a full vegetable garden, buy a few seeds and plant several pots of herbs and flowers.
- **Make a Healthy Snack** – No more Twinkies! Fruit and low-fat dip, energy balls (see the recipe), or a snack mix can be easy, fun activities for kids to make and enjoy!
- **Choose a Healthy Dinner** – Take turns choosing a healthy dinner recipe and preparing it. You won’t believe what kids will come up with.

Add a Heavy Dose of Free Play

Guess what happens when there are no plans? The kids figure it out and come up with ideas of their own. Avoid getting stressed from thinking you need to keep the kids busy every minute with camps, lessons and activities. Those can be fun, but they can also leave little time for minds to wonder. A day with no plans can allow kids to create a stuffed animal pet store in the basement, put on a backyard play with the neighbors or set-up a lemonade stand.

Set your kids up for free play by having plenty of pretend play items around:

- Dress-up clothes
- Craft supplies
- Old boxes
- Books and magazines

Include anything you think they would enjoy. Let their imaginations go wild!

Kid’s Corner continued on page 40

Spring Green Power Smoothie

**Source:** Annessard.com

**Ingredients:**
- ½ - 1 cup unsweetened coconut milk *(from a carton)*
- 2 big handfuls of fresh spinach
- 1 small, freckly banana, frozen
- ⅓ cup of fresh pineapple, frozen
- 1 tablespoon of creamy, ripe avocado
- 2 tablespoons ground, golden flaxseed
- 1 scoop vanilla protein powder

**Preparation:**
1. Add the coconut milk and spinach to a food processor. Blend until the little leaves are completely smooth (or almost completely smooth).
2. Add the rest of the ingredients – scoop the avocado straight in, and blend until the drink is a bright, pretty green. Enjoy!

No Bake Energy Balls

**Source:** Allrecipes.com *(makes 24 servings)*

**Ingredients:**
- 1 cup rolled oats
- ½ cup mini semi-sweet chocolate chips
- ½ cup ground flax seed
- ½ cup crunchy peanut butter
- ½ cup honey
- 1 teaspoon vanilla extract

**Directions:**
1. Mix together the oats, chocolate chips, flax seed, peanut butter, honey and vanilla extract.
2. Form into balls.
3. Place on a cookie sheet.
4. Freeze until set, about one hour.

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Kid’s Corner continued from page 39

Sprinkle in Some Camps and Activities:

Let someone else do the work. Do your kids have an interest in horseback riding, art, tennis or sewing? These days, there is a camp or class for everything. Take a minute to talk to your kids about a few of their interests and choose a couple different options for them to try. Summer months are a great time to try a new activity when schedules are lighter and you’re not committing to something during the busy school year. This is a great way to add some fun, try a new activity, meet new friends and give mom a break!

Common summer camp and activity options include:

- Basketball camp
- Art lessons
- Dance Class
- Cooking Class
- Drama Club
- Nature Camp
- Swimming lessons
- Horseback riding
- Computer camp

Fun Outside:

Yes, it can be hot, but it’s important to have some time for outside play. Stock your garage with outside fun for the kids to make things interesting. Adding a few new summer items can lead to hours of play. Check your local second-hand stores or garage sales for fun outdoor items that will fit in any budget:

- Jump ropes
- Variety of balls
- Sidewalk chalk
- Water balloons
- Bubbles
- Small swimming pool or water table

Also, take some time for an outdoor adventure beyond your own backyard. This is your chance to get your kids interested in nature and the great outdoors! Summer days can be long, so trips out of the house can be a fun way to spend your time. Plan to stop by a different park each week of the summer. Let your kids take turns choosing the location and spend time researching new hiking trails. Pack a lunch and go exploring on a Sunday afternoon or plan an outdoor scavenger hunt and search for bugs, insects and leaves.

Have a great summer and enjoy your time. A little planning and spontaneous fun will make a great summer for you and the kids. Then, before you know it, those kids will be back in school!

