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OAC Community Perspectives: Following My Own Prescription for Improved Health and Happiness  
by Bharti Shetye, MD, FOMA, DABOM  
Bharti Shetye, aka “Dr. Abby,” has always longed to be a physician and help others improve their health. Learn how she discovered how her personal journey to helping herself empowered her to do even more.

New Year, New Goals. Not Resolutions...  
by Rachel Goldman, PhD, FTOS  
Don't let New Year's Resolutions keep you from achieving what you want this year. Resolutions might seem like a good idea, but as it turns out, there is a better way to set goals and celebrate your achievements.

Changing the Way We Care about Obesity through Obesity Care Week 2019  
by Kelly Murillo, OAC Marketing Associate  
Founded in 2015 with a mission to change the way we care about obesity, Obesity Care Week had another successful year in 2019, growing to include participation from 55 countries around the world. 2020 brings some changes and the promise of an even bigger global message. Join us to make a difference!

Dear Doctor: Does Obesity Cause Inflammation?  
by Sunil Daniel, MD, FTOS  
Inflammation is a sign that your body is able to heal and fight off illness. However, if you are living with obesity, chronic inflammation can lead to additional health challenges. Read more to learn how you can help reduce chronic inflammation.

A Closer Look at NASH: A Rarely Discussed Obesity-related Condition  
by Daniel Klein, MD  
Obesity has many related health conditions. Most often, you hear about ones like type 2 diabetes or hypertension. Now let’s take a look at NASH – what it is, how it is diagnosed, and how it can be treated.

Finding Comfort without the Calories  
by Sarah Muntel, RD  
Lots of us find comfort in food following a hectic or sad day. Our bodies are wired to crave and get comfort from them, but too much of them can be a bad thing. Learn how to turn comfort foods into healthier options and use these tricks to replace foods with activities!

Creating a Brighter Future for Childhood Obesity Together  
by Ted Kyle, RPh, MBA  
To date, options for the treatment of childhood obesity have been limited. Take a look at some treatment options being studied now and see how you can help create a better world for children living with obesity.

What I Wish I Knew BEFORE I Had Bariatric Surgery!  
by Sarah Bramblette, MSHL  
Learning is a better way to set goals and celebrate your achievements. Read more to learn how you can help reduce chronic inflammation.

OAC Beliefs and Demands: Making Our Vision Our Mission  
by Mckinzie Burrows, OAC Community Outreach Engagement Specialist  
The OAC is an independent National non-profit organization dedicated to giving a voice to those affected by the disease of obesity.

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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Opinions expressed by the authors are their own and do not necessarily reflect those of the OAC Board of Directors and staff. Information contained herein should not be construed as delivery of medical advice or care. The OAC recommends consultation with your doctor and/or healthcare professional.

For Content Contributions and Advertising Information: Please contact James Zervios at jzervios@obesityaction.org.

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Hello Everyone,

The start of a new year always gives us a chance to look back on our accomplishments and our proudest work from the year before. The Obesity Action Coalition (OAC) and its dedicated members were very busy this past year. We raised awareness and took ACTION across the country—and even the globe! To learn more about taking action, check out the OAC Action Center at: ObesityAction.org/Action-Center/.

Together, we engaged in a variety of activities to improve access to care for people affected by obesity. We took on the inaccurate narratives in the media and society. We also challenged the weight bias, stigma and discrimination we face every day. We not only worked to bring our members together at in-person events like the OAC’s National Convention and Capitol Hill advocacy days, but we also enhanced our online community of support.

Our amazing Membership Community is the heart of the OAC. If you are finding this magazine and reading about the OAC for the very first time – in a coffee shop, airport, doctor’s office or hair salon – chances are, it was placed there by one of our awesome members. We are committed to sharing the OAC and bringing more and more people to its mission and vision. I hope you will accept this invitation and get to know more about the OAC by visiting our website: ObesityAction.org.

I also hope you will save the date for the OAC’s 9th Annual Your Weight Matters Convention & EXPO in Las Vegas, July 9-11. This conference offers the best of the best in quality education about health, weight, obesity, nutrition, emotional health and more. Industry experts come from all around the world to share the latest science and offer practical ways to improve our health and quality of life. The weekend is so inspiring and so much fun! I hope you will make it a priority this year.

2020 marks 15 years since the OAC was founded. We have come a long way since the beginning, but we continue in our efforts to change the way people understand obesity. Our members are voicing their lived experiences, sharing the science behind obesity, fighting weight stigma and calling on others to join us. I have faith that we will—one day soon—live in a world that understands the many complex causes of this chronic disease and treats those affected by it with understanding and respect.

“Faith is taking the first step even when you don’t see the whole staircase.” - Rev. Dr. Martin Luther King, Jr.

All of us have an opportunity to make 2020 a truly epic year in the history of the OAC. I’m looking forward to taking those steps together.

Thank you for being a part of the OAC,

Michelle “Shelly” Vicari, OAC Chairwoman
Joe Nadglowski, OAC President and CEO, Given ASMBS Distinguished Service Award

On November 4th, 2019, the American Society for Metabolic and Bariatric Surgery (ASMBS) hosted a Presidential Reception during ObesityWeek in Las Vegas. The reception is held to honor those who work tirelessly to improve life for people living with obesity.

The OAC is very proud to announce that Joe Nadglowski, OAC President and CEO, received the ASMBS Distinguished Service Award.

The Distinguished Service Award is bestowed upon members who have made notable and outstanding contributions to the field of metabolic and bariatric surgery not only through their work, but also through their demonstrated commitment to ASMBS and its mission.

Our congratulations and thanks go to Mr. Nadglowski for his never-ending devotion and work to advocate for, educate and support people living with obesity.

OCAN Advocacy Day Caps off National Obesity Care Week

On Friday, September 20th, 2019, advocates from the Obesity Care Advocacy Network (OCAN) visited more than 35 Senate offices to encourage support for the Treat and Reduce Obesity Act (TROA), also known as S 595/HR 1530. OCAN’s Fall Advocacy Day was held during National Obesity Care Week (NOCW) with a focus on “advocating for access to affordable and comprehensive care.”

Advocates on the Hill that day included patients who are addressing their obesity across the healthcare continuum — including counseling and physical activity, medication and surgery. Earlier in the week, several Novo Nordisk patient ambassadors took to the Hill to participate in more than 100 visits with congressional offices. They also shared their stories during a special OCAN Congressional reception honoring Senator Shelley Moore Capito (R-WV) — the lead Republican sponsor of the Senate resolution that designates one week a year as National Obesity Care Week.

One of the primary accomplishments of the September 2019 Advocacy Day was persuading Senator Cassidy to formally request a budget score from the Congressional Budget Office (CBO) to determine how much money TROA would either save or cost the federal government during the next 10 years.

The Obesity Action Coalition (OAC) Launches a New Digital Video Library

There is so much information out there about obesity, weight-loss, health, wellness and other hot topics. It can be hard to know what is fact versus fiction. To help out, the OAC has always been dedicated to providing science-based education and keeping up with the latest research to give quality education and support to our members.

The OAC is able to provide this level of education by bringing together the world’s leading experts and voices in key areas. We also collaborate with them to break down all the science and information so you can easily understand it and apply it to your personal health journey.

Our latest educational effort is the launch of our Digital Video Library. It is a place to find reliable, honest information on a wide range of topics including advocacy, bariatric surgery, nutrition, exercise and weight regain. There is something for everyone!

The OAC’s Digital Video Library is an exclusive benefit for OAC Members with Premium Access Membership ($25/year). If you have OAC Premium Access Membership, use your personal OAC website login to access this valuable benefit! To log-in, view the Digital Video Library and explore all it has to offer, visit ObesityAction.org/Video-Category.

Interested in adding-on OAC Premium Access Membership? It can provide you with exclusive benefits to help you along your journey toward better health. To add-on OAC Premium Access today, visit ObesityAction.org/Community/About-the-Oac-Community/Premium-Membership.
A Shift in My Personal Life

I love being a doctor. However, several years ago, things were different when I looked at my reflection in the mirror. What I saw troubled me. What was I doing to manage my own health?

