

Weight Matters

WINTER 2019

FOR YOUR HEALTH

p.22

MAKING THE MOST OF HEALTHCARE: THE PATIENT-PROVIDER PARTNERSHIP

p.10

ADVOCACY ISN'T A SCARY WORD!

p.36

SELF-HELP STRATEGIES TO FIGHT FATIGUE

p.40

ROCK OUT AND WORK OUT WITH POUND®

KID'S
corner

New Year,
New Family
Traditions!

p.32

OAC
Obesity Action Coalition

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1. Ard JD, Schroeder MC, Kivilaid K, et al. Practical application of a comprehensive weight management program in patients with and without metabolic syndrome. *J Obes Weight Loss Ther.* 2014;54:007. doi:10.4172/2165-7904.S4-007. 2. Wadden TA, Foster GD, Letizia KA, et al. A multicenter evaluation of a proprietary weight reduction program for the treatment of marked obesity. *Arch Intern Med.* 1992;152(5):961-966. 3. Drawert S, Bedford K, Largent D. Change in glucose, blood pressure, and cholesterol with weight loss in medically obese patients. *Obesity Res.* 1996;4(S1):675.



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05 News from the OAC
OAC reflects on the successes of a meaningful National Obesity Care Week 2018; honors outstanding patient advocates and OAC supporters at its reception during ObesityWeek 2018; and welcomes two new members to its 2019 National Board of Directors.

06 OAC Community Perspectives: My Journey Brought Me Self-awareness
Interview with James Lacher
OAC Community Member James Lacher shares his story about living with obesity, choosing bariatric surgery and rediscovering himself through new habits and the OAC Community.

10 Advocacy: A Not So Scary Word after All
by Mckinzie Step, OAC Community Outreach Engagement Specialist
The OAC talks about action a lot, but we know the word "advocacy" can seem daunting. In reality, there are so many easy ways you can make a difference! Let's debunk the advocacy myth.

14 Fashion for Comfort and Confidence: Size Neutral Edition
by Pam Davis, RN, CBN, MBA
If you struggle with your size, it can be a challenge to find clothes and styles you feel great in. These "fashion" tips can help you spruce-up your closet and gain confidence!

22 Making the Most of Healthcare: The Patient-Provider Partnership
by Patty Nece, JD; and Scott Kahan, MD, MPH
Shared decision making, trust and open communication are all crucial for healthcare to be effective. Patients and providers can consider these tips for creating and sustaining a healthy relationship and care plan.

26 Dear Doctor: My Weight is Climbing Even after Surgery. How Do I Stop it?
by Lloyd Stegemann, MD, FASMBS
Is the number on the scale creeping back up, even if you've had bariatric surgery? Don't panic. Consider the whole picture of your health and meet with your surgeon to discuss these possibilities.

32 Kid's Corner: New Year, New Family Traditions!
by Michelle Vicari, OAC Chairwoman
A brand new year is upon us, and there's no better time to recommit to health. Get your whole family together to start new traditions that are enjoyable, healthy and good for bonding!

36 Fighting Fatigue: Practical Tips for Renewed Energy
by Nadia B. Pietrzykowska, MD, FACP, DABOM
Are you frequently low on energy or downright exhausted? Is fatigue affecting your weight management goals? If you can't rule out other health conditions, see these steps to re-energize.

40 Drumsticks and Sweat: How POUND® Helps You Rock Out While You Work Out
by Yelena Kibasova
Ever heard of POUND®, the trending drumstick workout made popular by NBC's "This is Us"? It's not just hype! Learn more about POUND® and its unique benefits for the mind and body.

44 How to Manage Your Weight with Pesky Food Allergies
by Sarah Muntel, RD
Are food allergies thwarting your weight management goals? Learn to decipher allergies from sensitivities and discover alternative ways to plan healthy, nutritious meals.

52 Considering Cravings: Tips for Conquering Your Sweet Tooth
by Nina Crowley, PhD, RDN, LD
Don't let sugar cravings and other hankerings drive you off the rails. There's a science to those irritating temptations! Beat and prevent cravings by knowing what's going on in your body.

Weight Matters

FOR YOUR HEALTH

Winter 2019

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

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Message from the



**Chairwoman
of the Board**

Hello Friends,

I wanted to take the opportunity to wish you all a Happy New Year! I also want to extend a "Welcome!" to the thousands of individuals who found the Obesity Action Coalition (OAC) this past year through the expansion of our OAC Community.

The start of a new year is always exciting. It's the perfect time to refresh our commitment to everything we care about – both personally and as a community. The OAC Community, of which you are a part of, is a diverse group of individuals from all across the country. However, we all care about many of the same things: our health, raising our voices to dispel myths about obesity, challenging damaging weight bias, increasing access to care, and insisting that obesity be treated the same as any other chronic disease. Ultimately, we have a shared goal of making the world better for people with obesity.

***"There is no power for change greater
than a community discovering
what it cares about." – Margaret J. Wheatley***

So, as you move forward into 2019, I hope you'll consider finding a way as a member of this Community to move the work of the OAC forward. Here are a few easy ways you can start:

- Find us on Facebook, Twitter, Instagram and LinkedIn by searching "Obesity Action Coalition" or **@ObesityAction**.
- Visit the OAC Action Center every week at: **ObesityAction.org/Action-Center** to discover new, easy ways you can make a difference on many levels.
- Search the **#OACAction** hashtag on social media and support your fellow action takers by sharing what they are doing to help. Don't forget to use the hashtag yourself!
- Share your personal story about obesity and view others by visiting: **WeightoftheWorld.com**.
- Share this magazine in your local community so we can expand our reach! You can also share other OAC educational resources by requesting materials at: **info@obesityaction.org**.
- Tell others about the OAC Community and encourage them to discover it for themselves. Direct them to: **ObesityAction.org/Community**.

We have very exciting plans in the works this year for even more ways our Community can get involved. We are thousands of voices who care, and when we work together, there is nothing we can't achieve.

I look forward to taking **OAC Action** with you in 2019!

Michelle Vicare

OAC Celebrates a Successful National Obesity Care Week!

Thanks to our members and followers, the OAC celebrated another successful National Obesity Care Week (NOCW) last October! Joining together with the OAC, dozens of organizations and thousands of individuals helped make NOCW2018 one of the most successful to date. NOCW is a national campaign aimed at changing the way we care about obesity by creating a society that understands, respects and accepts the complexities of obesity and values science-based care.

During the week, thousands of individuals took the opportunity to raise awareness of obesity, weight bias, the need for expanded access to care, important legislation and much more. Social media followers of the campaign viewed video blogs from Weight Bias and Bariatric Surgery Day that helped to show the personal side of the issue; took part in an OAC-hosted Tweet Chat that focused on weight bias; and signed a petition demanding that bariatric surgery be covered by insurance providers. In addition, on Bariatric Surgery Day, surgeons at BMI of Texas and Minimally Invasive Surgical Associates announced their donation of bariatric surgeries to two patients in need, bringing the total number of surgeries donated in honor of NOCW to nine!

To read the full recap on NOCW2018, visit the OAC Newsroom at: ObesityAction.org/News.



OAC Honors Outstanding Advocates during Reception at ObesityWeek 2018

In November 2018, the OAC traveled to Nashville for the annual ObesityWeek – the largest international conference bringing together world-renowned experts in the field of obesity. We are excited to have attended this groundbreaking conference once again and represent the patient perspective in the future of obesity care.

During the conference, the OAC also hosted its own reception to honor outstanding advocates who have helped our organization grow and continue to reach more people.

The OAC is proud to have awarded its Healthcare Provider Advocate of the Year Award to Dr. Ethan Lazarus, MD, who has been monumental to the OAC in paving the way for obesity treatment and prevention. Dr. Lazarus has also worked closely with the American Medical Association to support the Treat and Reduce Obesity Act and declare obesity a disease in 2013.

We are also proud to have awarded the Dr. Blackstone Outstanding Membership Recruitment by a Physician Award to two participants in our Sponsored Membership Program: the New Life Center for Bariatric Surgery – Stephen G. Boyce, MD, FACS, FASMBS; and Rocky Mountain Associated Physicians – Doctors Steven C. Simper, Rodrick McKinlay, and Nicholas J. Paulk. Their combined efforts have joined more than 7,800 new members to the OAC Community to date.

Also at the reception, the OAC honored one of its most dedicated patient advocates, Dr. James Clay Wellborn, who passed away in early 2018. We will miss Dr. Wellborn greatly, but his legacy lives on as the OAC continues to unify and empower patients.

Welcome! New Members Join OAC's 2019 Board of Directors

With a new year upon us, the OAC is excited to welcome two new members to our 2019 National Board of Directors: Nina Crowley, PhD, RDN, LD; and Kristal Hartman.

Dr. Crowley is a Registered Dietitian and Health Psychologist, as well as 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, and she's passionate about working closely with patients to help them achieve their health goals.

Ms. Hartman is an accomplished professional in the medical field and a bariatric surgery patient.

With an impressive career in the pharmaceutical industry educating healthcare providers about patient-centered obesity care, she now works in the field of genetic and bio marker research helping to make precision medications for patients with chronic diseases like obesity.

"We are honored to have Dr. Crowley and Ms. Hartman on the OAC National Board. Their contributions to the OAC and patient-centered care have been tremendous, and we look forward to the passion and expertise they are bringing to the table," said Joe Nadglowski, OAC President and CEO.

To view all of OAC's 2019 National Board of Directors, visit: ObesityAction.org/Our-Purpose/Governance.



OAC
Community

Perspectives

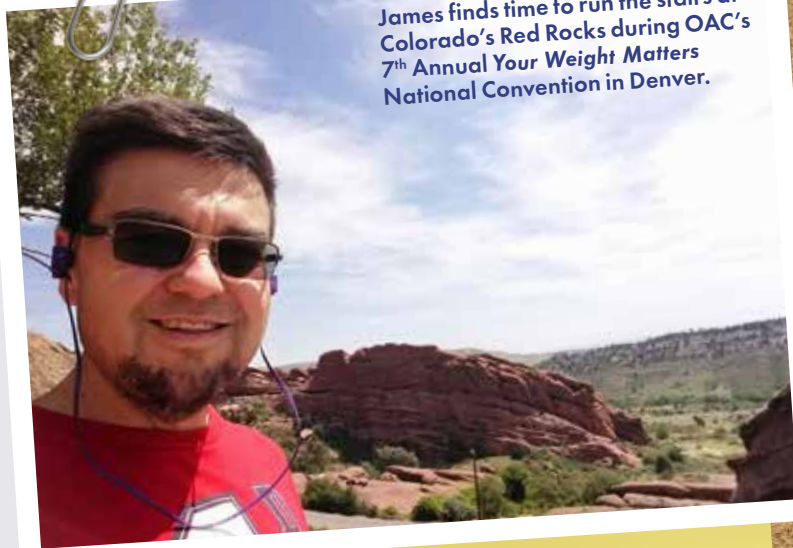
My Journey Brought Me Self-awareness

Interview with James Lacher

We often say that journeys with obesity and weight management are just that – journeys. They have a starting point but no defined end point, and they teach us about ourselves, the world and others too. OAC Community Member James Lacher is a perfect example, and we're excited to introduce you to his inspiring story in this issue of "OAC Community Perspectives!"

James first discovered the OAC in 2015 after listening to a bariatric surgery podcast interviewing current OAC Board Member Rob Portinga. In 2018, he joined us for our Annual *Your Weight Matters* National Convention in Denver and took it upon himself to learn more about the OAC and its work.

Since then, James has worked passionately with the OAC Community to raise awareness about what it's like to be affected by obesity as well as the stigmas associated with it. Following surgery, he has become an avid runner and producer of his own bariatric surgery podcast which talks about real things that people with obesity often face. He's a firm believer in focusing on health vs. appearance or a number on the scale, and his personal journey with obesity has taught him a lot about empathy, understanding and the challenges others face.



James finds time to run the stairs at Colorado's Red Rocks during OAC's 7th Annual *Your Weight Matters* National Convention in Denver.

The OAC is proud to have James in our Membership Community, supporting others and leading the charge by taking #OACAction! We wanted to share more of his story with you in this special interview.

Q: You've mentioned that you struggled with obesity for a long time before deciding to have bariatric surgery. Can you walk us through that journey and how you came to that decision?

After high school, I began slowly gaining weight. By the end of my teen years, I weighed more than 200 pounds. Into my early 30's I hit 300 pounds and then more than 400 pounds in my early 40's. I always thought about bariatric surgery, but never had the health insurance to make it happen. Quite honestly, I used to think bariatric surgery was taking "the easy way out." Secretly, I think I was envious of people who could afford it or had better health insurance. In the back of my mind, though, I thought that if I ever got the opportunity, I'd look into it.

“Quite honestly, I used to think bariatric surgery was taking ‘the easy way out.’”

Q: What are some of the struggles you faced in dealing with obesity?

Obesity negatively affects one's life in so many ways. For one, it hurts self-esteem. I didn't feel good. I didn't look good. I felt judged solely on my weight. I couldn't buy clothes at "regular" stores and I had to buy a bigger car. I had to sit at tables instead of booths at restaurants. My health was poor as I struggled with diabetes, hypertension, high blood pressure, high triglycerides, gout and neuropathy. I was on seven medications at one point! Basically, my quality of life suffered because of my weight.

Q: When did you decide to have bariatric surgery? What did that decision and process look like for you? How did surgery change your perspective on your health?