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. She has worked with both bariatric and metabolic surgery patients as well as medical weight-loss patients. Throughout her career, Sarah has worked in several bariatric centers in Indianapolis. She is currently the Bariatric Coordinator with Community Health Network. Sarah is an active member of the Obesity Action Coalition (OAC) and serves on the OAC Education Committee. 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.
PROTEIN WITH A REFRESHING PICK-ME-UP

20g PROTEIN 90 CALORIES 0g SUGAR

THE PERFECT AFTERNOON PICK-ME-UP

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Summer is upon us! It’s time to invite your friends over, clean off the picnic table and fire up the grill to celebrate the season. Grilling your food can bring out the smoky flavors and crispy texture that is unique to this cooking style. Although we typically think of hot dogs and burgers as the usual grill fare, there are a number of ways to make this summertime tradition a healthy option.

Great Options for Grilling:

- **Grill turkey burgers and turkey dogs instead of beef to reduce the amount of fat in your meal.** You can also choose chicken or turkey breasts for an even lighter option. To really mix it up, try a nice chickpea or black bean burger.

- **Increase your nutrients with a vegetable medley.** Add color and flavor to your meal with vegetables cooked on the grill. Use a little olive oil or vinaigrette to baste vegetables such as peppers, corn, eggplant or onions before grilling.

- **Grill your dessert!** You can grill fruit kebabs, pineapple slices or peach halves on low heat until the fruit is hot and slightly golden.

“**Grilling** can be a **healthier** option as you **need less oil** than sautéing and fat drips off meat during the cooking process.”

By Katie Chapmon, MS, RD
**Basic Recipes for Summertime Grilling:**

*(Adapted from a family recipe)*

**Dessert:**

1. Use a grill basket or skewer to grill peaches, plums, pineapple, mangoes or any other fruit you like.
2. Sprinkle them with cinnamon, chili powder or even toss with a teaspoon of vanilla extract before or after grilling.
3. Serve on their own or with vanilla yogurt.

**Side Dish Ideas:**

- Trade your traditional mayo-heavy coleslaw for a fresh grilled carrot salad dressed with plain Greek yogurt, raisins and chopped apples.
- Combine whole grain pasta and grilled vegetables such as broccoli or colorful peppers to create a healthier pasta salad.

**Chicken:**

1. Spray skinless chicken breasts with cooking oil.
2. Sprinkle on your favorite spice, such as Trader Joe’s Everything but the Bagel or Spike.
3. Turn grill on high. Grill until a nice golden-brown color and use your meat thermometer to check the internal temperature.

*(Inside Tip: You can share this one with your favorite dog pal)*

**Fish:**

1. Use a 2-inch deep, 9x9 disposable aluminum pan.
2. Spray pan with cooking spray.
3. Place salmon or cod skin down in tray.
4. Dab with a bit of oil and lime juice, sprinkle with seasoning and top with sliced onion or chopped green onions.
5. Cook until the fish looks done and check to see that the internal temperature has reached 145°F with a meat thermometer, or that the fish is opaque and easily flakes with a fork.

*(Inside Tip: If cooking more than one piece, make sure they are the same thickness to ensure that they are done at the same time)*

**Vegetables:**

1. Wash and chop peppers, broccoli florets, cauliflower, onion, mushrooms, carrots, zucchini, asparagus or any vegetables you like into similar-sized cubes.
2. Mix the vegetables together in a medium-sized bowl with olive oil, garlic salt and/or your favorite seasoning.
3. Place all vegetables in single layer on a sheet of aluminum foil packet or grill basket.
4. Place the packet or basket on the grill when the temperature is around 450°F. Let cook for approximately 12 minutes or until soft.
5. Remove packet or basket from the grill.
6. Lightly sprinkle with salt, pepper and maybe a little Parmesan cheese. Serve immediately.

**Dessert:**

1. Use a grill basket or skewer to grill peaches, plums, pineapple, mangoes or any other fruit you like.
2. Sprinkle them with cinnamon, chili powder or even toss with a teaspoon of vanilla extract before or after grilling.
3. Serve on their own or with vanilla yogurt.

Light it Up! continued on page 44
Nutrition on the Grill:

There is no perfect cooking method that retains all the nutrients of each food. In general, cooking for shorter periods at lower temperatures with a little water will keep the most nutrients in your foods. When grilling meats, up to 40% of B vitamins and some minerals may be lost when nutrient-rich juices drip during the grilling process. However, grilling can be a healthier option as you need less oil than sautéing and fat drips off the meat during the cooking process.