I had a BMI of 35 – 37 and a strong family history of both diabetes and heart disease. How could I guide my patients if I wasn’t walking down a healthy path myself? Preventing health issues is always better than needing a cure. “Walk the walk,” said my inner voice.

I worked extremely hard to eat right and exercise often. I knew I couldn’t go on a “diet.” I had to change my lifestyle! Eventually, the time I spent building healthier habits paid off. I improved my physical and mental health in many ways:

• Lowering my BMI to 23 - 25
• Improving my blood pressure and blood sugar levels
• Gaining more energy and confidence
• Being more productive at work
• Enjoying a larger social circle

While I am in a healthier place today, I also realize that my ultimate goal is a lifetime of good health. I need to practice mindfulness every day. I have to keep running full steam ahead.

Finding My Calling

I remember thinking my childhood doctor was a superhero. She could fix every ailment and even inspired me to become a doctor! We shared the same dream. After many years of hard work, my dream, too, became a reality. I entered the medical field and became a healthcare provider (HCP) so I could help patients. However, five years into my career, I realized this wasn’t enough for me. I continued to prescribe the same medications to treat the same common health conditions:

• High blood pressure
• Type 2 diabetes
• High levels of fats in the blood (hyperlipidemia)
• And others

All the time I wondered, “Could I get people off of these medications?” Then the world of bariatric medicine called out to me. It said, “Yes, you can!”

I began a new journey to see how I could help patients manage their weight to better manage their health as a whole. I knew that weight could influence other health conditions. This led me to the field of obesity medicine, and now my second dream is also my reality. I find meaning in helping patients work through challenges with weight, get off medications and improve their quality of life.

“I remember thinking my childhood doctor was a superhero. She could fix every ailment and even inspired me to become a doctor!”

by Bharti Shetye, MD, FOMA, DABOM
Thoughts on Obesity, Stigma and Advocacy

In 2013, the American Medical Association (AMA) declared that obesity is a disease with treatment options. Patients who struggle with this disease deal not only with physical effects of obesity (like high blood pressure, back and knee pain, type 2 diabetes and high cholesterol), but also with social stigma. Examples of social stigma include:

- Bullying and harassment
- Social isolation
- Judgement and different treatment

For these reasons, some people who struggle with obesity prefer to stay in their shell. It can feel safer to fade into the background because weight management can be overwhelming at times. As a bariatric physician, I’m here to help. It takes a village not only to raise a child, but also to help adults live a healthy, happy and fruitful life.

This insight drove me to look for partners to help me help my patients. Seek and you shall find! I discovered many organizations, including the Obesity Action Coalition (OAC), which became my pillars. They exist to help patients with resources, support and advocacy. These organizations inspire me to take action in all kinds of ways – no matter how big or small.

“While I am in a healthier place today, I also realize that my ultimate goal is a lifetime of good health."
I discovered many organizations, including the OAC, which became my pillars. They exist to help patients with resources, support and advocacy.

Learning to Use My Voice

I love working with others toward a common goal. I volunteer at several organizations with similar missions. I’ve even walked hand-in-hand with OAC Members on Capitol Hill to urge legislators to support the Treat and Reduce Obesity Act (TROA). If passed, TROA will give Medicare beneficiaries greater access to meaningful obesity treatment tools. Learn more at ObesityAction.org/TROA.

Passing TROA also sends a message to other insurance plans. Insurance plans generally have their coverage match Medicare benefits. Truly, TROA has the potential to change the lives of millions of Americans who want to improve their weight and health.

My Take-home Message

If you are struggling with obesity, remember that obesity is a disease. We don’t hesitate to say, “I have diabetes and need help to manage it,” or “I have high blood pressure and take medicine.” Don’t be afraid to seek help if you need it.

Research treatment options and talk about them with your HCP. Find someone you feel comfortable working with and who has experience helping patients affected by obesity.

Tip: The OAC created a resource to help patients find a HCP in their area who can help them manage obesity. Find this resource at ObesityCareProviders.com.

Most importantly, join the big picture. Support the OAC in any ways you are able. Stay informed on key issues. Connect with others who care about the cause and want to see change. I hope that as we manage and improve health in adults as it relates to weight, we can also prevent the rise in childhood obesity.

We only have one life to live. We owe improved health to ourselves and future generations. It is true—the struggle with weight IS real and it lasts forever. However, as the famous quote goes:

“Alone we can do so little; together we can do so much.” - Helen Keller

Do You Want More OAC Community Perspectives?

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

Are you interested in being featured in OAC’s Weight Matters Magazine? Contact membership@obesityaction.org to see how.
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- Practical information to better understand your journey with weight
- Questions to ask in order to have an honest conversation about your weight and health

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

ObesityCareProviders.com

This resource is brought to you by:

Obesity Action Coalition
How’s the new year going so far? How are those New Year’s Resolutions working out for you?

Don’t worry if it’s not working out. You are not alone! According to U.S. News & World Report, about 80% of New Year’s Resolutions fail, and most are failing by mid-February. If we know that so many people don’t achieve their New Year’s Resolutions, should we make them? I hope by the end of this article you will see New Year’s Resolutions differently and replace them with goals you can accomplish.

80% of New Year’s Resolutions FAIL

A Look into Making Goals

Here are a few questions to think about:

1. WHY plan to make a goal only ONE day of the year?
2. Why not plan to do things that you WANT to do EVERY day?
3. WHY plan to improve yourself and start getting healthy ONE specific day, and why not just decide to do it NOW?

We can all say that we are going to do something tomorrow, or the next day or even wait until January 1st. If you are serious about making a change, then just do it now. Don’t wait another day.
The Flaws with Making Resolutions

There is no set rule that you can only make goals to improve your health or your life one day a year. Waiting until New Year’s Day to make a change puts serious pressure on yourself. Not only have you probably told people about your resolutions, but you also won’t be happy until you accomplish those big, lofty goals you made (and that could take years). While it is good to give yourself accountability to meet your goals, facing a large amount of pressure can lead to added guilt if you aren’t as successful as you had hoped.

Goals That are Too Big or Have Been Tried before

Many times your New Year’s Resolutions are goals you have tried to accomplish in the past, but failed. People also tend to make resolutions that involve several long-term goals. Yet, we still want a speedy result. Why set yourself up for failure? Why be sad and feel ashamed until the day you accomplish it (i.e. to quit smoking or to lose X amount of weight)? Why not start making a change and setting yourself up for happiness right NOW?

No Set Plan for Meeting Those Goals

To make matters worse, many New Year’s Resolutions do not include a plan for accomplishing and fulfilling our goals. Generally, they consist of grand and generalized statements like, “This is the year I will lose weight,” or “I am finally going to start working out at the gym.” These goals are pretty big and certainly not specific enough to end in success.

How to Make Goals That Stick

Don’t get discouraged. You can set goals and enjoy achieving them! You just need to make them the right way. The first thing to remember is to always plan and to set S.M.A.R.T goals.

S.M.A.R.T. goals are:

- **Specific.** For example, instead of saying “I will run more this week,” say “I will run for 20 minutes, four days this week.”
- **Measurable.** Goals need to be something you can measure. The above goal is also an example of this. At the end of the week, you will know if you ran four days.
- **Action-oriented and Attainable.** Instead of saying what you WON’T do, say what you WILL do.
- **Realistic.** Is your goal realistic? Are you willing and able to do it? For example, instead of saying, “I will never eat fried foods,” say “I will only eat fried foods once this week.” Also, is your goal realistic to achieve at this time? Maybe you can’t go to the gym five days this week because of other commitments, so maybe your goal for this week is three days.
- **Timely.** A goal needs a time frame. If you want to run a half marathon, when do you want to run it? What are the steps you will take to get there?

Someday won’t work and someday may never come.