In 2013, I finally landed a job with decent health benefits. When I found out they covered bariatric surgery, I started the process. I then found that getting approved was not easy! No one seemed to give me straight answers about how the process worked, and my doctor's office flubbed the paperwork numerous times. What should have been a 9-12 month process turned out taking 18 months.



James poses with a group of friends and fellow runners after completing a marathon.

I faced so many ups and downs during this time. I tried to remain optimistic, but it was hard. As it got closer and appeared that it might actually happen, it gave me hope! I saw a fighting chance against obesity and a better life. Surgery finally became a reality for me on March 16, 2015.

OAC Community Perspectives continued on page 8

At the Heart of What We Do, are PEOPLE LIKE YOU.



This is why OAC launched the OAC Community.

We believe we can make

a greater impact in our mission to **EDUCATE, ADVOCATE and SUPPORT** people living with obesity when we **GET EDUCATED, FIND SUPPORT, CONNECT and TAKE ACTION** as **ONE COMMUNITY**.

WHY BECOME PART OF THE OAC COMMUNITY?

Because joining the OAC Community requires no financial commitment on your part, there is no reason not to join the OAC Community. What's in it for you? By joining the OAC Community, you get the opportunity to:

GET EDUCATED

Access community-exclusive content and discussions that highlight health tips as well as the latest science, preventative care and treatments on obesity and weight management.

FIND SUPPORT

Build a stronger connection, find the support you need and be inspired by **REAL** stories of people who genuinely share and understand your health journey – no matter where you are in it.

TAKE ACTION THROUGH ADVOCACY

Amplify the fight against important issues, like weight bias and the lack of medical access and coverage for people living with obesity.

Experience the Power of Community.

Visit: ObesityAction.org/Join to join today!

Your Gift Helps People Like You! Donate to the OAC

Because of generous donations from people like you, we are able to fulfill our mission through the following ongoing OAC initiatives:

- ✓ Providing free access to educational materials and evidence-based resources designed to support individuals in their weight management journey
- ✓ Connecting and amplifying the voices of members to combat weight bias and advocate for increased access to safe and effective medical treatments
- ✓ Supporting individuals through a Community to provide a place to connect and make our voices stronger
- ✓ Raising awareness through National campaigns focused on creating productive conversations about weight and health

To make your tax-free donation today, please visit ObesityAction.org/Donate.



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“Most people still think it’s someone’s fault if they have obesity, but it’s so much more than ‘they eat too much.’”

Q: Throughout this journey, what have you learned about obesity, treatment options and common misperceptions?

I consider myself very lucky. I had lots of support from friends and co-workers, but I’ve learned that the medical community still has a lot to learn about obesity. And so do patients! There are a lot of bariatric surgery “myths” out there regarding best practices, and many people are making health decisions based on bad science and conventional wisdom. Most people still think it’s someone’s fault if they have obesity, but it’s so much more than “they eat too much.”

Q: In your post-surgical journey, you do your best to educate others about obesity and raise awareness. Can you tell us a little more about your advocacy work, such as what inspires you to do it and what benefits you’ve seen from it?

Obesity is a complex disease that affects everyone differently. A person’s age, genetics, environment, culture, socioeconomic status, education and family all affect their life and how they cope. Nowadays, I’m all about promoting overall health.



James poses victoriously after completing his most recent 2018 Half-marathon.

Significant weight-loss doesn’t happen overnight, but if you start taking hold of your weight and health today, you’ll see positive changes within a few weeks. Even with modest weight-loss, quality of life significantly improves. That’s the lesson I try to stress on the bariatric surgery podcast that I produce, all while offering support and raising obesity awareness.

Basically, we all want good health – but we define “good health” differently. You don’t have to run a marathon to be healthy! When people tell me, “Hey, I really like what you said on your podcast,” or, “I went for a hike the other day because of you,” those comments inspire me to keep doing positive things for my current and future health. I want to live my best life possible, inspire others and be inspired in return!

Q: What is something you wish everyone knew about obesity – even those who don’t struggle with it?

For those who don’t struggle with weight, I wish they knew that people affected by obesity are still like them. Various factors may have contributed to their weight, and often over many decades. Genes, nutrition, exercise and environment all play a big role.

I want everyone to know that obesity is a disease that deserves treatment – just like cancer or heart disease. We must find solutions for individuals who are struggling so their quality and quantity of life can improve. Regardless of anyone’s size, we should support each other in our pursuit of health and happiness. We’re better off as a society when we do.

Q: How has the OAC helped you on your journey with obesity and your life after bariatric surgery? How has the OAC changed your perceptions and your advocacy work?



Before an April 2018 full marathon, James holds a newspaper featuring his journey with obesity and running on the front page.

It feels good to know there’s an organization out there devoted to helping people like me. The OAC Community has been great! I love that it focuses on health and not on appearance or a number on the scale. I’m very happy with my weight and health right now, but I also know that even if I gained a few pounds, I wouldn’t be a “bad” person.

We all go through ups and downs in life, and it’s great to have support like the OAC Community along the way. Going to **YWM2018** as well and meeting people online and in-person opened my eyes to the individual challenges we all face. Hearing personal stories has made me even more empathetic to my brothers and sisters who struggle with this disease.

Looking for 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 OAC Community perspectives and experiences too!



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ADVOCACY:

A Not So Scary Word after All

by Mckinzie Step, OAC Community Outreach Engagement Specialist

Where would we be if at some point in history, no one ever stood up to defend the rights of people of all races and backgrounds? What if no one ever fought for our voting rights, fair labor practices or even our right to have an education?

Every cause needs the help of advocates. And yet, very few people have a grasp on what this word really means. What does it mean to be an advocate? How does someone “do” advocacy?

Advocacy is Not What You Think

When you think about advocacy, you wouldn't be alone if you conjured up images of lobbyists arguing their case in front of government officials. You might even think of large crowds holding picket signs in front of major landmarks and other important buildings.

Those images aren't wrong, but they also aren't complete. Advocacy takes many different forms. In fact, some might argue the most effective type of advocacy isn't done by professionals or protesters, but by everyday people in their everyday lives.

By definition, advocacy means support for a cause – that's it! It doesn't require you to be a public speaker or a social media celebrity. Advocates show support of all kinds for issues they care about and want to change. They are the unsung heroes of progress big and small.

Why Does the OAC Need Advocates?

Weight stigma and weight bias are still prevalent and found just about everywhere. Because of this, individuals affected by obesity often face many different barriers – barriers affecting their healthcare, employment and all other aspects of their lives.

The OAC has a strong and guiding vision of creating a better world for people living with obesity. Our Community Members, supporters and volunteers work tirelessly to:

- Combat weight stigma, bias and discrimination.
- Raise obesity awareness through education.
- Improve access to safe and effective treatment options.
- Support those affected by obesity and let them know they are not alone.

These sound like deserving and sensible goals, don't they? But once again, weight stigma comes barreling in to try and shut the door to change we so desperately need.

Are you ready for the truth? These goals are painfully difficult to achieve because obesity is so stigmatized. But on the brighter side, support for a cause grows when advocates make that cause familiar to others. That's why the OAC needs advocates to help us share our message and meet these necessary goals. And with your support, we can!

Advocacy continued on page 12


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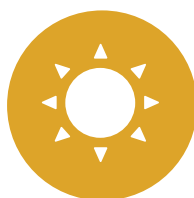
Phentermine
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ingredient in
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Why Wait To Lose Weight?



Patients pay no
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per tablet.

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



Can be taken up to 3x a day.

Find more resources at www.lomaira.com

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

Daily Dose Tracker App



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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.

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.



Advocacy continued from page 10

Easy Ways to Advocate with the OAC

The great thing about the OAC's mission is that there are many unique and diverse ways to advocate and take **OAC Action**! Let's take a brief but closer look at a few of them.

What is OAC Action?

OAC Action is any kind of action or good deed that helps move the work of the OAC forward. All of us need to get **#OACAction** trending on social media!

Weight Bias Actions:

Help others identify weight bias and take a stand against stigma! You can:

- ☐ Tweet/post replies to social media articles displaying weight bias.
- ☐ Thank a company or organization for using respectful language or visuals.
- ☐ Discuss People-First language with family and friends.
- ☐ Write a note to a TV show, radio station or celebrity for showing stigma.
- ☐ Report a weight bias issue at: **ObesityAction.org/Action-Center/ Report-Issues.**



Access to Care Actions:

Help advance access to science-based obesity treatments and appropriate care! You can:

- ☐ Share the OAC's Insurance Guide.
- ☐ Thank your employer/insurer for covering obesity care.
- ☐ Use social media to share your healthcare successes and challenges.
- ☐ Share your successful appeal letter with the OAC or via social media.
- ☐ Report an access issue at: **ObesityAction.org/Action-Center/ Report-Issues.**



Policy Actions:

Play a part in influencing decision makers and the policies they enact! You can:

- ☐ Write to your state legislators urging them to support the Treat and Reduce Obesity Act (TROA).
- ☐ Support broader coverage of obesity treatment services for state employees and Medicaid beneficiaries.
- ☐ Ask officials in your county or city to expand resources and services for individuals trying to manage their obesity.



Outreach Actions:

Raise awareness of obesity as a cause and introduce more people to the OAC! You can:

- Leave *Weight Matters Magazine* copies in your doctor's office, salon, library, gym, coffee shop or nail salon.
- Bring OAC educational resources to local universities, hospitals, clinics, etc.
- Tell others about the OAC at your support group, church, PTA, etc.
- Offer to host an OAC booth at your community/employer health fair.



WHAT NOW CHECKLIST

A Convenient Place to Do it All

There are so many different ways to be an advocate, fight for change and make the world a better place for individuals affected by obesity. Luckily, we've created an easy way for you to stay in-the-know about current issues and explore available action opportunities!

OAC's Advocacy Action Center is your "One Stop Shop" for taking **OAC Action**. You can visit our Action Center at the click of a button by visiting: **ObesityAction.org/Action-Center**.

Here you'll find opportunities to advocate on issues ranging from education outreach to weight bias and policy. Before clicking through, we encourage you to take a moment, think about the issues/topics that matter most to you and dive-in to explore opportunities you'll find personally rewarding! Remember that actions of any size make a difference and help us drive change.

Tying it All Together: OAC Action!

By now you know that advocacy doesn't look the same for everyone – and that's okay! The OAC needs all kinds of advocates with all kinds of skills and passions to join our fight.

We also invite you to think outside the box! If there's an action opportunity you want to take that we haven't discussed or posted online, share it with us. If there's an issue you care about that we haven't publicly supported, that's okay too. The OAC's goal is to give you all the resources and information you need to be an advocate in your own way.

One thing is for certain: we want to know what you're up to! If you do any kind of advocacy, let us know by using the **#OACAction** hashtag on social media or shooting us a message. It helps to know what advocates are doing in their communities so we can recognize them, join along and spread the word. We are more powerful together than on our own!



We'll leave on an end note worth considering:

About the Author:

Mckinzie Step, OAC Community Outreach Engagement Specialist, has a passion for connecting individuals affected by obesity and giving them any support, resources or education they may need. She is a dedicated OAC advocate both in her professional and personal life, and her goal is to unite and inspire OAC's Community to continue making lasting change. To contact Mckinzie about sharing your story or getting more involved with the OAC, email: Mstep@obesityaction.org.

Are you ready to take your first dive (or your next dive) into advocacy? Here's a quick list of things to do and have handy in your **OAC Action** toolbox:

- ☐ Identify your skills, interests and issues you care about.
- ☐ Visit OAC's Action Center at: **ObesityAction.org/Action-Center**.
- ☐ Identify and get to know your local, state and national legislators.
- ☐ Identify ways you'd like to advocate and jump in!
- ☐ Leverage OAC's website, resources and tool where possible.
- ☐ Educate yourself on current issues, causes and topics.
- ☐ If sharing with or responding to others, offer constructive feedback/information.
- ☐ Tell us when you take **OAC Action**!

"Do what you can, where you are, with what you have." – Theodore Roosevelt

Fashion for Comfort and Confidence: Size Neutral Edition

by Pam Davis, RN, CBN, MBA



© Photo courtesy of Obesity Canada

“Fashion is easy. It’s about expressing your identity.”

When you hear the word Vogue, what springs to mind? Is it Madonna lyrics from nearly 30 years ago? What about a fashion magazine that highlights unrealistic body types? Let’s settle on a less controversial definition that most of us generally aspire to: popular and fashionable.

Fashion is easy. It’s about expressing your identity. But in the past, clothing designers haven’t exactly catered to men and women of larger sizes, and society has normalized a loose set of “rules” we’re supposed to follow when it comes to our clothes. Raise your hand if you’ve ever:

- Avoided wearing white or other bright colors.
- Avoided wearing print patterns.
- Avoided wearing horizontal stripes.
- Dressed in all black because it was “slimming”.
- Worn a jacket, sweater or coat when it was blistering hot.
- Bought clothing you didn’t like or love just because it fit.

Well, we’re going to put an end to that mess right here and now! When it comes to what’s in your closet, I want you to look and feel your best at any stage of your weight management journey. And yes, it’s easier than you think – despite cultural and retail “norms.”



Fashion continued on page 16

To Chew or Not to Chew? That Is the Question.

Bariatric Advantage® is pleased to welcome new Non-Chewable Calcium tablets into our lineup of calcium citrate supplements. This coated, easy-to-swallow tablet joins our line of 10 flavorful Calcium Citrate Chewy Bites and 3 flavors of chewable tablets—all made with calcium citrate, which is better absorbed than calcium carbonate, and can be taken with or without food.*

Ask your healthcare practitioner for more information about Non-Chewable Calcium tablets and the other calcium options available from Bariatric Advantage, and visit BariatricAdvantage.com today.