There are some concerns that well-done or charred meat may increase the risk of developing cancer. Cooking meat at high temperatures causes chemicals called HCAs (heterocyclic amines) and PAHs (polycyclic aromatic hydrocarbons) to form. These chemicals can cause changes in DNA that can lead to cancer. They form when meat is grilled and fat drips onto a hot surface. The good news is that PAHs can be decreased by 41-89% if fat drips and smoke is minimized. You can also reduce the risk of PAHs by choosing lean meats and trimming the fat before grilling or even flipping your food more frequently.

Now that you have some tips of the grilling trade, gather your family and friends to enjoy a wonderful (and healthy) summertime meal!

About the Author:
Katie Chapmon, MS, RD, is a Los Angeles-based Registered Dietitian specializing in the field of metabolic surgery and weight management since 2008. She currently works with individuals at Your Life Nutrition practice in Pasadena, California. Katie is the recipient of the 2018 Academy of Nutrition and Dietetics (AND) Weight Management Excellence in Practice Award. Throughout her years in this field, she has presented on various subjects at national conferences and for several societies surrounding weight management and metabolic surgery. She plays active roles on committees with the American Society of Bariatric Surgery and AND Weight Management Dietetic Practice Group.
What if your brain couldn’t tune out your hunger?

Does it feel like your hunger is stuck in the “on” position? Insatiable hunger can make it hard for you to focus, and no matter what you do, you continue to gain weight. That could be because a rare genetic disorder of obesity is preventing your brain from telling you you’re full.

LEADforRareObesity.com

Rhythm Pharmaceuticals is working every day to advance the understanding of rare genetic disorders of obesity and to improve the lives of those affected.

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You’ve had bariatric surgery and are working hard to manage your weight and adjust to all of the changes that follow surgery. What comes next? It’s the perfect time of year for a summer vacation, of course! I can’t think of a better way to celebrate the commitment and dedication that it takes to be a bariatric surgery patient than with a fun trip. Whether by car, boat, train or plane, with a bit of planning you can explore the next town over or travel across the world!

The best thing about traveling in 2019 is the amount of information available on the internet. There are articles, blogs and apps designed to help you plan your travels. While they are helpful resources, we know that a bariatric surgery patient has unique needs. I have traveled extensively for my job both before and after my surgery, and I learned some key things along the way.

If meals are chosen for you as part of your travel arrangements, let them know ahead of time (if you can) that you have special dietary needs.
Here are a few practical tips for traveling after bariatric surgery:

**KEEP TO A ROUTINE**

The most important thing I learned while traveling after my bariatric surgery is to keep the habits that I have made a part of my daily routine since surgery. Sticking to your routine will keep your body healthy and ready for exploration!

**Stick to your routine by:**

1. Eating meals at the same times you would at home.
2. Journaling your food so that it helps you stay on track.
3. Planning physical exercise into each day of your trip.

**PLAN AHEAD FOR FOOD**

Pack lots of high-protein, low-carb snacks and keep them with you at all times. Travel with a bullet blender or a shaker cup for protein shakes/drinks and ask for a refrigerator and microwave in your hotel room. You can grocery shop when you arrive, or have groceries delivered to where you are staying. Having your normal foods around makes meal and snack decisions easier and you will be less likely to opt for quick, unhealthy food.

When you are eating out, read through menus online. This even works for many amusement parks and cruises! It will allow you to plan ahead and choose carefully. Don’t be afraid to ask for what you need when you order your meal. If meals are chosen for you as part of your travel arrangements, let them know ahead of time (if you can) that you have special dietary needs. Options for getting the right portion sizes are ordering a la carte, sharing plates with others or asking for to-go boxes in advance. My bariatric clinic gave me a wallet-sized card stating that I had bariatric surgery and would like to be allowed to order from the kids/senior menu. If it is a buffet, walk the entire buffet first. That way you can see all of the available options and choose according to what fits in your nutrition plan. Meeting dietary needs is very common for restaurants now, so don’t let this hold you back!

_**Travel Tips continued on page 48**_
Travel Tips continued from page 47

MAKE TIME FOR EXERCISE

While exercise may not be on the top of your to-do list on vacation, it is easier to fit it in than you may think! Most hotels have gyms, so if going to the gym is part of your daily routine, you can easily stick to it. Local gyms and studios often offer day passes or single classes which can be a fun way to try something new. If the gym isn’t your thing, get out and explore your new surroundings with a walk, hike or bike ride. Many cities offer bike rentals with pick-up and drop-off locations spread around the city. You could even bike to dinner and back!