New Year, New Goals continued on page 12
The Importance of Planning

Planning is an important part of meeting your goals. For example, if you say, “I will run four days this week” but you don’t make a plan, then the week may pass before your eyes. Monday could come and go, Tuesday you may not feel like running…and before you know it, there aren’t even four days of the week left! I recommend picking one day each week (maybe Sunday night) to look at your calendar, set your goals and make a plan. Keep in mind that your plan may look different each week.

Weekly or short-term goals are very important. Long-term goals are great to have, but they can be overwhelming and not get accomplished.

For example, if you have never run more than a 5K and your long-term goal is to run a half marathon, break down that goal.

1. Start with smaller, more realistic goals of distances between a 5K and 13.1 miles.
2. Once you have accomplished a short-term goal, you have a sense of accomplishment and have the motivation to continue.

Remember, if you only set the general goal of running a half marathon (which takes months of training) then you don’t feel like you have accomplished anything for months and that can be discouraging.

Sometimes Plans Change, but Goals Can Still be Met

Life happens. Sometimes your plan may not work. Maybe…

- You got stuck at work and couldn’t leave early enough to get your run in.
- You had plans to run outside, but now you can’t due to horrible weather.
- You had plans to run with a friend, but they cancelled on you.

These bumps in the road are to be expected. To stay on-track, you must be flexible and able to think outside the box. Sometimes you will need a new plan in order to accomplish goals.

In the event you come up against a hiccup in your plans, you could easily give up and say something like, “It’s raining and cold,” “I can’t run by myself,” or “Tomorrow is another day.” However, you are more likely to stay on-track if you re-examine your goals and find another option.

It’s not what you CAN’T do, but what you CAN do. Sometimes challenges get in the way. Sometimes there are roadblocks, but they are not an excuse to give up on your goals. The next time you find yourself at a standstill, ask yourself what you can do to stay productive. Make a plan, be flexible and save room for adjustments. You will accomplish what you set out to do!

Some Final Thoughts

Don’t wait until next December 31st to set one unrealistic goal that you have probably tried to accomplish for years. Also, don’t wait until Monday because Monday comes and goes. Instead, think about what you can do this week.

Set a S.M.A.R.T. goal for yourself that you can be happy about accomplishing. By next week, you will be one step closer to accomplishing that long-term goal. Today can be the first day of the rest of your healthy and new life—just plan for it!

About the Author:
Dr. Rachel Goldman, PhD, FTOS, is a licensed psychologist specializing in health behavior change. She is the Clinical Assistant Professor in the Department of Psychiatry at NYU School of Medicine and is currently in private practice in NYC, where she sees individual clients pre and post-bariatric surgery. She also provides consulting services to other professionals and corporations, including corporate wellness workshops. Prior to starting her private practice, Dr. Goldman was the Senior Bariatric Psychologist at the Center for Obesity and Weight Management at Bellevue Hospital. She is passionate about helping others make behavior changes that will allow them to live happier and healthier lives.

“The next time you find yourself at a standstill, ask yourself what you can do to stay productive.”
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This past September, during OCW2019 (September 15th-21st), Obesity Care Week (OCW) experienced record breaking support from more than 50 Champion Organizations along with thousands of individuals from more than 55 countries who pledged their support for access to care without barriers.

With the help of every individual who took the pledge and showed their support during OCW2019, we were able to join together to raise awareness and advocate for access to care for everyone—care that is not limited by a person’s size, weight or economic status.

In an era where we are all connected by technology and social media, OCW took over Twitter, Facebook and Instagram to activate our pledge takers to take action across different social media platforms. From a Twitter thunderclap to re-sharing our content, every action counted to raise awareness on the importance of access to obesity care.

OCW2019 reminded us that even small actions matter — from tweeting their support, to sending a letter to healthcare providers and supporting TROA. Every pledge taker did their part to help us echo the importance of changing the way we care about obesity.
OCW2020 will take place from March 1st-7th, 2020, and will have a week of focused days in which you can help us by raising awareness and taking action:

- March 1st: Launch Day
- March 2nd: Weight Bias Day
- March 3rd: Obesity Treatment Day
- March 4th: World Obesity Day
- March 5th: Access to Care Day
- March 6th: Childhood Obesity Day
- March 7th: “I Care” Day

In addition to its name change and new dates, OCW will also now align with World Obesity Day and dedicate a day to childhood obesity. These changes are a result of the evolution of OCW. Through the years we grew with the support that we have received from the international community to have a more unified vision to advocate for a better world for people living with obesity. We are excited about these changes and hope to count on your support during OCW2020, make sure to save the date!

Sign-up for OCW Alerts Today and Learn More about OCW and How You Can Get Involved! Visit: ObesityCareWeek.org
“Does Obesity Cause Inflammation?”

The simple answer is yes. But first, let’s take a look at what inflammation is and how it can affect your overall health.

What is Inflammation?

Inflammation is your body’s natural defense system at work. A small amount of inflammation happens when you have an injury or infection. Imagine the swollen area around a sprained ankle or the swelling that occurs in your throat when you have Strep. It means your body is working to heal itself or fight disease.
Can Inflammation be Bad for My Health?

If you are living with obesity as well as other health conditions, your body can:

- Overreact to infection or injury
- Think it needs to act when there is no infection to fight
- Fail to stop the inflammation once your body has recovered from injury or illness

These effects can lead to chronic inflammation and related pain.

Dear Doctor continued on page 18
Dear Doctor continued from page 17

How Does Obesity Affect Inflammation?

Inflammation due to excess weight or obesity can happen in many parts of your body such as your adipose tissue, liver, skeletal muscles, pancreas or central nervous system.

When you gain weight and eat excess calories, your body produces additional body fat. One type of body fat is called white adipose tissue. It used to be thought that white adipose was only used for energy storage and body insulation.

Over time, doctors have learned that this white adipose tissue acts like your thyroid or pancreas. It has many functions relating to:

- Hormone control
- Growth
- Inflammation
- Hunger and fullness
- Energy balance
- Glucose metabolism
- Insulin action
- Your immune system

Inflammation due to excess weight and obesity can happen in many parts of your body.

How Does this Inflammation Harm My Health?

When you have obesity, fat cells called adipocytes (adip = fat, cyte = cells) increase in number and size. As the fat cells become larger, your blood supply is compromised. This results in reduced oxygen delivery and cell death.

When this happens, a type of immune cell called macrophage is produced. An increase in the number of both adipocytes and macrophages releases proteins in the blood stream, causing additional inflammation.

Dear Doctor continued on page 20
Give yourself an **extra boost** with **keto benefits!**

† May induce acute ketosis in as little as 15 minutes. Acute ketosis occurs when blood ketone levels temporarily rise above about 0.5 millimoles per liter.

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Ask your healthcare practitioner today about Keto Salts or learn more at [MyHealthyTransformation.com](http://MyHealthyTransformation.com).

†May induce acute ketosis in as little as 15 minutes. Acute ketosis occurs when blood ketone levels temporarily rise above about 0.5 millimoles per liter.

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.
Health Conditions Related to Inflammation Caused by Obesity:

- **Diabetes and Insulin Resistance**: Can result from a protein that interferes with insulin action in the liver and fat cells.
- **Heart Disease**: Inflammation forces your heart to work harder which can lead to reduced function.
- **Atherosclerosis**: The build-up of fat and cholesterol along the walls of your arteries.
- **Metabolic Syndrome**: A number of conditions that include high blood pressure, high blood sugar, high cholesterol and excess abdominal body fat.
- **Psoriasis**: A build-up of surface skin cells that can be painful or itchy.
- **Cancer**: Long-term inflammation can cause changes and damage to your DNA and lead to cancer.
- **Increased Risk of Infection**: When you have chronic inflammation, your body is less prepared to fight disease.
- **Sleep Apnea**: Can happen when an increased level of protein interferes with fat cells and makes it harder to breathe and process oxygen.

Can Food Choice Affect Inflammation?

The foods we choose to eat play an important role in our immunity. If you’re not getting proper nutrition, your immune system cannot work properly.