*This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

**Bariatric
Advantage.**
NUTRITIONAL PRODUCTS

800.898.6888

BariatricAdvantage.com

Step 1: The Purge

- Pull-out all of your clothes from your closet, drawers, laundry, etc. Pile them on your bed so they're in plain sight for you to finish this task.
- Repair or toss anything that has holes, needs buttons, etc.
- Toss anything that is stained beyond salvation.
- Donate anything you haven't worn in the past year or anything that makes you cringe when you look at it.
- All of the above applies to underwear too!



Step 2: Carefully Assess the Clothes in Front of You

Try on every article of clothing that is left in front of you while looking in a full-length mirror. Take a deep breath and ask yourself the following questions:

- Does it fit? (*No, not that it hides/covers you up*)
 - ◆ If no, donate it.
 - ◆ If yes, move on to the next question.
- Do I like it? Do I like the color and style?
 - ◆ If no, donate it.
 - ◆ If yes, move on to the next question.
- Most importantly, do I feel good wearing it?
 - ◆ If no, donate it.
 - ◆ If yes, hang it back in your closet.

Repeat this entire process until the only items remaining in your closet are those that fit, you actually like and make you feel good. Don't flip out if there are only a few pieces! **Pinterest.com** has a ton of examples of "capsule wardrobes," otherwise referred to as minimalistic. The goal here is to work with what you have and what you like.

Step 3: Make a List of What's Missing

- Do you need more professional options to wear to work?
- Do you need more casual, everyday clothes?
- Do you need more workout clothes?
- Do you need more sleepwear or lounge clothes?
- Do you need more underwear?

“Research online for stores that carry your size(s) that are also in your budget. There are many more designers and retailers carrying plus sizes than ever before!”



Step 4: Tackle the Fun Part!

It's time to figure out what you like to wear so we can determine your clothing style. And no, "whatever fits" isn't a clothing style! It's a default that we're no longer subscribing to. If you haven't explored Pinterest yet, now is the perfect time to do so. Whether you choose to make a Pinterest board or write a list on paper, let's start with the following:

- What colors do you prefer?
- Do you like prints?
- Do you like stripes?
- Do you like neutral solids?
- What style(s) do you prefer? Examples include:
 - ◆ Trendy
 - ◆ Casual
 - ◆ Bohemian
 - ◆ Preppy
 - ◆ Elegant



Step 5: Make Your List and Check it Twice

When you go to make a list of what you want and need, be as specific as possible. For example:

- Work clothes
- Dress, red, sheath/long-sleeve/flared/A-line
- Pants, navy, wide-leg/cuffs/no pleats
- Sweater, animal print, cardigan/V-neck
- Dress shirts, white, cuffed
- Casual clothes
- Jeans, black, boot leg/wide-leg/cuffed/high-rise/low-rise/boyfriend
- T-shirt (*possibilities are endless*)
- Jacket (*for warmth, not as a cover-up!*), grey, fleece



Step 6: Let's Go Shopping!

Despite what prior experience may have taught you, shopping can be fun! It's a chance to start new and add some spice to your wardrobe. But first, look at your list and shop your closet:

- How many items are there? What do you need?
- Are they basics or a little more specific?
- What about accessories? Do you need those as well?

Now let's see if you can mix and match those items. For example: a well-fitting pair of pants in a solid color like navy, gray, brown or black can be dressed-up for work with a nice blouse or shirt. They can also be dressed down with a T-shirt or sweater. Unless it has some type of unique detailing, no one will realize if you wear the same pair of pants multiple times in a week.

Next, what's your budget for shopping? Prioritize the items you need and those that will give you the most bang for your buck. If you love to shop (*like yours truly*), no further advice is necessary. If, however, you either hate to shop or you need a little extra advice, keep reading.



Fashion continued on page 21

Ask your Healthcare Provider about BELVIQ® or BELVIQ XR®

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 or 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 heart valve 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

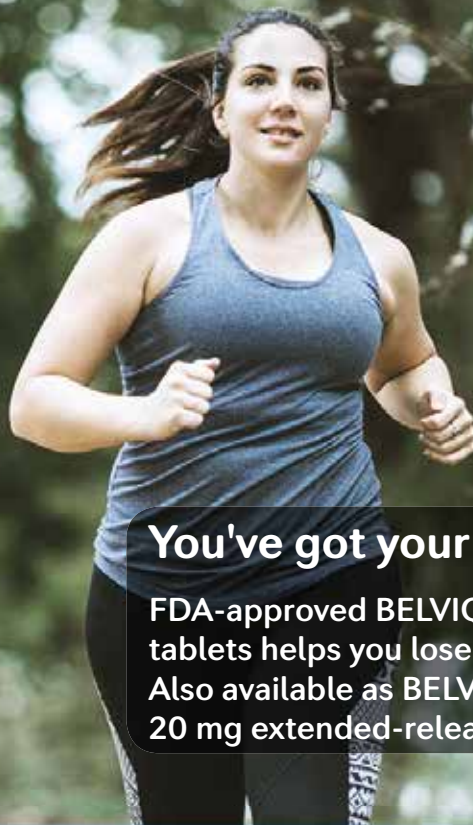
mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.

- **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.

Get Ongoing Savings



You've got your goals!

FDA-approved BELVIQ® twice-daily 10 mg tablets helps you lose weight and keep it off. Also available as BELVIQ XR®, Once-Daily 20 mg extended-release tablets.

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.

 **BELVIQ®**
(lorcaserin HCl) [Ⓢ]

Also Available:

 **BELVIQ XR®**
(lorcaserin HCl) [Ⓢ] **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.

Sign up for monthly savings[‡] and free support.

Now available to patients who have Medicare Part D.

Visit BeginBELVIQXR.com or call 1-855-BELVIQ1 (1-855-235-8471)

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

It is not known if BELVIQ is safe when taken with some other medicines that treat depression, migraines, mental problems, or the common cold (serotonergic or antidopaminergic agents).

It is not known if BELVIQ is safe and effective in children under 18 years old.

BELVIQ is a federally controlled substance (CIV) because it contains lorcaserin hydrochloride and may be abused or lead to drug dependence. Keep your BELVIQ in a safe place, to protect it from theft. Never give your BELVIQ to anyone else, because it may cause harm to them. Selling or giving away this medicine is against the law.

Who should not take BELVIQ?

Do not take BELVIQ if you:

- are pregnant or planning to become pregnant. BELVIQ may harm your unborn baby.
- are allergic to lorcaserin or any of the ingredients in BELVIQ or BELVIQ XR. See the end of this leaflet for a complete list of ingredients in BELVIQ and BELVIQ XR.

What should I tell my Healthcare Provider before taking BELVIQ?

Before you take BELVIQ, tell your Healthcare Provider if you:

- have or have had heart problems including:
 - congestive heart failure
 - heart valve problems
 - slow heart beat or heart block
- have diabetes
- have a condition such as sickle cell anemia, multiple myeloma, or leukemia
- have a deformed penis, Peyronie's disease, or ever had an erection that lasted more than 4 hours
- have kidney problems
- have liver problems
- are pregnant or plan to become pregnant.
- are breast feeding or plan to breastfeed. It is not known if BELVIQ passes into your breastmilk. You and your Healthcare Provider should decide if you will take BELVIQ or breastfeed. You should not do both.

Tell your Healthcare Provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

BELVIQ may affect the way other medicines work, and other medicines may affect how BELVIQ works.

Especially tell your Healthcare Provider if you take medicines for depression, migraines or other medical conditions such as:

- triptans, used to treat migraine headache
- medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin uptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SNRIs), monoamine oxidase inhibitors (MAOIs), or antipsychotics
- cabergoline
- linezolid, an antibiotic
- tramadol
- dextromethorphan, an over-the-counter medicine used to treat the common cold or cough
- over-the-counter supplements such as tryptophan or St. John's Wort

- medicines to treat erectile dysfunction
- Ask your Healthcare Provider or pharmacist for a list of these medicines, if you are not sure.
- Know all the medicines you take. Keep a list of them to show your Healthcare Provider and pharmacist when you get a new medicine.

How should I take BELVIQ?

- Take BELVIQ exactly as your doctor tells you to take it.
- Your Healthcare Provider will tell you how much BELVIQ to take and when to take it.
- BELVIQ comes in 2 different dose forms. Your Healthcare Provider will prescribe the form of BELVIQ that is right for you.
 - **BELVIQ:** Take one tablet 2 times each day.
 - **BELVIQ XR:** Take one tablet 1 time each day.
- **Do Not** increase your dose of BELVIQ. BELVIQ can be taken with or without food.
- Take the whole BELVIQ XR extended release tablet. Do not chew, crush, or divide the tablet.
- Your Healthcare Provider should start you on a diet and exercise program when you start taking BELVIQ. Stay on this program while you are taking BELVIQ.
- Your Healthcare Provider should tell you to stop taking BELVIQ if you do not lose a certain amount of weight within the first 12 weeks of treatment.
- If you take too much BELVIQ or overdose, call your Healthcare Provider or go to the nearest emergency room right away.

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.

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions.** BELVIQ and certain medicines for depression, migraine, the common cold, or other medical problems may affect each other causing serious or life-threatening side effects. Call your Healthcare Provider right away if you start to have any of the following symptoms while taking BELVIQ:
 - mental changes such as agitation, hallucinations, confusion, or other changes in mental status
 - coordination problems, uncontrolled muscle spasms, or muscle twitching (overactive reflexes)
 - restlessness
 - racing or fast heart beat, high or low blood pressure
 - sweating or fever
 - nausea, vomiting, or diarrhea
 - muscle rigidity (stiff muscles)
- **Valvular heart disease.** Some people taking medicines like BELVIQ have had problems with the valves in their heart. Call your Healthcare Provider right away if you have any of the following symptoms while taking BELVIQ:
 - trouble breathing
 - swelling of the arms, legs, ankles, or feet
 - dizziness, fatigue, or weakness that will not go away
 - fast or irregular heartbeat
- **Changes in your attention or memory.**
- **Mental problems.** Taking BELVIQ in high doses may cause psychiatric problems such as:
 - hallucinations
 - feeling high or in a very good mood (euphoria)
 - feelings of standing next to yourself or out of your body (dissociation)
- **Depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your Healthcare Provider right away if you have any mental changes that are new, worse, or worry you.
- **Low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as insulin or sulfonylureas). You should check your blood sugar before you start taking BELVIQ and while you take BELVIQ.

- **Painful erections (priapism).** The medicine in BELVIQ can cause painful erections that last more than 6 hours. If you have an erection lasting more than 4 hours whether it is painful or not, stop using BELVIQ and call your Healthcare Provider or go to the nearest emergency room right away.
- **Slow heart beat.** BELVIQ may cause your heart to beat slower. Tell your Healthcare Provider if you have a history of your heart beating slow or heart block.
- **Decreases in your blood cell count.** BELVIQ may cause your red and white blood cell count to decrease. Your Healthcare Provider may do tests to check your blood cell count while you are taking BELVIQ.
- **Increase in prolactin.** The medicine in BELVIQ may increase the amount of a certain hormone your body makes called prolactin. Tell your Healthcare Provider if your breasts begin to make milk or a milky discharge or if you are a male and your breasts begin to increase in size.
- The most common side effects of BELVIQ include:
 - headache
 - dizziness
 - fatigue
 - nausea
 - dry mouth
 - constipation
 - cough
 - low blood sugar (hypoglycemia) in patients with diabetes
 - back pain

These are not all the possible side effects of BELVIQ. For more information, ask your doctor or pharmacist. Call your Healthcare Provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store BELVIQ?

Store BELVIQ at room temperature between 59°F to 86°F (15°C to 30°C).

Safely throw away medicine that is out of date or no longer needed.

Keep BELVIQ and all medicines out of the reach of children.

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 was 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; 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; hypromellose 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

Step 7: Important Words of Wisdom

- Research online for stores that carry your size(s) and that are also within your budget. There are many more designers and retailers carrying plus sizes than ever before! My husband laughs at how I go to the mall to try on more expensive items and find the brand/size/style I want, but then go online to look for those exact items on-sale or on eBay. You can do that – it's okay.
- Are you afraid of shopping online because you're not sure items will fit? Once you identify your styles, sizes and brands that fit you best, consider signing-up at: **ShopittoMe.com**. This website lets you choose your brands and sizes so they can send you a daily email with matches and what's on-sale where. You can still shop at a store!
- If you feel like you need some honest feedback, take a friend with you. I prefer to shop alone so that I can take as long as I want and try on as many items as I want.
- Don't stress out over clothing sizes. Remember all those items you just tossed because they don't fit? That was done intentionally. If you find something you like, keep going down/up in sizes until you find the size that fits. A number doesn't define your worth (*or your health*), but if the number on the tag stresses you out, cut that sucker off when you get home.
- Don't go to the default: safe black. If you truly love black, then by all means, buy black. If you like pink, purple, zebra stripes or highlighter yellow, buy that. I recently stepped completely outside my comfort zone by buying a pair of leopard print jeans. Yes, that's right. I love them!
- If you're in an active weight-loss period and want to maximize your clothes, knit items such as "ponte jersey" are incredibly flattering because the fabric is thick. Ladies, one to two ponte knit dresses and one to two pairs of ponte jersey pants with a mixture of tops can get you through nearly every occasion with comfort and style.
- Accessories are your friend! Even if you're not ready for bright, bold colors or prints, you can still add these elements with scarves, sweaters or shoes. Personally, I prefer long, lightweight scarves that wrap around in a variety of ways. We won't discuss how many pairs of shoes I've accumulated throughout the years.
- Guys, I know you love your khakis. I do too! But don't forget to consider others shades of khaki like brown, green or navy.
- Find your signature color(s) and style(s). I always wear some red, even if it's just red lipstick, and usually some leopard print.
- Shopping does not have to be expensive! My favorite pair of sandals came from a hospital gift shop in Viera, Florida. TJ Maxx is amazing, as are Marshalls and Ross. One of my favorite red dresses is from Walmart. My winter coat came from Goodwill.