If you wear a fitness tracker, you’ll be surprised at how many steps you get in as you walk around that amusement park for 12 hours a day! It can even count your laps in the hotel pool. While you may not be getting your normal form of exercise, fitting it into your vacation is easy if you make physical activity part of the fun activities already scheduled. Even if your dream vacation is to lay on a beach and read a book, take a daily sunrise or sunset walk along the shore!

MAKE SURE TO PACK YOUR MEDICATION

Make sure to fill your Rx’s and vitamins before you leave. Time changes can be tricky. It’s best to try to take your medications at the same time you usually do. You can set alarms on your phone to help keep you on schedule.

If you are traveling by plane, TSA does not require you to have your medication in prescription bottles. However, some states have different laws so check ahead to be sure. If you are traveling internationally, it is recommended that you keep your prescriptions in their original bottles to make clearing customs easier. Always pack your medications in your carry-on. You don’t want them in checked luggage in case that bag gets lost. If you are traveling by car, you can use travel containers—some of them will carry up to two weeks of medications and vitamins.

KNOW HOW YOUR INSURANCE WORKS AT YOUR DESTINATION

Let your health insurance provider know you are traveling. They can help you check your coverage in a different state or country. Make sure to have your insurance cards and a form of payment if emergency medical expenses make you pay up front. Some credit card companies and travel companies (cruises and tours) offer travel insurance. Read all the details first, but the coverage might be a good option to add to your trip. Know where the nearest urgent care or hospital is at your destination (and for stops along the way). Have your bariatric office phone number saved in your phone in case you need to reach them. Planning ahead can save time and stress in case you get sick.

CONCLUSION

I always think of my bariatric surgery as a new lease on life—a chance to do things I never thought I’d be able to do. Traveling after bariatric surgery is a blast! It just takes a bit of advanced preparation so you can stick to your post-bariatric routine. So, if you haven’t already, what are you waiting for? Plan a trip, your adventure awaits! And if I may offer a destination suggestion... I’d love for you to join me in Tampa, FL, August 1-3 for the OAC’s Your Weight Matters 2019 Convention & EXPO!

About the Author:
Kristal Hartman is a proud member of the Obesity Action Coalition (OAC) and is honored to serve as a member on the National Board of Directors. She had the gastric sleeve surgery in August 2014 and it was the hardest and best decision she ever made for herself. She is passionate about her work in Biomarker and Genetic Research for Precision Medicine in Oncology, Obesity, and other Chronic Diseases.
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- Let’s Get REAL About Weight Regain

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People living with obesity often face challenges beyond their physical health. These challenges can include weight bias and access to healthcare. Thankfully, there are tools and resources available to overcome these challenges and help make a better world for people living with obesity. The new Action Center from the Obesity Action Coalition (OAC) is one that can help!

Your action can be big or small, and the OAC Action Center has key issue actions as well as day-to-day actions and activities to get you started. Visit ObesityAction.org/Action-Center and explore our four main action pages below:

**ACCESS & POLICY ISSUES**

The OAC works to help make government policies for treatment coverage and research. In this section, you can take action to improve access to care by helping policy makers see the need for policy changes!

**WEIGHT BIAS ISSUES**

Weight bias happens when negative attitudes and discrimination are aimed at people because of their weight. Weight bias is harmful. In this section, you can find ways to help end weight bias. Your actions can help spread education about the disease of obesity as well as the importance of using People-First Language and non-stigmatizing images.

**ONGOING ACTIONS**

On this page you will find a list of easy actions that move the work of the OAC forward and create a better world for people affected by obesity. Suggested actions include:

- Sharing OAC’s educational resources in your local community.
- Reposting our social media content.
- Encouraging others to join the OAC Community.

**REPORT ISSUES**

The OAC wants to hear about the trials and successes our Members experience. In this section you will find our Reporting Tool. You can use this tool to share issues or submit reports of positive action that you’d like to share with the OAC Community.