When you are malnourished (*you do not have proper nutrition*), your immune system is not strong enough to fight off disease. If you are in a state of overnutrition (*you consume more food and nutrients than you need*), your immune system is in a constant state of responding to the additional foods. This can make it hard for your immune system to know when to respond and when to stop.

Foods That Commonly Add to Inflammation:

- **Simple Carbohydrates**: White bread, pasta and refined sugar
- **Trans Fats**: French fries, donuts, cookies and crackers
- **Saturated Fats**: Butter, lard and coconut oil

Foods That Can Help Reduce Inflammation:

- **Complex Carbohydrates**: Whole grains, oats, wild rice and barley
- **Polyunsaturated Fats**: Walnuts, sunflower seeds, olive oil and fish
- **Fruits and Vegetables**: Broccoli, apples and blueberries

What Can I Do to Help Reduce the Effects of Inflammation from Obesity?

One of the best ways to reduce the effects of inflammation is to see your healthcare provider. He or she can provide you with a full diagnosis and suggested treatment options. Thankfully, as with many obesity-related conditions, treatment combined with weight management can reduce the symptoms and improve your overall health.

About the Author:
Sunil Daniel, MD, FTOS, is a board certified obesity medicine physician with fellowship training in clinical nutrition and obesity management. He is a fellow of The Obesity Society and has authored several scientific papers on obesity and its medical management. He is also an OAC National Board Member and serves on the Education Committee.
Insatiable hunger can make it hard for you to focus, and it feels like no matter what you do, you continue to gain weight. That could be because a rare genetic disorder of obesity is preventing your brain from telling you that you’re full.

To learn more and receive updates, visit LEADforRareObesity.com.
Obesity has many related health conditions. Most of the time we discuss type 2 diabetes, high blood pressure and sleep apnea. However, there are many more that need to be talked about as well. One of them is nonalcoholic steatohepatitis, more commonly known as NASH. NASH is a type of fatty liver disease. It occurs when an accumulation of fat (steatosis) becomes inflamed (steatohepatitis).

What is NASH?

NASH is one of the most severe conditions known to be part of non-alcoholic fatty liver disease (NAFLD). People with NASH might (at first) appear to have liver damage caused by excessive alcohol consumption, but is actually caused by other factors such as excess weight and obesity. The presence of excess fat is typically not harmful. However, when it becomes inflamed, it can progress into more serious liver problems such as fibrosis, cirrhosis and possibly liver failure. Excess fat that turns into obesity increases someone’s risk for developing NASH. Because of this, weight-loss and weight management is often the first suggested treatment for NAFLD.

While NAFLD is being seen more and more around the world, it is seen most often in countries such as the U.S. and Canada. This is because NAFLD is more common among people with a high rate of obesity, type 2 diabetes, high blood pressure and high cholesterol. Since NAFLD is not caused by excessive alcohol consumption, patients qualify for liver transplants and NAFLD is quickly becoming a reason for liver transplants.
As it progresses towards NASH, some people have a feeling of overall tiredness or experience pain in their upper abdomen.
There are Several Things People with NAFLD Need to Know, Including:

- All patients with fatty liver disease should avoid heavy alcohol use (less than 14 drinks per week for men or less than seven drinks per week for women) as this can worsen fatty liver disease.
- Immunizations should be kept up to date, and new ones might be needed if there’s evidence of advanced liver disease.
- The best treatment for fatty liver disease is weight-loss and weight management. Treating and monitoring other related problems such as elevated cholesterol, blood pressure and blood sugar can also help with the treatment of NAFLD.

Treating NAFLD and NASH

Weight-loss and weight management can improve overall health, including liver health. It is the first step in treatment, and includes lifestyle modifications such as healthy eating and increased physical activity.

The initial goal for patients with NAFLD is to lose 5-7% of their body weight. The suggested rate of weight-loss should be one to two pounds per week. If there is evidence of inflammation, or NASH, a 7-10% weight-loss is often recommended. Once this is achieved, liver enzymes will be rechecked. If they are still elevated, further weight-loss may be needed. Medications for weight-loss are an option and can be helpful for some patients.

Some medications prescribed for NASH can directly target the liver. They show promising results, but do not work well for all patients. Examples include:

- Patients without type 2 diabetes may benefit from daily vitamin E, but this depends on their medical history.
- Patients with type 2 diabetes may be started on medications such as pioglitazone or liraglutide.

Some medications prescribed for NASH can directly target the liver. They show promising results, but do not work well for all patients. Examples include:

- Patients without type 2 diabetes may benefit from daily vitamin E, but this depends on their medical history.
- Patients with type 2 diabetes may be started on medications such as pioglitazone or liraglutide.

If someone is unable to meet their weight-loss goals and they have a BMI greater than 35, bariatric surgery should be considered. This is particularly true for patients with NASH or fibrosis. Studies show that fatty liver disease improves after surgery a majority of the time, and about half of patients also see a decrease in inflammation.

Drug companies are working to make the first FDA-approved medication for the specific treatment of NASH. Unfortunately, there is no telling when it will become available. As with many other health issues, weight-loss and weight management are the primary treatments for fatty liver disease. Anyone interested in reducing their risk for NAFLD and NASH is encouraged to talk with their HCP to determine a treatment plan that will work best for them.

About the Author:
Daniel Klein, MD, is a physician currently training in Obesity Medicine under Christopher D. Still, DO, (a Founding Board Member and Emeritus Member of the OAC Board of Directors) at Geisinger Medical Center in Danville, Pennsylvania. He has a particular interest in the pharmacologic and surgical management of weight loss. A native of Florida, Dr. Klein completed his Internal Medicine training in Fort Lauderdale before moving to Pennsylvania.
Meet the 2019 OPTIFAST® NEW YOU Winners!

Craig lost 185 lbs
Candice lost 52 lbs
Bob lost 187 lbs

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

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

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

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

by Jacy Mullins, M.S.Ed., NASM-FNS, CES, SFMA, FMT

Returning to movement and exercise after an injury can be hard. You need to recover both physically and mentally. The healthiest way to bounce back from an injury takes time and effort, but is so worth it!

Here are some basic, but important steps for anyone to take after an injury:

1. Reduce pain and swelling in the area with RICE (discussed later in this article).

2. Understand why the injury happened in the first place.

3. See a healthcare provider (such as a physician, physician assistant or physical therapist) for treatment and to know when you can return to exercise.
Looking at Injury

There are two main types of injury: acute and chronic. For this article, I will focus on recovering from a mild acute injury. A key thing to remember is that if you have recently had an injury, you should see a healthcare provider (HCP) to determine the type of injury and an appropriate treatment plan.

Acute injuries can range from mild to severe and require different treatment plans as well as different recovery times.

The most common acute injury is a sprain. A sprain is a stretch or tear of a ligament, which attaches bone to bone and provides support to the body’s joints.

Most people believe that injuries “just happen,” but this is not true. Most injuries occur due to a muscular or structural imbalance in the body. Muscular imbalances happen when one muscle becomes too tight or overworked, causing the opposing muscle to become weak or stretched. When the joint is unable to work properly, the risk of injury increases.

Bouncing Back

The Mayo Clinic reports that more than one million people experience ankle sprains each year. Since ankle sprains are common, let’s imagine you have just joined the other 999,999 people and have sprained your ankle. Now we will take a look at how to bounce back from your injury.

Step 1: R.I.C.E. (the most common at-home treatment):

• R is for Rest: Take time off from your normal workout routine. Give your ankle time to heal. For a mild acute ankle sprain, the healing process can take roughly six to eight weeks. Rest during this time is important for healing.

• I is for Ice: When soft tissue (muscles or ligaments) is injured, swelling will happen. Icing the area will reduce the swelling. It is best to use ice for 15-20 minutes, three times a day. Be sure to place a towel between the ice pack and your skin.

• C is for Compression: You can also reduce swelling by wrapping the area in an ace bandage or using a brace. This will allow for greater blood flow and healing.