Clothing Combinations at a Glance

Basic Items:



- Solid colored pants (*navy, brown, grey, red, black, tan, etc.*)
- Ponte jersey dresses (*any style and color that you love*)
- Jeans (*Try on as many sizes in as many brands possible to find your perfect pair*)

Work/Dress it up



- Button down shirt/blouse/blazer/cardigan; bold jewelry
- Blazer/cardigan; heels/boots; statement necklace
- Choose darker solid colors in a trouser or boot style and pair with a blazer/button down and heels/boots

Casual/Dress it down



- Polo shirt; non-logo T-shirt; sweater; flats
- Scarf; flats
- Any wash/finish; any style; any top; any style shoes

Fun



- Logo/statement tees; bold prints
- Funky jewelry; sneakers
- Animal prints, any prints, any color and anything you want that makes you feel amazing!

Final Thoughts:


At any weight or size, it's possible to love your wardrobe and find comfortable clothes that give you confidence! If you're in a fashion rut, don't be afraid to break out of the box. No longer should you wear only "what fits" or hide parts of your body. You are entitled to a style that matches your needs, budget and personality!

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 those affected by obesity. She has authored articles, patient education materials and practice guidelines for treating those affected by obesity. Pam has also served in various leadership roles including Chairwoman of the Obesity Action Coalition (OAC), President of the Eating Disorders Coalition of Tennessee, ASMBs Executive Council and Chair of the Integrated Health Clinical Issues and Guidelines Committee.

MAKING THE MOST OF HEALTHCARE: THE PATIENT-PROVIDER PARTNERSHIP

by Patty Nece, JD; and Scott Kahan, MD, MPH



“When it comes to weight management, it’s not the clinician’s job to tell patients what to do. Instead, we should support them to build the skills and confidence to take charge of their health.”

A CYCLE OF DOUBT AND SHAME:



PATTY'S STORY

Years ago, in one of many efforts to lose weight, a dietitian prescribed for me an 1800 calorie “exchange” program with specific servings of specific foods each day. She told me what I was permitted to eat, what foods were “good” and “bad” and to eat three strict meals daily with nothing in between.

I carefully followed her regimen and lost 20 pounds. Success, right? However, I constantly craved “forbidden” foods and woke each night with severe hunger pangs. I couldn’t think of anything but food. I sacrificed the foods I enjoyed and avoided social situations for fear of temptation. I felt terrible and knew I couldn’t keep it up.

My dietitian was sympathetic, but wouldn’t budge from her rules or her theory that my body would adjust. She offered no options or guidance. I stayed the course for a bit longer and “white-knuckled” through cravings and deprivation. Eventually, I gave in. I felt ashamed and alone. I soon regained all the weight – plus quite a bit more.

I’ve repeated this so many times – whether working with a dietitian, doctor, or following low-carb or low-fat plans. We’ve all been there: A well-meaning healthcare professional lays down the law about what we can and can’t do, what we should and shouldn’t eat, what’s “right” and what’s “wrong.” You leave with a black and white set of instructions and swear that you’ll follow it. But if you’re anything like me, you end up in the same place you started – feeling entirely hopeless.

AN OBESITY CLINICIAN’S PERSPECTIVE:



DR. SCOTT KAHAN

When I met Patty, I was instantly intrigued. She was wickedly smart, hardworking, very successful and just plain lovely. Common stereotypes of people with obesity suggest they are lazy or have no willpower – just the opposite of what I saw in Patty. These and other antiquated beliefs about obesity imply that healthcare providers should be stern and uncompromising – barking at patients to work harder and motivating change via harsh rules and requirements.

This is wrong. “Tough love” doesn’t motivate. Most of my patients beat themselves up enough. We must all understand that obesity is complex and managing weight is extremely challenging for most people because of the environmental, social and biological factors that influence weight gain. While hard work is important for any goal, this isn’t simply an issue of willpower – nor is there a magic diet plan or simple answer that will easily cure obesity.

Patty had been beaten down by her weight, her diets, lifelong weight stigma, shaming and more. She didn’t need to be pushed into yet another unsustainable diet plan.

When it comes to weight management, it’s not the clinician’s job to tell patients what to do. Instead, we should support them to build the skills and confidence to take charge of their health:

- Approach each person with genuine curiosity to appreciate who they are and what’s meaningful to them.
- Listen and learn about their goals, strengths and challenges.
- Empower them to find their motivations and help them build a plan to fit their lives and preferences.
- Offer unwavering support as they work toward their goals, and problem-solve with them through any challenges.

This isn’t to say that discussing diets, medical treatments or other recommendations is inappropriate. But, we should offer our expertise in a collaborative manner so that our patients have the information and confidence they need to advocate for themselves.

Patient-Provider Partnership continued on page 24



A NEW EXPERIENCE IN HEALTHCARE: WHEN PATTY MET SCOTT

The first thing that struck me when I met Dr. Scott Kahan was that he never judged or blamed me for my weight. That was a new experience for me – and incredibly refreshing.

Still, I was concerned that he didn't immediately make me follow a diet plan. Scott had a different approach. *(By the way, he doesn't like to be called "Dr. Kahan," and I now appreciate why: I always feel like we're partners – working together to help me improve my health. He's not an authoritarian telling me what to do.)*

We talked for more than an hour – about my job, family, past experiences and why I wanted to lose weight. He listened to my concerns and goals. We went over my medical and weight history. He taught me about the science of obesity and how our bodies can fight against weight-loss. He told me there were dozens of science-based options I could try. I even learned about the potential benefits and drawbacks of structured diets, as well as why they work for some people but not others.

Scott never pushed me. Though I'd been prepared to start another strict diet, I soon realized this was actually the last thing I wanted. Instead, I felt more confident to take some other steps.

Together, we agreed to start with a few small changes:

- Adding small, satiating snacks into my day.
- Treating a severe vitamin D deficiency.
- Paying attention to my thoughts and emotions in relation to food choices.

I also left with my next appointment already scheduled – and for the first time, I actually looked forward to it! Even after a single meeting, I felt that Scott would be unconditionally supportive of me, regardless of how I was doing or how many pounds I lost. Nothing was more valuable to me.

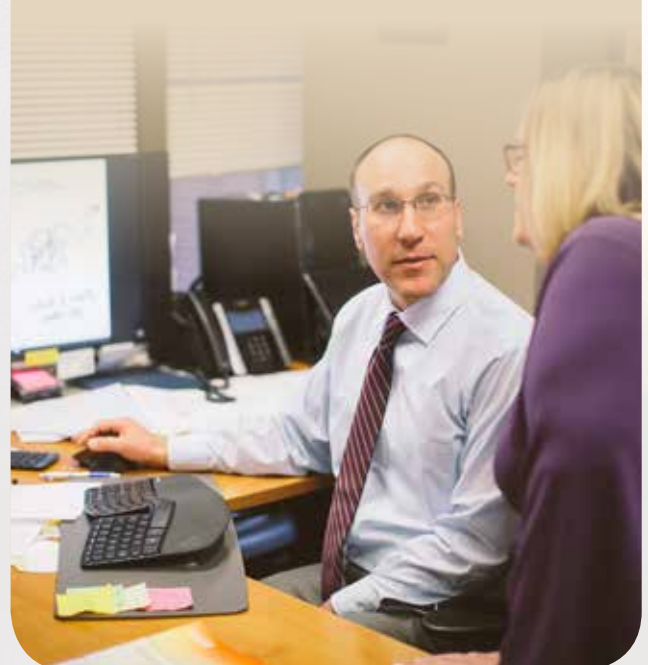
A NOTE ABOUT SHARED DECISION MAKING

Shared decision making (SDM) is a partnership between a patient and a healthcare provider so patients can make treatment decisions that fit their goals, interests and preferences. Physicians and other healthcare providers should be open-minded and patient-centered, aiming to:

- Help patients understand the nature of their health conditions and the pros and cons of different treatments.
- Ensure patients have the right information to make informed decisions.

SDM keeps the patient at the center of care. Patients share their values, preferences, needs and concerns. Treatment decisions are made together. Studies show that SDM leads to improved adherence to treatments and greater patient satisfaction¹.

SDM is important because no one can tell you what you're all about, what you want, what drives you or what your goals are. SDM may feel awkward at first – but does it ever feel good to be told what to do without your input?





CHARACTERISTICS OF CLINICIANS WHO PRACTICE SHARED DECISION MAKING:

- ✓ Approaches the topics of weight and health in a non-judgmental way.
- ✓ Listens to your needs, concerns, goals and preferences.
- ✓ Conveys details about all relevant treatment options, such as benefits and risks, rather than just giving a prescription.
- ✓ Encourages you to ask questions so that you fully understand your options.



PATTY: CARVING MY NEW PATH

At first, I wondered if Scott felt that I wasn't strong enough to follow a strict diet plan. What I didn't realize then is what Scott really gave me: a way to take control for myself. He was there to support this process – not take it over. It's like he and his team were pieces of the puzzle, but I was the puzzle-maker. I just needed confidence to take charge.

By actively participating in decisions about my weight and health, I became empowered to make changes that felt right for me. I felt more energy than ever before to go down a new path. I ultimately lost more than 100 pounds and have kept it off for years – something I never thought was possible.

I wish I could go back in time to when I met with that dietitian. I'd insist on being heard and having my needs addressed. If she refused, I'd look elsewhere to find a better fit – someone who would partner with me. I luckily found that partnership with Scott.

To learn more about Patty and Scott's work together, read their HealthCentral.com article at:

<http://immersive.healthcentral.com/obesity/d/LBLN/btg-obesity-patty-nece/flat/>.

Looking for a healthcare provider to help you manage your weight? Visit OAC's Obesity Care Provider Locator at: ObesityCareProviders.com.

REFERENCES:

1. Katz SJ, Hawley S. The value of sharing treatment decision making with patients. JAMA 2013; Sept E1-E2.

About the Authors:

Patty Nece, JD, is an active member of the Obesity Action Coalition (OAC) Community. She serves on the OAC Board of Directors and Chairs OAC's Weight Bias Task Force. A passionate advocate, she shares her life-long experience with obesity to advocate against weight bias and to support science-based obesity treatments.

Scott Kahan, MD, MPH, is a physician trained in clinical medicine and public health. Dr. Kahan is the Director of the National Center for Weight and Wellness in Washington, DC and Chair of the Clinical Committee for The Obesity Society. He serves on the Board of Directors for the OAC, the American Board of Obesity Medicine, The Obesity Society and the Obesity Treatment Foundation.

Dear Doctor +

My Weight is Climbing Even after Surgery. What Can I Do about it?!



Answer Provided by
Lloyd Stegemann, MD, FASMB

Weight regain is by far the biggest concern for patients who have had bariatric surgery. And why wouldn't it be? Most patients who have had surgery have been fighting the "lose 10, gain 15" uphill battle for most of their life. They are often successful with weight-loss before their operation, but maintaining that loss afterwards is one of the hardest parts. This fear of regain doesn't go away with an operation!

If you've experienced some regain after surgery, first understand this critical fact: you are normal.

Obesity is a chronic disease. There is no reason to be embarrassed or shamed, as almost every other bariatric patient will experience the same struggle at some point. The question becomes not whether or not regain will happen, but instead, how much weight will be gained back?

“There is no reason to be embarrassed or shamed, as almost every other bariatric patient will experience the same struggle at some point.”

First, the Good News

Even if you regain some, chances are you'll maintain a significant amount of weight-loss. The best data available shows that approximately 70 percent of patients will be able to lose at least 25 percent of their weight and maintain that loss for more than 10 years.

Here's my number one recommendation after surgery: make an appointment with your surgeon or program! If you don't come in for a visit, there's no way to sort out what may be going on in your body – and the earlier the better. I find the following questions helpful for asking patients:

- How many times a day do you get hungry?
- How many times a day do you eat? What do you eat and how much?
- How do you tell if you're full? How long does fullness last?
- How many times per week does your stomach get upset?
- Are you having heartburn or reflux?
- Have you started new medications?
- When was the last time you visited a healthcare provider?
- How many hours do you sleep each night?
- How often do you exercise and what do you do?
- Are there any new stressors in your life?
- How much weight did you lose with your original operation? Any complications?