As you can see, all actions can help create change, whether it’s taking action from your home or out in your community. The OAC works to make taking action easy and meaningful for our Community and the public.
Wondering How Taking Action Fits into Everyday Life?

When a television show paints obesity in a negative light...
WHAT CAN YOU DO?

Visit the new Action Center! We likely have an action ready to respond to the issue. In May, we had actions to sign-on to letters to television executives at NBC and CBS following shows that included weight bias.

When your insurance will not cover obesity care...
WHAT CAN YOU DO?

Visit the new Action Center! The Access and Policy Issues section has lots of options. One option is to urge Congress to support the Treat and Reduce Obesity Act (TROA) of 2019. TROA will give people with Medicare better access to weight-loss counseling and prescription medications for weight management. The legislation focuses on Medicare patients, but affects everyone because insurance companies often base their plans on Medicare plans.

When you experience weight bias issues at work...
WHAT CAN YOU DO?

Visit the new Action Center! In the Report Issues section there is a form to report a weight bias issue that you have experienced. Please note, the OAC will look into all weight bias issues; however, the OAC may not respond to all issues publicly. We will update you on your submitted issue as we review it.

When you want to help, but don’t know where to start...
WHAT CAN YOU DO?

Visit the new Action Center! A number of actions are listed in the Ongoing Actions section. These actions include:

- Leaving old copies of the OAC’s Weight Matters Magazine at your healthcare provider’s office, your gym, the salon, the library, a coffee shop or other local places.
- Telling someone about the OAC’s Your Weight Matters Convention & EXPO being held August 1-3 in Tampa, FL!
- Sending a letter of thanks to your employer or insurance company if they cover obesity treatment and care.

The options in the Action Center are endless! In addition, each month the OAC has a Spotlight Action. These actions will rotate to include access to care as well as weight bias topics. They will change each month, but all actions will be simple to complete and share on social media.

YOUR VOICE MATTERS!
Together we can make the world a better place for people living with obesity.
You’ve heard the name… You’ve seen the social media posts… You’ve read the magazine headlines in the grocery check-out aisle… The keto diet—the new fad praised by celebrities in Hollywood or your next-door neighbor with claims of “fat-melting, weight-loss magic!” So, what is the keto diet? Does it really work for weight-loss? And, most importantly, is it safe?

**WHAT IS “KETO?”**

Believe it or not, the keto diet is more than 100 years old. It was originally used to treat diabetes before insulin was discovered. It was also used to help manage seizures in children suffering from epilepsy. The diet follows a very low-carbohydrate (carb), high-fat eating plan.

“Keto” is short for ketogenic. It is named after the ketone, a type of fuel produced when your body does not have enough sugar (glucose) from eating carbs. Without these carbs, your body transitions to a state called ketosis. In ketosis, instead of burning carbs from energy, your liver will produce ketones from your stored fat to move your muscles, support your organs and help you think.

Unfortunately, getting your liver to make ketones is hard. Your body won’t convert fat to ketones until you’ve used up the stored glucose you normally use for energy. Glucose is your body’s favorite form of energy and it’s stored to help you live each day. In order to change the system, you need to drop your carb intake to fewer than 20 to 50 grams a day. To put that into perspective, the recommended daily amount of carbs is 45%-65%. For someone eating a 2,000 calorie-a-day diet, that’s somewhere between 225 to 325 grams a day!
WHAT CAN I EAT?

On a keto eating plan, a large part of your diet is fat and a very small part is from carbs. Keto diets differ from other popular low-carb, high-protein diets because eating too much protein can actually prevent your transition to ketosis.

Let’s take a look at how the suggested amounts of fat, protein and carbs compare among keto, traditional, and low-carb diets:

<table>
<thead>
<tr>
<th></th>
<th>Keto</th>
<th>Traditional</th>
<th>Low-carb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fat</td>
<td>70-80%</td>
<td>20-25%</td>
<td>30%</td>
</tr>
<tr>
<td>Protein</td>
<td>10-20%</td>
<td>20-25%</td>
<td>30%</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>5-10%</td>
<td>50-55%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Learning what foods fit in a keto diet can be tricky at first. While some people are excited to have higher amounts of fats allowed, the limits on other food choices can be hard to follow long term.

WHAT’S THE CATCH?