• E is for Elevation: Elevating the area also helps to reduce swelling.

Acute injury: A sudden injury that results in a loss of function of the area.

Chronic injury: An injury that happens from continual use of one part of the body. It is often seen in endurance athletes like runners and swimmers.

“ The Mayo Clinic reports that more than one million people experience ankle sprains each year. ”

Bouncing Back from Injury continued on page 31
Indications and Usage
What is Saxenda®?
Saxenda® (liraglutide) injection 3 mg is an injectable prescription medicine that may help some adults with excess weight (BMI ≥27) who also have weight-related medical problems or obesity (BMI ≥30) lose weight and keep the weight off. Saxenda® should be used with a reduced-calorie meal plan and increased physical activity
- Saxenda® is not for the treatment of type 2 diabetes
- Saxenda® and Victoza® have the same active ingredient, liraglutide, and should not be used together
- Saxenda® should not be used with other GLP-1 receptor agonist medicines
- Saxenda® and insulin should not be used together
- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke
- It is not known if Saxenda® can be used safely in people who have had pancreatitis.
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children

Important Safety Information
What is the most important information I should know about Saxenda®?
Serious side effects may happen in people who take Saxenda®, including:
Possible thyroid tumors, including cancer. Tell your health care professional if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer.

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

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

Who should not use Saxenda®?
Do not use Saxenda® if:
- you or any of your family have a history of MTC
- you have MEN 2. This is a disease where people have tumors in more than one gland in their body
- you are allergic to liraglutide or any of the ingredients in Saxenda®

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
Saxenda® is not for the treatment of type 2 diabetes. Saxenda® should be used with a reduced-calorie meal plan and increased physical activity. 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. Saxenda® may cause serious side effects, including:

- 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.

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

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® may cause weight loss when added to a reduced-calorie meal plan and increased physical activity. The study looked at how many people lost ≥5% of their body weight. At year 1, 891 people on Saxenda® (56%) lost ≥5% of their weight vs 182 patients on placebo (25%). After 3 years, 747 people on Saxenda® and 322 people on placebo remained and had their weight measured. 391 of those people on Saxenda® (26%) lost ≥5% of their weight at both the 1- and 3-year marks vs 74 people on placebo (10%).
Saxenda® should not be used with other GLP-1 receptor agonist medicines.

Saxenda® and Victoza® should not be used together.

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

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

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

What is Saxenda®?

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

- Saxenda® should be used with a reduced calorie diet and increased physical activity.
- Saxenda® is not for the treatment of type 2 diabetes mellitus.
- Saxenda® and Victoza® have the same active ingredient, liraglutide.
- Saxenda® and Victoza® should not be used together.
- Saxenda® should not be used with other GLP-1 receptor agonist medicines.
- Saxenda® and insulin should not be used together.

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

- It is not known if Saxenda® changes your risk of heart problems or stroke or of death due to heart problems or stroke.
- It is not known if Saxenda® can be used safely in people who have had pancreatitis.
- It is not known if Saxenda® is safe and effective in children under 18 years of age. Saxenda® is not recommended for use in children.

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family have a history of medullary thyroid carcinoma.
- you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body.
- you are allergic to liraglutide or any of the ingredients in Saxenda®.
- you are taking certain medications called GLP-1 receptor agonists.
- Saxenda® should not be used by people with the same health condition as another person and if the medication has been used by that person.

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

- are pregnant or planning to become pregnant. Saxenda® may harm your unborn baby.

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

- have any of the conditions listed in the section “What is the most important information I should know about Saxenda®”.
- are taking certain medications called GLP-1 receptor agonists.
- are allergic to liraglutide or any of the other ingredients in Saxenda®.
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroesophagus) 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 are taking including prescription and over-the-counter medicines, vitamins, and herbal supplements. Saxenda® slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda® may affect the way some medicines work and some other medicines may affect the way Saxenda® works. Tell your healthcare provider if you take diabetes medicines, especially sulfonylurea medicines or insulin.

How should I use Saxenda®?

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

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

What are the possible side effects of Saxenda®?

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

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

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

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

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

The most common side effects of Saxenda® include:

- Nausea
- Dizziness
- Diarrhea
- Stomach pain
- Tiredness

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

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

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

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

For more information, go to saxenda.com or call 1-844-363-4448.

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

More detailed information is available upon request.

Available by prescription only.

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

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Step 2:

Find a health and fitness professional who is certified to perform a function movement screen or a selective functional movement assessment. These movement screens will let you know when it is safe to resume weight-bearing exercise. They can also let you know if other areas of your body need to be evaluated for muscular imbalances.

Functional movement reduces the risk of injury. It also helps you move better when you exercise and do everyday movements. When you have a functional movement screen performed, a health and fitness professional should be able to tell you which areas of the body you should focus on in your workouts.

For example, if one ankle is more flexible than the other, your chances of injury are increased because of the difference. Once you know this, you can prevent further injury by working to balance out the flexibility of your ankles.

Step 3:

Perform simple, corrective exercises to stabilize the ankle and address the mental challenge of returning to exercise after injury. It is important to work the area physically so you can build mental confidence in it too.

Wrapping it Up

Most of us have experienced an injury or will experience one at some point or another, but the key to successful recovery is knowledge. You can overcome minor setbacks and achieve your fitness goals by getting to know your body, learning how injuries occur and working to prevent injury in the future. Don’t let an injury stop you from returning to exercise – bounce back!

About the Author:
Jacy Mullins, M.S.Ed., NASM-FNS, CES, SFMA, FMT, earned her Master’s in Exercise Physiology from the University of Mary Hardin-Baylor in Texas. She is an Exercise Physiologist and Holistic Nutritionist with Fitness Beyond Training. Ms. Mullins works with all populations, specializing in helping others strive to increase their overall wellbeing through lifestyle modifications and functional movement. Most notably, she has been published in well-known educational journals for her contribution to exercise testing and supplementation research studies. Her passion for overall wellness is driven by her own fitness journey and love for nutrition. For more information on the author, visit FitnessBeyondTraining.com.
For much of the country, the winter months can feel dark and dreary, even if you live in the few states where it rarely snows. As a parent, that means it’s only a matter of time before you hear the dreaded words, “I’m booooooooored.”

**LOOKING FOR ACTIVITIES TO ADD SOME FUN?**

Here are some fun family activities to brighten even the grayest of days and combat winter boredom no matter where you live. Many of these ideas are free or inexpensive, because budgets are often a bit tighter after the holidays.
SNOWBALL FIGHT
A snowball battle is a given when the snow is freshly fallen, but make sure everyone is on the same page before the game begins. Set some ground rules that everyone must follow. Have physical boundaries, such as a perimeter or a middle dividing line that each team must stay behind. No one wants to take a real snowball to the head from a foot away! No snow? No problem! Some great alternatives are lint-gathering dryer balls or taped, crumpled newspaper balls.

SNOW BOWLING
If you’d rather not hurl snowballs at each other, a game of snow bowling might be a better option. Milk cartons or water bottles make great "pins" to direct those snowballs (whether made of snow or the alternatives listed above in warmer weather locations) toward.

BUILDING SNOWPEOPLE
Building a snowman or woman is a classic winter activity. Save one of those snowballs from your battle and roll it across the snow till it gets bigger and bigger. Add another big ball or two and you are ready to give your snowperson some personality. Break out those socks and mittens that have lost their mate and some old hats and scarfs that have seen better days.

No snow? No problem! Gather 3-4 boxes and create a cardboard snowperson with tape, stickers, markers, recycled holiday gift wrap, ribbons and bows.
INDOOR CAMPING
Anyone can enjoy the excitement of camping, even if snow is falling outside. Set up a tent in your living room or use sheets draped over sturdy furniture or pinned to the wall. Gather the family inside for stories and snacks like DIY Trail Mix (recipe to the left).