Putting the Pieces Together

Weight regain happens because of three main causes:

- Anatomical
- Medical
- Behavioral

In my experience, less than 10 percent of regain cases are related to anatomic problems with the operation or medical problems that went undiagnosed. It's your surgeon's responsibility to eliminate these causes before assuming regain is behavior-related (*that's weight bias!*)

After visiting your surgeon, you'll probably have several tests completed. Those tests may include bloodwork to look for undiagnosed problems and general nutrition and health. To look at the surgery anatomy, a surgeon will often order an upper GI and/or CT scan and follow-up with an upper endoscopy. This kind of testing can help you see if your regain is related to the surgery or a medical problem that was missed or not properly treated. Below you'll find a few anatomic and medical causes of regain:

Anatomic Causes:

- Pouch/sleeve enlargement
- Sleeve narrowing (*stricture*)
- Large gastrojejunum anastomosis
- Gastrojejunum anastomosis narrowing (*stricture*)
- Gastric-gastric fistula
- Gastric ulcers
- GERD

Medical Causes:

- Thyroid problems
- Kidney/heart disease
- Adrenal gland issues
- Pregnancy
- New medications
- Injury or limited mobility
- Depression



Platinum

Novo Nordisk

Gold

American Society for Metabolic & Bariatric Surgery
Bariatric Advantage
Orexigen Therapeutics, Inc.
Potomac Currents

Silver

Eisai Inc.
Ethicon
Medtronic
New Life Center for Bariatric Surgery

Bronze

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

Patron

Allurion Technologies
Aspire Bariatrics/Aspire Assist
Bariatric Medicine Institute
Baronova
Billings Clinic
Bronson Bariatric & Metabolic Specialists
ConscienHealth
Creative Cognitions
Jaime Fivecoat
GI Dynamics
HorizonView Health
IU Health Bariatric & Medical Weight Loss
Olga Joukovski, MD, PA
Mercy Bariatric Center
Naturally Slim®
Pack Health
Pennington Biomedical Research
Salem Hospital
Lloyd Stegemann, MD
Christopher D. Still, DO
The Obesity Society
Trinity Bariatric Surgery
Weight & Life MD/Nadia B. Pietrzykowska, MD
Woman's Hospital

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

List as of 12/17/18



Not actual patients.

Indications and Usage

What is Saxenda®?

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

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

Important Safety Information

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

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

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

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

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

Who should not use Saxenda®?

Do not use Saxenda® if:

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

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

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

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

WHEN IT COMES TO LOSING WEIGHT AND KEEPING IT OFF

WE'VE ALWAYS HAD THE WILL. NOW WE HAVE ANOTHER WAY.

Managing obesity like the long-term disease it is 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.*

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

Saxenda®
liraglutide injection 3mg

*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 $\geq 5\%$ of their body weight. At year 1, 891 people on Saxenda® (56%) lost $\geq 5\%$ 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 $\geq 5\%$ of their weight at both the 1- and 3-year marks vs 74 people on placebo (10%).

Important Safety Information (cont'd)

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

How should I use Saxenda®?

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

What are the possible side effects of Saxenda®?

Saxenda® may cause serious side effects, including:

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

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

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

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

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

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

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<div>  <div> Brief Summary of Information about Saxenda® (liraglutide) injection 3 mg </div> </div>	<ul style="list-style-type: none"> • If you take too much Saxenda®, call your healthcare provider right away. Too much Saxenda® may cause severe nausea and vomiting. • Never share your Saxenda® pen or needles with another person. You may give an infection to them, or get an infection from them.
Rx Only This information is not comprehensive. How to get more information: <ul style="list-style-type: none"> • Talk to your healthcare provider or pharmacist • Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling • Call 1-844-363-4448 	What are the possible side effects of Saxenda®? <ul style="list-style-type: none"> • Saxenda® may cause serious side effects, including: possible thyroid tumors, including cancer. See “What is the most important information I should know about Saxenda®?” • inflammation of the pancreas (pancreatitis). Stop using Saxenda® and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back. • gallbladder problems. Saxenda® may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms: <ul style="list-style-type: none"> • pain in your upper stomach (abdomen) • yellowing of your skin or eyes (jaundice) • fever • clay-colored stools • low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus. Saxenda® can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda®. Signs and symptoms of low blood sugar may include: <ul style="list-style-type: none"> • shakiness • weakness • hunger • sweating • dizziness • fast heartbeat • headache • confusion • feeling jittery • drowsiness • irritability
What is the most important information I should know about Saxenda®? Serious side effects may happen in people who take Saxenda®, including: Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Saxenda® and medicines that work like Saxenda® caused thyroid tumors, including thyroid cancer. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people. Do not use Saxenda® if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).	<p>Talk to your healthcare provider about how to recognize and treat low blood sugar. Make sure that your family and other people who are around you a lot know how to recognize and treat low blood sugar. You should check your blood sugar before you start taking Saxenda® and while you take Saxenda®.</p> <ul style="list-style-type: none"> • increased heart rate. Saxenda® can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda®. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda®. • kidney problems (kidney failure). Saxenda® may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration.
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. <ul style="list-style-type: none"> • Saxenda® should be used with a reduced calorie diet and increased physical activity. • Saxenda® is not for the treatment of type 2 diabetes mellitus. • Saxenda® and Victoza® have the same active ingredient, liraglutide. • Saxenda® and Victoza® should not be used together. • Saxenda® should not be used with other GLP-1 receptor agonist medicines. • Saxenda® and insulin should not be used together. • It is not known if Saxenda® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products. • It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke. • It is not known if Saxenda® can be used safely in people who have had pancreatitis. • It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children. 	<p>Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.</p> <ul style="list-style-type: none"> • serious allergic reactions. Serious allergic reactions can happen with Saxenda®. Stop using Saxenda®, and get medical help right away if you have any symptoms of a serious allergic reaction. See “Who should not use Saxenda®”. • depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.
Who should not use Saxenda®? Do not use Saxenda® if: <ul style="list-style-type: none"> • you or any of your family have a history of medullary thyroid carcinoma. • you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body. • you are allergic to liraglutide or any of the ingredients in Saxenda®. <ul style="list-style-type: none"> • Symptoms of a serious allergic reaction may include: <ul style="list-style-type: none"> • swelling of your face, lips, tongue, or throat • problems breathing or swallowing • fainting or feeling dizzy • severe rash or itching • very rapid heartbeat Talk with your healthcare provider if you are not sure if you have any of these conditions. <ul style="list-style-type: none"> • are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby. 	<p>The most common side effects of Saxenda® include:</p> <ul style="list-style-type: none"> • nausea • headache • decreased appetite • dizziness • diarrhea • vomiting • upset stomach • stomach pain • constipation • low blood sugar (hypoglycemia) • tiredness • change in enzyme (lipase) levels in your blood <p>Nausea is most common when first starting Saxenda®, but decreases over time in most people as their body gets used to the medicine.</p> <p>Tell your healthcare provider if you have any side effect that bothers you or that does not go away.</p> <p>These are not all the possible side effects of Saxenda®. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>
Before taking Saxenda®, tell your healthcare provider about all of your medical conditions, including if you: <ul style="list-style-type: none"> • have any of the conditions listed in the section “What is the most important information I should know about Saxenda®?” • are taking certain medications called GLP-1 receptor agonists. • are allergic to liraglutide or any of the other ingredients in Saxenda®. • have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food. • have or have had problems with your pancreas, kidneys or liver. • have or have had depression or suicidal thoughts. • are pregnant or plan to become pregnant. Saxenda® may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda®. If you are pregnant you should stop using Saxenda®. • are breastfeeding or plan to breastfeed. It is not known if Saxenda® passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first. Tell your healthcare provider about all the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your healthcare provider if you take diabetes medicines, especially sulfonylurea medicines or insulin.	<p>Keep your Saxenda® pen, pen needles, and all medicines out of the reach of children.</p> <p>For more information, go to saxenda.com or call 1-844-363-4448. Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark</p> <p>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.</p> <p>PATENT Information: http://novonordisk-us.com/patients/products/product-patents.html</p>
How should I use Saxenda®? <ul style="list-style-type: none"> • Inject your dose of Saxenda® under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. Do not inject into a vein or muscle. 	<p>Revised: SEPTEMBER 2016, VERSION 2</p> <p>© 2016 Novo Nordisk USA16SAM04984 12/2016</p> <div>  </div>

Behavioral Causes of Regain: The Creep

I've never seen a bariatric surgery patient regain ALL the weight they've lost after surgery in just one year. Regain is more like it was prior to surgery – slowly over time. While it's unusual for a patient to regain all the weight they lost with surgery, make no mistake – it's possible. That's why it's best to see your surgeon at the first sight of regain.

Fortunately, most regain after surgery is related to old, unhealthy habits coming back into light –something I refer to as “the creep.” I say fortunately because this is often easier and safer to address than regain due to anatomical or medical issues.

If you're experiencing regain, it's helpful to complete a 48-hour journal to start looking for “the creep.” One of those days should be a weekday and one should be a day during the weekend. This allows you to see your daily routine while at work and on non-work days. The journal should include:

- ✓ **Food Intake:** Write down everything you consume from food, gum, mints, snacks and so on. Include the time of day you eat and how much as well. Write down how you felt before eating (*hungry, bored, angry*) and after eating (*full, stuffed, nauseated*).
- ✓ **Liquid Intake:** What do you drink? How much? What do you add to your drinks (*cream, sugar, extra flavoring*)? Write it all down. It's important to track all fluid consumption.
- ✓ **Sleep Log:** What time do you go to bed? What time do you wake up? How many times do you get up in the night? Do you wake rested? Do you nap?
- ✓ **Exercise Log:** Log the type, intensity and duration of any exercise you do. It's especially helpful if you have a fitness tracker that can count the number of steps you take in your average day.
- ✓ **Stress Monitor:** Estimate your stress level on a scale of 1-10. One should equal perfect (*no stress at all*) while 10 should signal someone better watch out!

Your bariatric surgery team will be able to use the information in your journal to customize a plan that should help to stop weight regain. Patients often benefit from a “refresher course” in nutrition, exercise and behavioral counseling. It is also quite helpful to get engaged in a support group!

“If you're experiencing regain, it's helpful to complete a 48-hour journal to start looking for ‘the creep.’”



Conclusion

Weight regain is very common after bariatric surgery. You should not feel embarrassed, ashamed or disappointed at what's going on in your body. Although most patients with regain are struggling with unhealthy habits coming back into their life, some aren't – and their regain is due to an anatomical or medical issue that needs to be addressed.

Remember that obesity is a chronic disease, and sometimes the bariatric surgery “tool” needs some tweaking to make sure it's still effective. Don't be afraid to reach out for help. That's what your bariatric surgery team is there to do! I often tell patients that I feel like I have more to offer someone five years out and struggling with regain than I do for someone who is just sailing along. However, I still want both to come in for follow-up visits!

About the Author:

Lloyd Stegemann, MD, FASMBS, is a bariatric surgeon in Corpus Christi, Texas. Dr. Stegemann is a passionate advocate for universal access to bariatric surgery and is a former National Board Member of the OAC.

NEW YEAR,

New Family Traditions!

by Michelle Vicari, OAC Chairwoman

Our hectic on-the-go lifestyles can impact our family's health. Rushing to and from school, work and other obligations can sometimes make it hard to make the healthiest choices – from nutritious food to physical activity. We know how these choices can negatively affect many aspects of our health, but we also know what a positive impact just a few healthier changes can make!

The New Year is a perfect time to establish fun, memorable family traditions such as cooking fresh meals together and being more active as a team. Let's dive into some great examples!

Prepare, Cook and Eat Healthy Food...Together

Research has shown that simply eating together as a family can improve health¹. Family meals are the perfect venue to talk about healthy eating habits. They are also a great way to engage in conversation about what nutritious food looks and tastes like.

But even better... how about creating a family meal together? There are so many lessons to be learned for children through hands-on cooking:

- **Math:** Measurements, fractions, time.
- **Science:** Liquids, solids, melting, freezing.
- **Language:** Chop, mince, sauté, chiffonade.
- **Culture:** Learning traditions beyond our own.



“Family meals are the perfect venue to talk about healthy eating habits.”



That sounds good in theory, but how do you get started? First, choose a healthy recipe at least once per week that you can cook together. Look for a recipe that uses a vegetable you've never tried or food from a country you want to learn more about. **Pinterest.com** has some great recipe boards (*Try Produce for Kids; Kids Eat Right*) or find a favorite healthy cookbook at your local library (*Try authors Elie Krieger or Catherine McCord*). You can also try one of the following family-friendly recipes listed below.



Greek Salad with Chicken

Salad Ingredients:

- 2 plum tomatoes, diced
- 1 ½ English cucumbers, diced
- 1 bell pepper, finely diced
- 3 tablespoons red onion, finely diced
- ½ cup kalamata olives, pitted, halved
- 2 tablespoons fresh parsley, chopped
- ½ cup feta cheese, crumbled
- 1 cup cooked rotisserie chicken, chopped

Dressing Ingredients:

- 3 tablespoons red wine vinegar
- 2 teaspoons honey dijon mustard
- 1 teaspoon dried Italian seasoning
- ¼ cup olive oil

Instructions:

Measure-out and mix dressing ingredients into a small bowl and set it aside. With adult supervision, chop and dice the vegetables and place them into a large bowl. Add dressing to taste. Toss to coat all vegetables. Top with crumbled feta cheese and chopped chicken. Enjoy!

Bonus: Extend the Activity!

Have your children identify Greece on a map. Greece is the birthplace of the Olympic Games, including races. After dinner, play a few rounds of “Egg & Spoon Race” together. Balance an egg (*plastic, hard-cooked or even a tennis ball will work*) on a wooden spoon and race to the finish line without dropping it.



Build Your Own Baked Taco

Preheat the oven to 400 degrees. Spray a 6-cup muffin tin with nonstick cooking spray and place a fajita-sized tortilla in each, folding the tortilla slightly to fit. Bake the tortillas for 14 minutes or until crisp and golden on the edges. Under supervision, prepare and assemble your taco fillings.