Since your body is naturally great at using and storing glucose, it typically takes a few days to reach ketosis when you are starting the keto diet. To be honest, it is not a pleasant experience. As glucose leaves your system, you might experience what is commonly referred to as the “keto flu”—a number of symptoms including hunger, fatigue, mood swings, irritability and trouble focusing.

Once the ketogenic state is reached, supporters of the keto diet note that symptoms of the keto flu generally go away. Unfortunately, in order to stay in ketosis, you must keep nearly all carbs out of your meal plan. If you eat more than the suggested amount, your body will immediately switch back to using carbs for energy and you will have to start the process all over. This means no cheat days. No beers during the game. No small slice of cheesecake. No carbs.

You’ve Lost Weight. Now What?

Balance your weight maintenance efforts with meal replacements

Healthy Transformation® Balanced Meal Replacements and Soup provide 15 grams of protein, 19-23 grams of carbohydrate, and 7 grams of fat in a nutritious 40:30:30 macronutrient ratio.

Talk to your healthcare practitioner about the Healthy Transformation meal replacement options today.
IS KETO SAFE?

Honestly, the jury is still out on that one. Current research on ketogenic-type diets is growing, but the studies are very short-term. This means we don’t really know how long-term low-carb, high-fat dieting affects the body.

With this in mind, here are some of the most common concerns about the keto diet:

- The keto diet is very high in saturated fat. The recommended daily intake should be around 7% of your daily caloric intake because of the connection between these types of fat and heart disease. Current research shows that following the keto diet can increase your LDL, or “bad” cholesterol—a link to heart disease.
- When living almost entirely off of fat, our bodies have to do a lot of work. The keto diet is very hard on your liver and could cause harm for those with existing liver conditions.
- The keto diet is extremely restrictive. This can pose a few problems:
  - Eliminating food groups from your eating plan can result in your body not getting the vitamins and minerals it needs to be its best every day.
  - Eating mostly fat and protein can cause digestive distress. Foods high in fat and protein contain little to no fiber. A decrease in fiber can cause constipation and/or intestinal pain.

Before deciding to try or start a diet like the keto diet, it’s important that you need to talk with both your healthcare provider and dietitian to see if it fits with your dietary needs and any health conditions you may have.

THE KETO DIET: WHAT’S ALLOWED AND WHAT’S NOT

<table>
<thead>
<tr>
<th>Allowed</th>
<th>Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unsaturated Fats:</strong> Nuts, seeds, avocados and fatty fish</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Saturated Fats:</strong> Meats, lard and butter</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Simple Carbs:</strong> Breads, cereals, pastas, cookies and sweets</td>
<td>✗</td>
</tr>
<tr>
<td><strong>Complex Carbs:</strong> Whole-grains, beans, legumes and most fruits</td>
<td>✗</td>
</tr>
<tr>
<td><strong>Leafy Green and Low-carb Vegetables:</strong> Spinach, broccoli, cauliflower, mushrooms and bell peppers</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Starchy and Root Vegetables:</strong> Potatoes, sweet potatoes, corn, squash and carrots</td>
<td>✗</td>
</tr>
</tbody>
</table>

THE BOTTOM LINE

There is still a lot to learn about the keto diet. Eliminating anything from your diet is incredibly hard on your body as it means you are not eating a balanced plan and may not be getting all the nutrients you need. The keto diet can also be hard on your mental health and quality of life.

“Failing” to reach or sustain ketosis can set us up for feelings of failure, frustration and disappointment with trying to maintain or lose weight. Extreme restriction is also likely not necessary. In fact, when compared to the keto diet, a low-fat diet high in whole grains, fruits and vegetables produces the same amount of weight-loss for most participants over six months to one year.

CONCLUSION

Weight-loss is not and never will be a fast process. It is hard. Adopting an active lifestyle with a balance of all foods is recommended to live a happy and long life. A well-known food journalist and author, Michael Pollan, may have said it best: “Eat real food. Not too much. Mostly plants.”

About the Author:
Ethan K. Balk, PhD, RDN, ACSM-EP, is an assistant professor of nutrition and public health at Western Connecticut State University. He also works as a clinical dietitian at Yale University’s Metabolic and Bariatric Surgery Center in New Haven, CT.
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THE KETO DIET: WHAT'S ALLOWED AND WHAT'S NOT

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