DIY TRAIL MIX
Ingredients:
- Peanuts (plain or spicy)
- Pistachios or almonds
- Raisins or cranberries
- Wasabi edamame or peas
- Dried or dehydrated apple bits
- Popcorn
- Jerky
- Chocolate chips or cacao nibs
- Pumpkin or sunflower seeds
- Protein bar, chopped into bite-sized pieces
- Snack-size baggies

Directions:
Take a spoonful of each desired ingredient, add it to a baggie and give your baggie a shake to create your own trail mix creation.

VOLUNTEERING
This is a family activity that is both helpful and rewarding! It helps children learn—no matter their age—that their actions can make a difference in the world.

There are so many ways your family can help in your community. You can create a winter clothing drive or collect blankets and towels for pet shelters. You can work together to make and distribute flyers in your neighborhood or post it on your neighborhood Facebook page. Remember to include the collection date and offer to collect the items from front porches.

A great resource for finding volunteer opportunities for your family near you is VolunteerMatch.org.

EXERCISE CHALLENGES
Calendar challenges are a great way for families to stay fit over the winter months. They can be completed indoors or outside, depending on the weather. Each day of the month has a physical activity to complete such as jumping jacks, crunches or arm circles, just to name a few. During the month, the repetitions increase. It’s quite an accomplishment to check off the box each day and complete the month.

A quick internet search of fitness challenges should give your family lots of options to choose from, but the S&S Blog has a great challenge that can be adapted to all ages. Visit SSWW.com/blog/category/pe-central/fitness-challenge-calendars/.
COOK TOGETHER
Use the cold months to teach your kids how to cook, cold weather foods are a great place to start. Chili and soups are fun and easy meals you can make together. Research the best winter vegetables available in your area and find a recipe using them to make as a family. Winter veggies like squash, carrots, onions, cabbage or cauliflower make great soups.

WINTER WEATHER COOKING IDEAS:

* Read the story **Stone Soup**. It is a folk tale that tells the story of hungry strangers who convince the people in a town to share a small amount of their food to make a community meal that everyone can enjoy. It’s a great lesson in the value of sharing.

* Try this delicious Cannellini Bean Soup recipe on the right! It has lots of language, math and science lessons (chopping, mincing, blending and measuring) built in.

Kid’s Corner continued on page 36

QUICK AND EASY CANNELLINI BEAN SOUP

Ingredients:

* 1 leek (light green and white parts), chopped
* 1 large yellow onion, chopped
* 2 cloves garlic, minced
* 1 teaspoon dried basil
* 1 teaspoon Kosher salt
* 1 teaspoon freshly ground pepper
* 2-15 ounce cans of Cannellini beans, rinsed and drained
* 3 cups chicken broth
* 1 teaspoon tomato paste
* Optional: grated Parmesan cheese and pesto sauce

Recipe Directions continued on next page
Recipe Directions continued from previous page

Directions:

1. Sauté leeks and onions till golden, about 10 minutes.
2. Add garlic, basil, salt and pepper, beans, broth and tomato paste.
3. Simmer for 10 minutes.
4. Using an immersion blender (or in batches in a regular blender), carefully blend till desired smoothness.
5. Return to pan and simmer on low with a lid on for 10 minutes.

Kid’s Corner continued from page 35

**CARPET PICNIC**

Spread a blanket or sheet on your living room floor and pack a summer picnic! Try foods like veggies and dip, fruits, cheeses, sandwiches, salad and a batch of deviled eggs that the kids can help make. You can create themed deviled eggs depending on what area of the country you are in:

- Sprinkled with “everything bagel” spices for the east coast
- A southern twist mixed with pimento cheese
- A west coast creation with avocado

Make some of each variety and vote on which is your favorite.

**FAMILY WINTER BUCKET LIST:**

- Host a family game night
- Make a healthy treat for first responders
- Make paper snowflakes
- Go to a museum, concert or play
- Donate five unused items
- Make a bird feeder
- Have a movie night
- Have a sleepover or pajama party
- Shovel snow or rake leaves for a neighbor
- Have a living room floor picnic
- Volunteer in your community
- Learn how to say winter in different languages
- Make cards for soldiers or seniors
- Write down three things you love about yourself
- Learn a new dance move
- Create an indoor obstacle course

Whether your area is covered in a blanket of snow or the sun is never too far away, there are so many fun things for your family to look forward to in the wintertime!

**About the Author:**

Michelle “Shelly” Vicari, Chairwoman of the Obesity Action Coalition (OAC), majored in Child Development & Family Studies and 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 have once met Mr. Fred Rogers.
SAVE THE DATE

MARCH 1ST-7TH, 2020

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Not only is it the start of a New Year, but it’s also the start of a new decade. Looking back on the last one, the Obesity Action Coalition (OAC) has made great strides for the disease of obesity – and with no doubt, it’s because we fight for what we believe in.

In 2013, we played a role in helping the American Medical Association (AMA) declare obesity a disease, which helped with research and treatment. In 2016, we launched the OAC Image Gallery to change how obesity is portrayed in the media. With help from our members, some state laws are now starting to make weight-based discrimination in the workplace illegal.

We should all be proud of these accomplishments! However, make no mistake – there is still a lot of hard work to do. We must continue to educate the public about obesity, honor the rights of people affected by it, eliminate weight stigma, invest in research and treatment and much more. But rest assured, the OAC is committed. That is why we exist, and now at more than 70,000 members strong. As we kick-off 2020, we feel more equipped than ever to take it on.

As we look to the year ahead of us, let us not forget what the OAC believes in and what we are fighting for. The OAC’s Beliefs and Demands are the heart of our mission, and we can’t make any of them happen without you!

We, the Community of the Obesity Action Coalition (OAC), are fighting for a better world for people with obesity.
We BELIEVE:

- Obesity is a **complex chronic disease** that requires **serious action**, access to science-based treatment and comprehensive obesity care to improve quality of health and life.

- Obesity is **not a matter of personal choice**, and while there is an element of personal responsibility involved in any individual’s health journey, there are many factors that lead to obesity that are not within control of the individual.

- Individuals with obesity should be treated with **dignity and respect** and should **not face any type of bias or discrimination** based on their size and/or health status.

- The focus of an individual’s weight management journey should be to **improve their health and quality of life** for both short-term and long-term benefit.

- **Prevention and treatment are not the same.** While prevention is important, we should not neglect the equal importance of obesity treatment and management in an individual’s journey to improved health.

- Individuals should feel **comfortable initiating the conversation about their weight** with their healthcare provider, and in turn, providers should be able to have a helpful and respectful **dialogue with their patients** regarding their weight and health.

- **Treating obesity is a personal decision** that is best left up to the individual and their healthcare provider to decide the best course of action.

- There is not a “one size fits all” approach to treatment or care, as **treatment approaches do not work the same on each individual**.

- In **evidence-based obesity treatments that are proven safe and effective by sound data**, such as behavior modification, community-based programs, access to nutritional and/or mental health counseling, commercial programs, medical obesity management, pharmacotherapy and bariatric surgery.

- **Obesity should be a covered benefit in health insurance**, and be both accessible and affordable, for any individual seeking improved health through weight-loss.

- When it comes to seeking treatment and/or care for obesity, individuals should be **afforded with the same rights and access to care as other recognized disease states**.

- Individuals should have **access to obesity treatments even if a previous treatment was attempted**.

- The **public should become more educated** about obesity and its causes and treatments so that **better understanding** can be developed about obesity as a complex disease.

- Efforts should be increased to help families and children seek **appropriate care** in addressing obesity and their health, and advocate for more resources to help children and families seek out a qualified program and/or obesity care provider.

- **Research in the advancement of obesity science is crucial**, in addition to new treatments to help those who struggle with their weight.