Taco Filling Ingredients:

- refried beans
- chopped tomatoes
- shredded lettuce
- shredded cheese
- sliced avocado
- Greek yogurt or sour cream
- cooked chicken, steak, shrimp or fish

(Optional) Breakfast Taco Ingredients:

- refried beans
- scrambled eggs
- shredded cheese
- salsa
- sliced avocado
- cooked and crumbled turkey sausage (*or soy crumbles*)



Bonus: Extend the Activity!

Tacos are an interpretation of a recipe with origins in Mexico. Mariachi music and dance are essential parts of Mexican culture. Search online for some Mariachi music, listen to its unique sounds, then feel the music and dance together.

Kid's Corner continued on page 34

NEW ACTIVITY

Create a Neighborhood Scavenger Hunt!

Take a walk together and check-off each item as you spot it. Do this as a family or even along with other families in your neighborhood. The more the merrier!



Add More Activity to Your Family's Lifestyle

Modeling to children that you value fitness helps to create a solid foundation for a lifetime of healthy physical activity. Getting fit as a family does not have to be time-consuming or complex! Try to fit a few of the following fun activities into your family's daily life and make them a habit.

- Take an evening walk after dinner.
- Ask an elderly neighbor if they would like your family to walk their dog.
- Keep a ball or Frisbee in your car so you're always ready to play.
- Utilize technology like apps and websites (*Geoaching, Pokémon Go, Couch to 5k*).
- Buy everyone a pedometer for tracking steps! The family member with the most steps each week can win a prize like a movie night pick or choice of the next healthy dinner recipe.
- Draw a hopscotch path on your sidewalk or driveway.
- Seek-out a volunteer opportunity for the family once a month (Visit: VolunteerMatch.org for activities like a beach or park clean-up).
- Complete a neighborhood scavenger hunt (See tips in this article).


I hope you will consider adopting a few of these ideas into your family's life, and that 2019 is your family's healthiest and happiest year yet!

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About the Author:

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



**What if your brain
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your hunger?**

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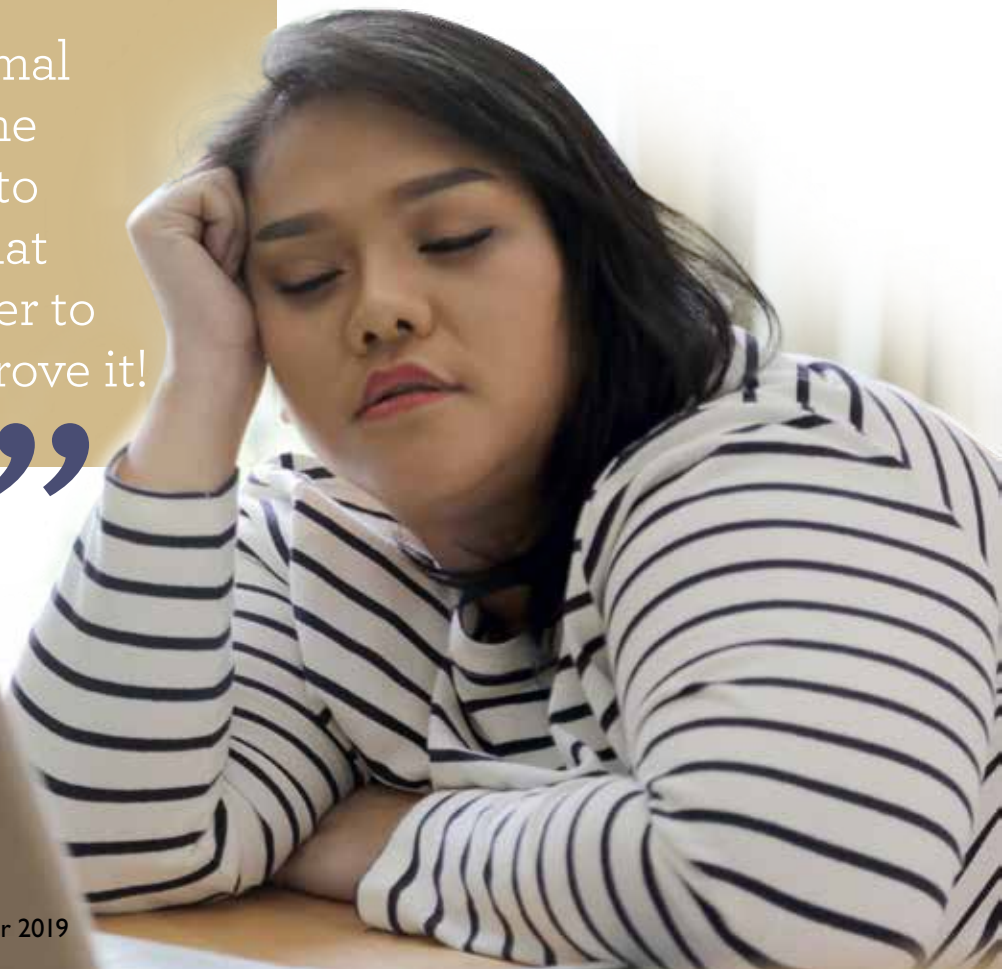
FIGHTING Fatigue:

Practical Tips for Renewed Energy

by Nadia B. Pietrzykowska, MD, FACP, DABOM

Fatigue is one of the most common complaints I hear from patients who see me about concerns related to their weight. Many times, medical conditions that can cause fatigue have already been looked into or treated by other medical professionals before the patient steps foot in my office. However, fatigue commonly persists because there hasn't been a clearly defined medical cause.

“Fatigue is not a “normal state.” I find that some patients are so used to living with fatigue that they don't even bother to acknowledge or improve it!”



Here are some practical tips that my patients have found beneficial throughout the years:

Don't Ignore Daily Stress

Today's world is extremely demanding! Everyone's plate is full of daily tasks: work, meetings, home, family obligations, deadlines...the list goes on. Stress can drain you to the point of exhaustion just from thinking about it all.

Do we take on too much? Is society asking too much from us? Do we feel guilty about our ability to handle so many duties at once? Maybe, but stress isn't going away anytime soon. All we can do is learn to manage its effects and prevent it from taking control.

How do we do that? Ideally, we can learn to meditate or attend yoga classes. But if it's not possible to dedicate time to "structured relaxation," you can try to relax on your own. This seems simple in theory, but it can be challenging in practice – mostly because there never seems to be enough time. Do we actually think that 15 – 30 minutes of "quiet time" will really do damage?



In reality, it wouldn't do any damage – it would only be a benefit. We just have to prioritize mental health and our wellbeing. We can't be productive, efficient and happy when we drain ourselves to the point of exhaustion!

So, let's start here: Designate a small chunk of time during your day to disconnect. It doesn't have to be for a long time or even every day, but it does need to be "dedicated time." Stop running, sit on your couch, lay in your bed, close the door...whatever helps. If you don't know where to begin, download a free guided meditation app for a great start!

The response I tend to get is: "I can't! Everyone relies on me. They will be knocking at my door." However, if you're the shining light for everyone else and that light eventually dims, what do you think will happen? Wouldn't everyone be affected?

Exactly. Think about it and designate time for yourself. It will greatly benefit you and everyone else around you as well. If you're struggling with weight or weight-related conditions, stress-related fatigue can be even more overwhelming. Acknowledge what's going on and take action.

Fighting Fatigue continued on page 38

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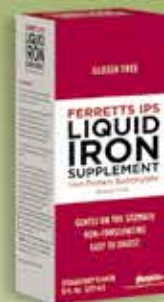
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Take a Healthy Look at Your Eating Habits

As we become concerned about our weight, we're more likely to be on some form of a restricted calorie diet plan. At times, calorie restriction spirals into even more restriction... especially if desirable results aren't achieved. This can lead to unhealthy restriction that leaves us malnourished, feeling fatigued and possibly struggling even more to lose weight.

If you're restricting calories, make sure you're consuming enough food and keeping your meals balanced so that you stay energized. It can be hard to know the balance you need, so if you aren't sure how to do this, ask a professional such as a Registered Dietitian (RD) to help you.

Timing when you eat is also important. It's harmful to your weight and sleep habits if you skip meals throughout the day and eat late at night. Acid reflux and indigestion can prevent you from getting proper sleep and can result in fatigue.

Speaking of Sleep... Get Some!

I can almost count on my hands the number of patients who tell me their sleep is ideal. For one reason or another, the vast majority do not get a good night's sleep. With extra weight, conditions like sleep apnea and chronic pain are more common and can affect sleep more profoundly. If you suffer from either of those conditions, you should talk with a healthcare professional.

However, many other factors affect sleep quality including stress. For example, one can toss and turn in bed for hours, unable to fall asleep and aggravated at the ticking alarm clock. When insomnia is caused by outside factors, it's important to return to the basics and practice proper sleep hygiene. Your bedroom should be:

- Dedicated to and associated with rest
- Television-free
- Computer-free
- Cellphone-free
- Food-free

We need to leave our worries at the doorstep! That's easier said than done, but creating rituals may help you wind down and prepare for sleep. For example:

- Take a warm bath before bed.
- Relax with a good book.
- Use aromatherapy.
- Listen to guided meditation.



Alcohol Check:

Alcohol is another factor that can disturb sleep if consumed in the evening. Though you might think a glass of red wine can help you fall asleep, alcohol may cause you to wake in the middle of the night. It can also cause nightmares and night sweats. Be cautious with alcohol consumption in general, and especially before bedtime.



Caffeine Check:

For better sleep, try to avoid caffeine after 3:00 pm. If you think you need caffeine to fuel your day, think again! Excess caffeine, especially later in the day, may push you toward another failed night of sleep.



Along with the concern of how eating late can affect sleep, you should know that exercising late may also prevent you from falling asleep and sleeping well. If you think that's your case, try your best to make time for exercise earlier in the day.

With a better night's sleep, you will be more rested and better able to tackle the day. Don't underestimate the importance of sleep! It can drastically help you overcome fatigue.

“

Excess caffeine, especially late in the day, may push you toward another failed night's sleep.

”

“Constant pain can be exhausting, overwhelming and depressing. In addition, medications used to treat pain can cause even more fatigue!”

Ask Yourself: Are You in Pain?

Constant pain can be exhausting, overwhelming and depressing. In addition, medications used to treat pain can cause even more fatigue! However, losing just 10-15 percent of your body weight can alleviate pain – especially if it's related to joint or spinal issues.

Supervised physical activity can strengthen muscles, increase fitness levels and improve flexibility – all of which can help with pain in addition to the benefit of weight-loss. Finding ways to reduce pain can also reduce fatigue. Make sure you talk to a healthcare professional if you live with chronic pain.

Final Thoughts

The factors I've mentioned in this article are some of the most common causes of fatigue that I see in my practice. Fatigue should be treated seriously and medical causes should always be considered and addressed when necessary.

Fatigue is not a “normal state.” I find that some patients are so used to living with fatigue that they don't even bother to acknowledge or improve it!

If your healthcare provider tells you that your fatigue is not caused by a thyroid issue, sleep apnea or any other common medical cause, don't just settle. Make it a point to feel better by addressing some of the causes I've listed here. You will be so glad you did!

About the Author:

Nadia B. Pietrzykowska, MD, FACP, DABOM, is a Board Certified and Fellowship trained Obesity Medicine and Nutrition Physician Specialist with a primary specialty in Internal Medicine. She is the Founder and Medical Director of “Weight & Life MD,” a Center dedicated to Medical Weight Management, Preventive Medicine and Lifestyle located in Hamilton, New Jersey. She strongly believes in a personalized as well as long-term approach to treating the chronic disease of obesity and its co-morbid conditions.

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DRUMSTICKS AND SWEAT:

HOW

POUND®

HELPS YOU ROCK-OUT WHILE YOU WORK-OUT

by Yelena Kibasova

Rhythm is a driving force behind everything we do — from how we walk to how we breathe. A combination of rhythm and music can bring out deep emotions, and it can even enhance motivation and performance. It's no wonder rhythm has played a key role in fitness for decades!

THE BIRTH OF POUND®

Back in 2011, two women who were recreational drummers and former college athletes decided to combine their passion for drumming and exercise into a creative new workout. They explained that after being forced to play drums without a stool and squatting over the drum kit, they realized this could be an effective way to exercise! That's how POUND® was born. Although this exercise option has been around for a while, many television viewers were introduced to it and its energy when they saw the beloved character Kate drumming her heart out in an episode of NBC's "This Is Us."

A UNIQUE WORKOUT WITH MANY BENEFITS

In POUND®, students use lightly-weighted drumsticks, known as Ripstix®, to drum to the rhythm of the music. The drumming is done alongside movements inspired by yoga and Pilates. What's the result? You get a full-body workout that combines strength training, conditioning and cardio.

The creators of POUND® claim that you can burn up to 900 or more calories per hour and drum yourself to a stronger and more sculpted body. The class can also help you improve:

- Rhythm
- Coordination
- Agility
- Speed
- Endurance
- Musicality (*yes, really!*)

According to the program's website, "Each 2-4 minute song is carefully calibrated with interval peaks and extended fat burning sequences, providing you with the best workout in the shortest span of time." The Ripstix® add extra weight to each movement, helping to increase stability and core strength. The sticks also assist with working muscles in the shoulders, forearms, triceps and back.

POUND® founders also believe that, "The rhythm of drumming permeates the entire brain to improve focus, increase higher-level thinking and decision-making skills, boost the immune system, lower blood pressure and decrease chronic pain, anxiety, and fatigue."