*OAC Beliefs and Demands continued on page 42*
In accordance with the OAC’s Core Beliefs, We, the OAC Community, DEMAND:

- Recognition of obesity as a lifelong, chronic, multifactorial disease.
- To be treated with dignity and respect no matter physical size or treatment path.
- The elimination of weight bias in our society and laws to protect individuals with obesity from facing discrimination in all areas of life.
- Widespread insurance coverage of chronic weight management as a standard and affordable benefit for the prevention and treatment of obesity.
- Access to treatment without any unfounded hurdles or requirements to receive care.
- Healthcare providers have the proper training and tools to have a productive and respectful conversation about weight with their patients.
- Elected officials and policy makers pay attention to obesity as a serious disease requiring serious action.
- Action be taken at the local, state and federal levels, as well as in our healthcare system, to effect positive and immediate change in obesity policy.
- Expansion of education about obesity as a chronic disease, along with the ability to reach those who need to develop a better understanding.
- Employers ensure that weight management is available as a standard benefit on their health insurance and that only incentives, not penalties, be enacted for their employees.
- More investment in research initiatives and the involvement of individuals with obesity in research initiatives.

Empowered to Get Engaged and Make a Difference?

To learn more about the OAC Community and how to get involved, visit: ObesityAction.org/community/about-the-oac-community/getting-involved/
AN UNPARALLELED EDUCATIONAL EXPERIENCE FOCUSING ON WEIGHT, HEALTH AND MUCH MORE!

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An old saying goes, “Necessity is the mother of invention.” Right now, the treatment and care for children living with obesity needs all the mothers (and fathers) it can get.

Yet, the false belief that obesity in children is more easily treated with healthy eating and increased physical activity alone continues.

When kids are sick, parents want to help them get better. More and more doctors are starting to understand that obesity is a complex disease that demands comprehensive care and treatment in adults. It is no different for children. Yet, the false belief that obesity in children is more easily treated with healthy eating and increased physical activity alone continues.

“We Can’t Treat Our Way Out of This.”

That simple statement about the rising rate of childhood obesity has had negative effects. One of those consequences is that families have been left without real options for treating a serious disease. Simply put, good pediatric obesity care is hard to find and hard to get. To make matters worse, families and children often find themselves bullied into silence.
Thankfully, this year brings the hope of much needed change for families and children living with obesity. To help make that change a reality, advocates (like the mothers and fathers of invention) need to step forward.

**Parents are in a Bind**

For some time now, parents of young children with severe obesity have faced an almost impossible problem. Their child is seen as someone who has eaten too much and moved too little. However, when a child has had this condition from an early age, it is not due to their lifestyle. It is due to their DNA, pure and simple. But these parents face a huge burden of blame and guilt for no good reason.

“However, when a child has had this condition from an early age, it is not due to their lifestyle. It is due to their DNA, pure and simple.”

**Obesity is Not a Blame Game**

Duke University pediatrics professor Sarah Armstrong has a 15-year-old patient she has seen for seven years. She told the *New York Times*, “The parents both have worked with us tirelessly, the family drives an hour to see us, they’ve tried various diets and exercise, and he continues to gain weight.”

In addition, Dr. Armstrong faces a battle to get him the treatment he needs through Medicaid. “If he had cancer and needed chemotherapy, no one would tolerate this,” said Armstrong. “People view obesity as the parent’s fault, or the child’s fault,” she continued. It leaves parents and doctors with, “really sick children, and there’s a safe and effective treatment right down the street, and I can’t get them there,” Armstrong concluded.

Meanwhile, this child has withdrawn from school because he was the target for so much bullying.

*Childhood Obesity continued on page 46*
One Size Does Not Fit All

Obesity is far from simple and straightforward. Even in children, it has many potential causes—and the best treatment for one child might be the very worst for another. Many adults carry emotional scars from pressure about their body weight in childhood. These scars can show up as disordered eating or body image problems that continue into adulthood.

However, specialized obesity care for youth and children aims to avoid such problems, and science tells us that care from a healthcare provider (HCP) brings better outcomes.

Better Options Coming

Not only can treatment from a HCP bring better outcomes, but better options are also on the way. This will give obesity care professionals more and better tools for helping families that face real problems. The American Academy of Pediatrics recently determined that bariatric surgery can be a good option for some teens with obesity.

In addition, new drugs to treat childhood obesity are in various stages of development. They include:

- **Saxenda® (liraglutide):** This drug is already approved for treating obesity in adults. At a lower dose, it is also approved for treating type 2 diabetes in children ten and older. Study results for its safety and effectiveness for weight-loss in teens will be available in early 2020.

- **Belviq® (lorcaserin) and Qsymia® (phentermine/topiramate):** They are two additional drugs approved for adults with obesity. Studies are being done to see if they can be used as treatment options for teens with obesity.

- **Setmelanotide:** This is a highly targeted drug for rare genetic forms of childhood obesity. It will soon be submitted to the FDA for approval. To date, it has shown impressive results and looks promising for children who live with this type of obesity.

Of course, anything can happen before these treatments become available. But, it is important to note that the future is looking brighter for the treatment of childhood obesity.

The Need for Advocates and Options

Families, children and teens need better options. Most of all they need good advocates. And the best advocates are the people living with this issue.

Two amazing young women who are leading this cause are also members of the OAC Community: Faith Newsome and Emily Robinson. They are college students in North Carolina who are rising to the challenge. They lead an on-campus organization, OCEANS, which aims to empower young people with obesity through self-advocacy, their community and their society.
Our Hope for the Future

We hope that Faith and Emily, along with others, will be successful in their efforts in advocating for help with childhood obesity. We need their voices, demanding respect for the diverse needs of children with obesity. The OAC plans to do everything we can to support them and help build a vibrant community of youth and families advocating for better obesity care.


To learn more about OCEANS, visit: OceansLifestyles.com

About the Author:
Ted Kyle, RPh, MBA, founded ConscienHealth in 2009. He is a pharmacist and healthcare innovation professional who works with health and obesity experts for sound policy and innovation to address obesity. Mr. Kyle serves on the Board of Directors for the Obesity Action Coalition (OAC), advises The Obesity Society on advocacy issues and consults with organizations addressing the needs of people living with obesity. His widely-read daily commentary, published at ConscienHealth.org, reaches an audience of more than 10,000 thought leaders in health and obesity.

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Are You a Candidate for STEP-1?
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- Age: Between 30–55
- Not currently taking insulin
- Have had type 2 diabetes less than 15 years

Find out more.
Visit us at: gidynamics.com
It’s been a crazy day... You had a long day at work, you were stuck in traffic for an hour and when you arrive home, you find your kids arguing with each other. It’s time for dinner... what do you do? On stressful days, busy days—and sad days—we all look for comfort. Many look for this comfort in foods. Why do foods like chocolate chip cookies, chicken pot pie and pizza seem to do the trick?

What Comfort Foods Do for Us:

Comfort foods are foods that are typically higher in calories and filled with fat and sugar. Foods like cakes, cookies, mashed potatoes, biscuits or pie can all be comfort foods. These foods make us feel good after eating for a variety of reasons:

- **Foods high in sugar and fat stimulate the reward system in the brain and make you feel good** – After a few bites, many people’s mood can improve. You remember this and it becomes easier to continue to want to eat these foods.

- **They taste good** – Who doesn’t want a piece of chocolate cake? It is delicious. For many, these high fat and high sugar foods are hard to turn down.

- **They are familiar to us and bring back memories** – Does tuna noodle casserole may take you back to your childhood dinners? How about warm sugar cookies? Do you think of your grandma? These foods can trigger happy memories and make this food seem even better.

- **Foods help fill an emotional void** – If you are having a bad day, what do you reach for? It’s not lettuce. Typically it’s a cookie or chips.
Are Comfort Foods All Bad?

These comfort foods are usually high in calories and sugar. It is hard to label a food "good" or "bad." Of course, there are ways to fit these comfort foods into your plan in moderation. An occasional sweet treat or high-carb side items can fit into any plan. However, many people find eating one can lead to two or three or several, especially during a stressful situation.

When these foods are added to your day, plan on balancing them with healthier choices. For example, if you want to have a piece of gooey chocolate cake, balance it with a dinner of salad, chicken and whole grain rice. Many people find it best to avoid these trigger foods all together, but everyone is different. It is a great idea to find the best plan for you when choosing these foods.

Finding Comfort in Other Ways:

There are other ways to provide comfort besides food. Just as food can give you comfort, other activities can provide you the same feeling. See what might work for you.

While you are indoors this winter, look for other ways to receive calm and comfort:

- Jigsaw Puzzles can be a challenge to complete and you will feel accomplished when you do.
- Many people say comfort foods make them feel calm and comfortable. Instead, snuggle on the couch watching a movie to get the same feeling.
- Challenge yourself to a puzzle book to stimulate your mind.

Add activity to boost your mood. Challenge yourself to some indoor fitness fun. Moving can improve your mood, just like chocolate does, so it can be a great substitute! Sometimes this can be hard during the winter months. Look for something fun and different:

- Try new classes at the gym like yoga, spinning or strength.
- Bundle up and take a walk outside or check out a new outdoor activity like ice skating or skiing.

Find a Substitute:

You don’t have to give up your favorites altogether. There are many ways to make your choices a little healthier.

You can find a substitute for some of your high-calorie favorites by adding some lower-calorie comfort food options. How about a hot tea or coffee with sugar-free creamer? They could do the trick if you are looking for something warm. Veggies and a tangy dip can give you the crunch you are looking for and sugar-free jellos and puddings can provide a sweet treat.

Finding Comfort continued on page 50
Finding Comfort continued from page 49

Take your favorite recipe and make a few adjustments. You can save calories and make the option healthier.

- Use low-calorie dairy like low-fat cheese and milk
- Swap applesauce for oil
- Instead of noodles, try zoodles
- Use a little less... cut the sugar back by 1/3 in recipes
- Bake instead of frying

Need more inspiration? Take a look at the recipes below.

Looking for a substitute for your all-time favorite mashed potatoes? No, it’s not the same, but it can be a close second. Give these a try with your next dinner:

“Mock” Garlic Mashed Potatoes
FoodNetwork.com

Ingredients:

- 1 medium head cauliflower
- 1 tablespoon cream cheese, softened
- 1/4 cup Parmesan, grated
- 1/2 teaspoon garlic, minced
- 1/8 teaspoon straight chicken base or bullion (may substitute 1/2 teaspoon salt)
- 1/8 teaspoon freshly ground black pepper
- 1/2 teaspoon chopped fresh or dry chives, for garnish
- 3 tablespoons unsalted butter

Directions:

1. Set a stockpot of water to boil over high heat.
2. Clean and cut cauliflower into small pieces. Cook in boiling water for about 6 minutes, or until well done. Drain well; do not let cool.
3. Pat cooked cauliflower very dry between several layers of paper towels.
4. In a bowl with an immersion blender (or in a food processor), puree the hot cauliflower with the cream cheese, Parmesan, garlic, chicken base and pepper until almost smooth.
5. Garnish with chives and serve hot with pats of butter.

Nutrition Info: 149 calories, 11.5 grams of fat, 8 grams of carbohydrates and 5 grams of protein

Average Calories of Mashed Potatoes: 200-250 per serving. What a savings!
Now it’s Up to You...

Find the all comfort you need this winter season. Take some time to develop a plan that works for you. This plan can look different for every person. Make a list of some additional ways to comfort yourself and start making some changes. Do some research for some new food swaps that will work for you. Above all, don’t get discouraged. It takes time to unlearn old habits. Just take it one step at a time for great success!

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

Skinny Frozen Hot Chocolate
SkinnyTaste.com

Ingredients:
• 1 ½ cups fat-free milk
• 1 cup ice
• 4 tablespoons Ovaltine Rich Chocolate, or chocolate malt flavor
• 1 tablespoons unsweetened cocoa powder
• 2 tablespoons fat-free whipped topping, optional
• Drop of peppermint extract, optional

Directions:
1. Pour the milk and ice into your blender.
2. Add in the Ovaltine, cocoa powder, and whipped topping (optional – you could also leave this for the top instead).
3. Blend 3 - 4 minutes until the ice is completely chopped and the mixture is thick and icy.
4. Pour into two glasses, and serve immediately.

Nutrition: 111 calories, 7 grams of protein, 20 grams of carbohydrates and 1 gram of fat

Looking for a sweet treat? Skip the high calorie coffee drink. Many specialty coffee drinks range from 400-500 calories and have something a little leaner.

ARE YOU TAKING YOUR 3CORE SUPPLEMENTS?

1. Multivitamin
2. Iron
3. Calcium

“Patients should be educated before and after weight loss surgery (WLS) on the expected nutrient deficiencies associated with alterations in physiology.”

CelebrateVitamins.com
I am a person who researches everything before making a decision. Whether it is analyzing restaurant menus, vacation destinations or which coffee maker to buy, I want to know what I am getting. I approached bariatric surgery the same way. I read everything I could get my hands on. I went to all of my pre-op appointments and talked to others who had bariatric surgery. I researched as much as I could so I would be as prepared as possible. Yet, here I am with a list of things that never came up in my research.

Following is that list. If you haven’t had bariatric surgery yet, remember that everyone’s journey is different. I hope you read this and save it so you can remember these things are a normal part of the post-bariatric surgery experience.

Food and Eating

- It can be very hard to see others eat. I hid upstairs while my family ate “real food” when I was on the liquid diet immediately after surgery. During this time I also skipped social events that revolved around food. It was challenging, but I needed it to adjust to my “new normal.”

- Life still revolves around food – or at least what you ingest. Instead of being able to forget about eating, your day consists of:
  - Counting fluid ounces, grams of protein and supplements
  - Planning when you will eat and what you will eat
  - Spending a lot of time, thought and effort on the management of your food intake

- Other people still focused on the food I was eating. Before surgery, there were looks and comments like, “Aren’t you eating too much?” and, “Should you be eating that?” After surgery people made comments ranging from, “You aren’t eating enough,” to opinions on what you should and shouldn’t be eating.

Changes in Your Body

- Side effects happen. All or some may occur and can be unpleasant. It is important to remember to keep in contact with your medical team. They can help you get through any issues you may have. These complications can include:
  - Acid reflux
  - Dumping syndrome due to sugar intake
  - Potential vitamin deficiencies
  - Hair loss
Your Favorite Meal Replacement, Now Available in a Savory Soup

Support weight-loss and long-term weight management with Bariatric Advantage High Protein Meal Replacements, available in nine different flavors including a seasonal option. Our newest HPMR Chicken Soup is a great alternative to traditional meal replacement shakes.

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- 300 mg calcium
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- Gluten-free
- Most flavors available in bag, tub, or single-serve packet or bottle

What I Wish I Knew continued on page 54


800.898.6888 BariatricAdvantage.com
Beyond the Physical Changes

- Bariatric surgery can change relationships. These changes can be good and bad. People in your life may think you are not the same person. They might feel self-conscious about their own weight so they lash out or pull away. Or they may be uncomfortable with how much attention you are getting or how differently you are treated by the general public.

- Strangers only see the current you. It is odd to feel both relief to interact with strangers who are not judging me for my weight and feel mad at being treated differently just because I weigh less.

- It can take time to feel comfortable telling people you had bariatric surgery. I often hear fellow patients call it their “dirty little secret.” This is because both before and after bariatric surgery, we face judgement, weight bias and weight stigma.

- Bariatric surgery is an emotional, physical, mental and hormonal roller coaster. You need a solid support system in place. This support system can be:
  - Your family
  - Your friends
  - A support group
  - Your surgeon
  - Your weight management physician
  - Your nutritionist
  - Your psychologist

Summing it All Up

Even knowing what I know now, none of these experiences would have been enough to make me change my mind before surgery nor regret my decision since I had surgery. Bariatric surgery doesn’t “fix” everything in your life, but it sure does give you a whole new perspective on living your best life possible.

I am doing things I never thought I would do and I feel the healthiest I have ever felt. Having bariatric surgery is simultaneously the hardest and best thing I have ever done for myself. It is a life-long process, and it is my hope that sharing my experiences helps you in your own journey!

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

**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.

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