Research does in fact support some of these claims. Studies have found that synchronizing your movement to the beat of a song can help your body use energy more efficiently. This was proven in a 2012 study which showed that when cyclists biked to a beat, they needed seven percent less oxygen to do the same work as cyclists who were not synchronizing their movement.

Researchers out of London have even gone so far as to say that music can be thought of as a "type of legal performance-enhancing drug."


MUSIC MATTERS!

Does POUND® sound like something you'd be interested in? Be aware that the type of music you choose makes a difference. There are two important factors you should consider for workout music:

- Tempo
- Rhythm response
(*how much a song makes you want to move*)

When fun, upbeat music is turned on, most people instinctively want to tap their foot or start dancing. Music that is more happy and upbeat has a tendency to make you want to move more. Many people also associate exercise with boredom and exhaustion, so music helps shift that association by making exercise seem more attractive. In essence, music is a distraction!

POUND® continued on page 42



In POUND®, students use lightly-weighted drumsticks, known as Ripstix®, to drum to the rhythm of the music.



INSPIRING POUND® TESTIMONIALS

Kara Mallak, a POUND® instructor in Lakeville, Minnesota, refers to the workout as cathartic. “Communal drumming (*hitting stuff*) to different genres of music is a great way to work your muscles and an even better, healthier way to release emotions,” she said. “POUND® is all about having fun, feeling the music and focusing on the person inside. The choreography makes sense, feels good in your body and is really fun. The music helps to get the heart pumping and get you in the moment.”

Mallak also said that her students claim the class makes them feel happy and even “a little powerful.” Though Mallak teaches seven other group fitness formats, she feels that POUND® is different than any other class she instructs. She describes the class as having “a sense of belonging in our tribe, fantastic core, leg and glute workouts, and a huge smile after leaving everything on your mat!”

Jeni Bozic, a regular POUND® student at her local gym in Minneapolis, has a very convincing review about the workout. She says, “I like how different it is. It’s not just about being on the beat like in a dance class. You can actually hear when you are together with the rest of the class and with the instructor, and that’s very satisfying.”

Bozic also pointed out that the different positions used in POUND® keep the workout interesting. It helps you work muscles you might not usually use in a regular dance fitness class.

Studies have found that synchronizing your movement to the beat of a song can help your body use energy more efficiently.

IS POUND® YOUR NEXT NEW WORKOUT?

Right now, you may be asking yourself:

- Is there a POUND® class that is accessible to me?
- Is this class for everyone? Can I do it?

According to the creators of POUND®, this innovative workout is designed to be accessible to all fitness levels. This was one of the reasons Mallak (*mentioned earlier*) decided to teach the format. She pointed out that while POUND® is an energetic and challenging workout, it can be done by anyone.

“You can keep your feet planted to the floor for the entire class for no impact, or you can add jumps and kicks if cardio is what you want,” Mallak said. She also stated, “You can get low and hit the ground hard or you can stand tall, take it easy and air drum.”

Bozic is in agreement as well, saying she loves how just about anyone can take the class. “You can air drum if you aren’t strong enough or flexible enough to get to the floor, but you still get a great workout,” she said.

On another positive note, Bozic recently took the POUND® training course to become an instructor. She said that she enjoys being able to offer many different formats to her students, and this one is particularly unique.

AN END NOTE

If you’re looking for something unique to try or you just want to drum your heart out like Kate, give POUND® a try. You might just come out of the class feeling like a total rockstar!

The POUND® format is currently taught by an estimated 18,000 instructors in more than 94 countries. You can visit: **Poundfit.com** to find a class in your area. Don’t want to head to a gym? You can also do it from the comfort of your own home. The POUND® website sells an at-home DVD system which gives you nine workouts, your own set of Ripstix® and healthy recipes.

About the Author:

*Yelena Kibasova of **MoreThanMyWeight.com** is a Certified Fitness Instructor who got a fresh chance at a healthier life after having bariatric surgery in 2008. She has maintained a 150 pound weight-loss and has inspired her fitness students for the last four years. She believes in a holistic approach when it comes to managing her overall health.*

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How to Manage Your Weight

with Pesky FOOD ALLERGIES

Let's face it... eating healthy can be a challenge. And weight maintenance can sometimes be just plain difficult! But when other health factors arise, eating a balanced diet and managing your weight can sometimes become overwhelming.

Food allergies and sensitivities affect 15 million people in the U.S., according to Food Allergy Research and Education – the world's largest non-profit organization dedicated to food allergy awareness, education, research and advocacy. When certain foods are off limits or hard to tolerate, planning a healthy meal or following a balanced diet can be difficult. For many, this can mean healthy foods are left out of the plan while unhealthy foods are added in. But education and planning are keys to managing both!

What's the difference between Food Allergies and Sensitivities?

Many people use these two terms interchangeably, but they're quite different. You have a food sensitivity or intolerance when your body has trouble digesting certain foods. When these foods are eaten, they may cause issues such as stomach cramping, nausea or diarrhea. The aftermath deters many people from eating them.

A food allergy is different, and often more severe. Your body's immune system kicks in when you eat something you're allergic to. These defense mechanisms may include rashes, tingling in the mouth, swelling of the lips or even difficulty breathing.

What are Some Common Food Allergies and Sensitivities?

There are many foods people can be allergic to, but some are more common than others. Some common allergens include:

- Milk
- Eggs
- Peanuts or tree nuts
- Soy
- Wheat
- Fish or shellfish

The types of allergic reactions people may have after eating certain foods are also different. One person may eat peanuts and begin itching immediately while another might have difficulty breathing.

On the other hand, some people don't have a true food allergy; they may have a sensitivity toward certain foods. Lactose intolerance is a common example in which some people lack the enzyme lactase which helps digest lactose found in milk products. Those who are lactose intolerant may find it difficult to eat milk, yogurt or ice cream, though hard cheeses may be tolerable.

Sensitivity to gluten is also common. Again, after eating something that contains gluten (*a protein found in wheat*), people will often experience stomach upset, nausea, diarrhea or fatigue. Those with gluten sensitivities will usually opt for gluten-free foods.



How Food Allergies Can Affect Weight and Nutrition

A weight management plan can be more difficult to follow if you live with food allergies and intolerances. But with a little thinking and planning, maintaining a healthy diet and weight is totally possible! Find a plan that you can follow long-term and try the below tips for staying nutritionally sound:

MANAGING NUTRITION WITH FOOD ALLERGIES OR INTOLERANCES



Schedule a Visit with a RD

A Registered Dietitian (RD) can help you develop a balanced, effective meal plan that takes your food allergies and intolerances into account. You can also address items you may be missing. For example, if you have an egg allergy, you might talk to a RD about eating enough protein. If you're avoiding milk, you may plan to add in calcium-rich foods to meet your nutritional needs.



Read the Food Label

On the back of every packaged food item is a label with an ingredient list. Read through this list to see if it contains anything you're allergic to. Some items may contain very small amounts of a certain allergen, but even small amounts can still affect you.



Consider a Multivitamin

When you eliminate a certain food group from your plan, your meal plan may come up short! Your body might end up missing key nutrients. Consider a multivitamin to help you bridge the gap so you meet all your nutritional needs. However, make sure to check the ingredients for any potential allergens.



Work on Your Mindset

Don't focus on what you can't have, but on what you can have. Instead of saying, "I can't have bread because of my wheat allergy," focus on the positive. Say, "I am choosing to make a sandwich with corn tortillas." Luckily, with the food industry growing, there are many alternative options and choices at grocery stores and restaurants.



Find Alternatives

Thankfully, there are many alternatives for foods that contain common allergens. It's important to find the right alternative without adding in filler "junk" foods. See the tips offered in this article for some great alternatives and recipes to try.

Food Allergies continued on page 48

“ On the back of every packaged food item is a label with an ingredient list. Read through this list to see if it contains anything you're allergic to. ”

CONTRAVE IS THE #1 PRESCRIBED WEIGHT-LOSS BRAND

Struggling to lose weight?

CONTRAVE is believed to work on two areas of your brain to reduce hunger and help control cravings.

The exact neurochemical effects of CONTRAVE leading to weight loss are not fully understood.



Across three studies, patients who were overweight or struggling with obesity lost approximately **2-4x** more weight over one year by adding CONTRAVE than with diet and exercise alone.

Nearly half of patients taking CONTRAVE lost 5% or more body weight and kept it off (vs 23% of patients taking placebo). Individual results may vary.

Ask your doctor about CONTRAVE®

CONTRAVE (naltrexone HCl/bupropion HCl) is a prescription weight-loss medicine that may help adults with obesity (BMI greater than or equal to 30 kg/m²), or are overweight (BMI greater than or equal to 27 kg/m²) with at least one weight-related medical condition, lose weight and keep the weight off. CONTRAVE should be used along with diet and exercise.

Important Safety Information

One of the ingredients in CONTRAVE, bupropion, may increase the risk of suicidal thinking in children, adolescents, and young adults. CONTRAVE patients should be monitored for suicidal thoughts and behaviors. In patients taking bupropion for smoking cessation, serious neuropsychiatric events have been reported. CONTRAVE is not approved for children under 18.

Stop taking CONTRAVE and call your healthcare provider right away if you experience thoughts about suicide or dying; depression, or anxiety; panic attacks; trouble sleeping; irritability; aggression; mania; or other unusual changes in behavior or mood.

Do not take CONTRAVE if you: have uncontrolled hypertension; have or have had seizures or an eating disorder; use other medicines that contain bupropion; are dependent on opioid pain medicines, use

medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or take sedatives, benzodiazepines, or anti-seizure medicines and you abruptly stop using them; or are taking monoamine oxidase inhibitors (MAOIs). **Do not start CONTRAVE until you have stopped taking your MAOI for at least 14 days.** Do not take CONTRAVE if you are allergic to any of the ingredients in CONTRAVE. Do not take CONTRAVE if you are pregnant or planning to become pregnant or are breastfeeding.

Before you start taking CONTRAVE, tell your healthcare provider about all of the above and any other current or past health conditions.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. **Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider says it is okay.**

If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away.

Additional serious side effects may include: opioid overdose or sudden opioid withdrawal; severe allergic reactions; increases in blood pressure or heart rate; liver damage or hepatitis; manic episodes; visual problems (glaucoma); and increased risk of low blood sugar

(hypoglycemia) in people with type 2 diabetes mellitus who take certain medicines to treat their diabetes.

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

These are not all the possible side effects of CONTRAVE. Please refer to the Summary of Information about CONTRAVE on the following page or talk to your doctor.

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


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Contrave.com

**Summary of Information about CONTRAVE®
(naltrexone HCl/bupropion HCl) Extended-Release Tablets**

What is the most important information I should know about CONTRAVE?

CONTRAVE can cause serious side effects, including:

- **Suicidal thoughts or actions.** CONTRAVE contains bupropion, which has caused some people to have suicidal thoughts or actions, or unusual changes in behavior, especially within the first few months of treatment.

Stop taking CONTRAVE and call a healthcare provider right away if you, or your family member, have any of the following symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying, or attempts to commit suicide
- acting aggressive, being angry, or getting violent
- new or worse depression
- acting on dangerous impulses
- new or worse anxiety or irritability
- an extreme increase in activity and talking (mania)
- feeling very agitated or restless
- panic attacks
- other unusual changes in behavior or mood
- trouble sleeping (insomnia)

While taking CONTRAVE, you or your family members should pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.

What is CONTRAVE?

CONTRAVE is a prescription medicine for adults 18 or older that contains 2 medicines (naltrexone and bupropion) that may help some obese or overweight adults who also have weight-related medical problems lose weight and keep the weight off. CONTRAVE should be used with a reduced calorie diet and increased physical activity.

Limitations of Use

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

Who should not take CONTRAVE?

Do not take CONTRAVE if you: have uncontrolled hypertension; have or have had seizures; use other medicines that contain bupropion such as WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, and APLENZIN; have or have had an eating disorder; are dependent on opioid pain medicines, use medicines to help stop taking opioids, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, or use sedatives, benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden; are taking monoamine oxidase inhibitors (MAOIs); are allergic to naltrexone or bupropion or any of the ingredients in CONTRAVE; or are pregnant or planning to become pregnant. Do not start CONTRAVE until you have stopped taking your MAOI for at least 14 days.

What should I tell my healthcare provider before starting treatment with CONTRAVE?

Before you take CONTRAVE, tell your healthcare provider about all of your medical conditions, including if you: have or have had depression or other mental illnesses; have attempted suicide; have or have had seizures or a head injury; have had a tumor or infection of your brain or spine; have had a problem with low blood sugar or low levels of sodium in your blood; have or have had a heart attack, heart problems, or stroke; have or have had liver or kidney problems; are diabetic taking insulin or other medicines to control your blood sugar; have or have had an eating disorder; abuse prescription medicines or street drugs; are over the age of 65; or are breastfeeding or plan to breastfeed.

CONTRAVE can pass into your breast milk and may harm your baby. You and your healthcare provider should decide if you should take CONTRAVE or breastfeed. You should not do both.

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

Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them. CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works, causing side effects.

How should I take CONTRAVE?

Take CONTRAVE exactly as your healthcare provider tells you to.

Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.

What should I avoid while taking CONTRAVE?

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

What are the possible side effects of CONTRAVE?

CONTRAVE may cause serious side effects, including:

• See “What is the most important information I should know about CONTRAVE?”

- **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: take higher doses of CONTRAVE; have certain medical conditions; or take CONTRAVE with certain other medicines. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.

- **Risk of opioid overdose.** One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. You or someone close to you should get emergency medical help right away if you: have trouble breathing or become very drowsy with slowed, shallow breathing; or feel faint, very dizzy, confused, or have unusual symptoms.

- **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before undergoing a medical procedure or surgery.

- **Severe allergic reactions.** Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction:

- rash, itching, hives, or fever
- painful sores in your mouth or around your eyes
- swelling of your lips or tongue
- swollen lymph glands
- chest pain or trouble breathing

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

- **Liver damage or hepatitis.** One of the ingredients in CONTRAVE (naltrexone) can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:

- stomach area pain lasting more than a few days
- dark urine
- yellowing of the whites of your eyes
- tiredness

- **Manic episodes.** One of the ingredients in CONTRAVE (bupropion) can cause some people who were manic or depressed in the past to become manic or depressed again.

- **Visual problems (angle-closure glaucoma).** Signs and symptoms of angle-closure glaucoma may include eye pain, changes in vision, and/or swelling or redness in or around the eye.

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

What are common side effects?

The most common side effects of CONTRAVE include nausea, constipation, headache, vomiting, dizziness, trouble sleeping, dry mouth, and diarrhea.

Tell your healthcare provider about any side effect that bothers you or does not go away. These are not all the possible side effects of CONTRAVE.

This information is not comprehensive. If you would like more information, talk to your doctor and/or go to www.contrave.com for full Product Information.

You may report side effects to the FDA at 1-800-FDA-1088.

Keep CONTRAVE and all medicines out of the reach of children.

This brief summary is based on Contrave Prescribing Information LBL-00022, September 2016.

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Milk Allergy or Lactose Intolerance:

If you're allergic to milk or you're lactose intolerant, you probably want to avoid milk. With a true milk allergy, you might avoid all products containing milk such as breads, baked goods or macaroni and cheese. Instead of eliminating, try substituting! Check-out these swaps:

Instead of:

- Milk
- Cheese
- Ice cream



Try this:

- Soy, rice or almond milk
- Vegan cheese
- 100 percent juice pops



Not Sure What to Do without Milk and Cereal? Try this:



Strawberry Oatmeal Breakfast Smoothie

Source: Allrecipes.com

Ingredients:

- 1 cup soy milk
- ½ cup rolled oats
- 1 banana, broken into chunks
- 14 frozen strawberries
- ½ teaspoon vanilla extract
- 1 ½ teaspoon white sugar

Directions:

In a blender, combine soy milk, oats, banana and strawberries. Add vanilla and sugar if desired. Blend until smooth.

Per serving: 236 calories; 3.7 g fat; 44.9 g carbohydrates; 7.6 g protein; 0 mg cholesterol; 65 mg sodium

Wheat Allergy or Gluten Sensitivity:

Wheat allergies or gluten sensitivities can also be challenging and require some thought. Many products contain wheat such as pastas, breads and baked goods. Wheat can also be found in very small amounts inside processed meats, sauces, condiments and some flavored chips. Some products such as oats are naturally gluten-free, but can have some cross-contamination after processing. Read the nutrition label and look for healthy substitutions!

Instead of:

- Breads
- Pastas
- Tortillas
- Wheat cereals



Try this:

- Gluten-free bread
- Spaghetti squash
- Lettuce wraps
- Gluten-free oats



“ When certain foods are off limits or hard to tolerate, planning a healthy meal or following a balanced diet can be difficult. ”

Food Allergies continued on page 50



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Need a Gluten-free Recipe Idea? Try this:



Healthy Oatmeal Muffins

Source: Brendid.com

Ingredients:

- 2 ½ cups gluten-free old-fashioned oats (1 ½ cups ground, 1 cup whole)
- 1 tablespoon old-fashioned oats for muffin tops
- 2-3 large overripe bananas (1 cup mashed or 1 cup applesauce)
- 2 large eggs, slightly beaten
- ½ cup honey
- ¾ cup milk
- 2 teaspoons real vanilla
- 2 teaspoons baking powder
- ½ tsp. baking soda
- ½ teaspoon salt
- 1 teaspoon cinnamon

Directions:

1. Preheat oven to 325 degrees. Place oats on a baking sheet and toast until lightly browned, stirring once (about four to six minutes). Let cool to room temperature. If you're in a hurry you can skip this step, but the toasting adds flavor!
2. Divide oats into portions of 1 ½ cups, 1 cup and 2 tablespoons.
3. Turn oven heat up to 350 degrees.
4. Place 1 ½ cups of oats in a food processor and blend/pulse until they reach a rough, flour-like consistency.
5. Mash bananas well so they don't have lumps. I use my mixer to mash them before adding the other wet ingredients.
6. Add eggs, honey, milk and vanilla. Mix to combine.
7. Add dry ingredients (including the ground oats and 1 cup whole oats) to wet ingredients and mix until just incorporated. Allow these to sit for 10 minutes to soak the oats. Optional: fold-in approximately ½ cup fruit, raisins or nuts.
8. Scoop into muffin tin, lined with muffin wrappers (makes 14 muffins).
9. Sprinkle muffin tops with the 2 tablespoons reserved oats
10. Press lightly to make sure they stick.
11. Bake at 350 degrees for about 20 – 30 minutes. A toothpick inserted into the center of the muffin should come out clean.

Wrapping it All Together

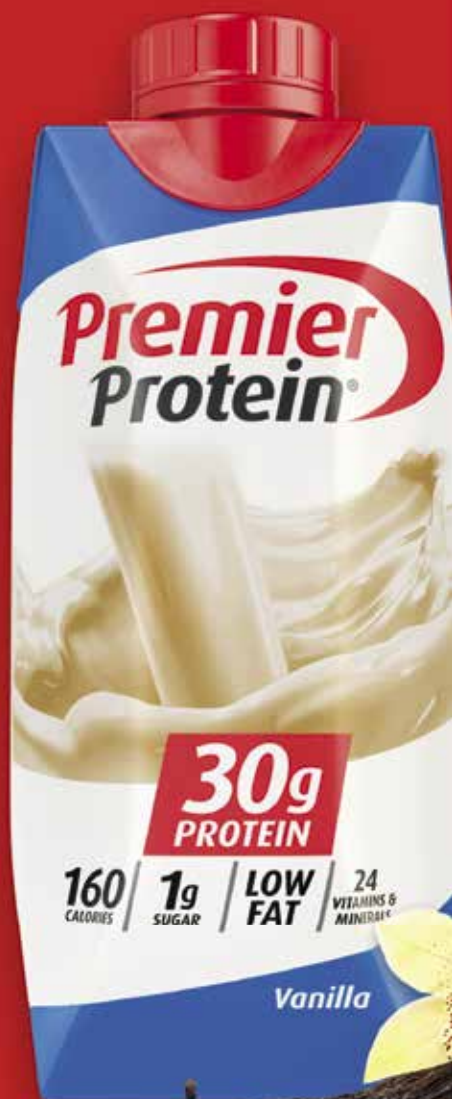
It's true that food allergies can sometimes be overwhelming, especially if you are working on managing your weight. Take time to do your research and find some great options that will fit into your plan. You'll find keys to success with creativity, a positive outlook and some dedication!

About the Author:

Sarah Muntel, RD, is a Registered Dietitian from Indianapolis. She has worked in bariatrics for the past 18 years 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 also 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).

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Considering Cravings: Tips for Conquering Your Sweet Tooth

by Nina Crowley, PhD, RDN, LD

If you talk about sweet treats, you'll likely hear people with strong opinions in two very different camps. General thoughts and advice range from suggesting strict limitations to giving unconditional permission to eat all foods. What works best for you will depend on you and your goals!



What's Hunger Got to Do with it?

Hunger is your body's way of telling you that it needs food. Cravings are an intense desire for a specific food. They may be associated with hunger, but not always! So how can we tell the difference?

I once heard someone say, "If you're hungry, an apple will do." This has always been a helpful mantra for me, as I often carry an apple in my lunch bag. I fondly call it the "see you tomorrow apple" if I'm not hungry. But if I truly am, it's the crunchiest and most delicious apple I've ever eaten.

If you were to ask a group of people what hunger feels like, you'd get several answers. Hunger means something different to everyone! To identify whether or not you're really hungry, look for physical indicators such as:

- Hunger pangs.
- Stomach growling or grumbling.
- A feeling of emptiness in your stomach.
- Weakness.
- Low energy.
- Difficulty concentrating.
- Light-headedness or shakiness.
- Irritability, crankiness (aka hangry), light-headedness or shakiness.

If your hunger feels somewhat subjective or you're more of a numbers person, try checking in with your hunger using a "hunger and fullness scale" from 0-10 (*0 being empty; 10 being uncomfortably full*). This will give you an objective sense of hunger and help you rely on your body's internal cues.

There are many versions of the scale, but you should strive to land somewhere close to the middle at a three or a four (*your stomach is growling, you need energy or you feel slightly empty*). You might want to stop eating when you've reached seven or eight (*you feel satisfied or slightly uncomfortable*).

Some individuals attempting weight-loss try fighting their hunger by ignoring or suppressing it. They may go several hours without eating, but in reality, the body's natural response is to build-up ravenous hunger. During times when you're at a zero or two on the hunger scale, you need food immediately and you likely don't have any planned meals/snacks available. Therefore, you reach for something close and easy. Hangry and irrational, you may respond to environmental or emotional cues instead of your body's intuition. Is it a craving, then, if you're just truly hungry? I think not!

Why Do We Get Cravings?

Food cravings have many layers including thoughts, emotions, behaviors and psychology. When you indulge a craving, you're likely to feel a sense of reward. That sense of reward may push you to associate pleasure with a particular food so that sight, smell and thoughts can encourage temptation.

Cravings can also be associated with certain people, places, events, weather or times of day. Your brain is responsible for making these connections so that the next time you experience one of these cues, a memory or pleasurable experience may be triggered. Say hello to cravings!



Cravings continued on page 54

“Food cravings have many layers including thoughts, emotions, behaviors and psychology.”

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What Kinds of Foods Do We Crave?

Everyone craves different foods, but those foods are usually highly palatable. In other words, think of treats such as chocolate, pastries, chips, pizza and other foods high in fat and sugar. Highly-palatable foods activate the pleasure center in our brain and release a stream of feel-good chemicals called endorphins. Sugar is probably the most common food craving I see in my patients.

While nothing is inherently wrong with craving “yummy” foods such as sweets, our underlying reasons for those cravings can be problematic – especially if you feel they’re impacting your health. To help with this, practice noticing what you really need. For instance, you may be feeling lonely or tired, or maybe you’re craving connection. Instead of reflexively grabbing a cookie or candy bar, take a moment and try to understand what you are really feeling. You may need sleep!

Cravings are more common when you’re stressed or fatigued. The reward value of food is higher when your cortisol (*stress hormone*) is elevated. Instead of trying to suppress your sweet cravings or “power through them,” try stress management! Address the source of your stress and again, don’t underestimate the power of enough sleep.

Furthermore, you may notice that food cravings are more frequent if you restrict or avoid certain foods. Ever tell yourself you’re “not allowed” to have something? Labeling foods as “forbidden” can actually have the opposite reaction! Restriction may increase cravings and even contribute to overeating. However, the real damage here is the guilt associated with this roller-coaster of a pattern. Rather than eliminating a food that is often a craving, try to have a small portion to curb the craving.



“Rather than feeling helpless, feel empowered because you can choose how you respond to cravings.” //

What Do You Do with Cravings?

Think like a detective and dig deeper for the reasons you crave certain foods. Are some of your routines or traditions built around them? Are you scrolling through Instagram only to find yourself wanting something you didn’t even notice seeing? If you’re distracted, these cues are harder to notice.

Consider mindfulness! Rather than feeling helpless, feel empowered because you can choose how you respond to cravings. It’s tough to nail down the habit, but taking the time to be mindful about your behaviors can make it easier to keep up. Observe your thoughts, physical feelings and emotions. The key is to know that it’s okay to eat what you are craving. Your goal should be to pay full attention to your experiences so you can fully enjoy them! Then let it go and move on with your day.

Self-care is often missing in our busy, stressed-out lives, but it can help you recharge and reconnect. It can also reduce the frequency of unhealthy cravings like sugar. Self-care can mean anything from getting pampered or spending time with a friend to simply relaxing during “you time.”

For those of us seeking weight-loss or weight maintenance, many things influence our thoughts and emotions toward sweets. You likely hear a lot of “You can’t,” “You shouldn’t” or “You’re not allowed.” You may even feel guilty for wanting to have sweets while you’re trying to keep weight off.

Many of us are black and white thinkers and have a long history of labeling food as “good or bad.” Change takes a lot of time and a lot of effort! But if you remove shame from eating certain foods, you can reduce stress and the intensity as well as frequency of food cravings.

Learn to Just Do You!

Restricting foods can increase our cravings for what’s “forbidden.” We then get caught in a cycle of guilt and repetition. On the other hand, others often find that moderation is a better approach. “Just a taste” of something, like a few bites of a cupcake, can rid them of the idea and “do the trick.” Still, some feel like having just a bite or two can lead to overeating.

What’s the real key? Get in touch with yourself to work out a plan of attack. Maybe you need some flexibility to find greater enjoyment as you reach your goals. As Yoni Friedhoff says, “Your best weight is whatever weight you reach when you are living the healthiest life that you honestly enjoy.”

About the Author:

by 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. Nina is passionate about working with her patients to achieve difficult behavior changes and long-term weight maintenance after bariatric surgery.



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