

YOUR WEIGHT Matters

Winter 2016

MAGAZINE

FOR YOUR HEALTH

OBESITY

Is it Really a Disease? p.18

"DIET"

"LAZY"

"LACK OF WILLPOWER!"

Nutrition Label Revamp
Changes for a Healthier Tomorrow p.52

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*Your Weight Matters*SM 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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A Message from the OAC Chairwoman of the Board

Hello and Happy New Year!

It is my pleasure and privilege to write to our members as the newest OAC Chairwoman of the Board. Before I share a little about the upcoming year, I want to take this opportunity to thank my fellow Board members, including our most-recent Chairman Ted Kyle, RPh, MBA, for all of his hard work and leadership. The passion, dedication and all-around heart these volunteers show has moved this organization in significant ways. Thank you for letting me work beside you.



Amber Huett-Garcia, MPA

The staff of the OAC – you are incredible. Your days on the road representing the organization, planning the *Your Weight Matters* National Convention, putting together this publication, filling education material requests, responding to weight bias issues and so much more – you are making sure our mission thrives. We couldn't do it without you.

Throughout the past year, the OAC has been crafting a five-year plan, which I believe is ambitious and feasible. It will put this organization and our membership on the path to influencing and creating a different reality for persons and loved ones affected by obesity. To be sure, you'll hear about new initiatives, new educational materials, goals of diminishing instances and the impact of weight bias and more. This is incredibly important work.

What I'm most excited to tell you about, though, is two goals in particular, which I believe are the foundation for becoming a premier organization. These are: 1. increasing access to care, so that in the next five years, comprehensive obesity treatment is available to anyone seeking it, and 2. to continue engaging our members in-person and virtually in new ways, and to ensure our membership continues to grow in diversity, including gender, race, socioeconomic status and geographic location.

It is incredibly clear to me that all the education, advocacy and support means nothing if it's not manifesting into options that help us lead lives of improving our health. The truth is that we know obesity gets better with treatment, and we have new options becoming available at rapid rates. Pharmacotherapy, medical devices, surgery, intensive behavior counseling and the all of the existing tools that we already know work mean nothing if those affected can't access it. We are interested in creating and building champions and change-makers, while removing the wind from the naysayers.

I'm pledging to you – our members and supporters – that we're going to change the narrative around treatment of obesity.

And we need all of you. We need members who have lived different experiences to help stand in our gaps and see what we don't yet see, to stand on our mountains and in the streets with us as we shout for equity in the treatment of obesity as a disease, and as persons with excess weight. We're stronger together, and I'm so humbled to lead with you all.

Let's go,

OAC Welcomes New Chairwoman Amber Huett-Garcia

The Obesity Action Coalition (OAC) is proud to welcome Amber Huett-Garcia, MPA, as our new Chairwoman of the OAC's National Board of Directors. As a longtime supporter and advocate for the OAC, she has assisted greatly with the growth of our organization.

Ms. Huett-Garcia is a six-year post-operation surgical patient who joined the OAC in 2009 after reading an infuriating news article about obesity that inspired her to take action. Shortly after becoming a member of the OAC, Ms. Huett-Garcia joined the Advocacy Board, as well as several other committees, and was later invited to participate in the National Board of Directors. She is also a former *Your Weight Matters* National Convention Committee Chair. Outside of the OAC, Ms. Huett-Garcia serves as the Director of Development and Public Affairs with Teach for America in Memphis, Tenn.

"It is such a great privilege to be a voice for our membership and individuals everywhere who are affected by obesity," said Ms. Huett-Garcia. "Also, I believe we're more powerful together and I've seen what a group of folks can do when they're passionate and committed. We've got the power to create change at dramatic levels and I can't wait to work alongside the OAC board, staff and members to get things done."

YWMLocal Shares the RIGHT Info about Weight and Health with the Los Angeles Community

The OAC had a successful local event in Los Angeles last November where we educated attendees about the importance of understanding the connection between their weight and health.

At YWMLocal: Los Angeles 2015, an event modeled after the popular *Your Weight Matters* National Convention, attendees heard from multiple speakers who provided evidence-based information about weight-loss, nutrition and staying motivated while managing it all.



The OAC welcomed residents of the Los Angeles Community to YWMLocal 2015, and provided them with free resources about weight and health.



OAC Chairwoman Amber Huett-Garcia, MPA, shares OAC resources with the community at YWMLocal 2015: Los Angeles.

The OAC thanks all of our sponsors for supporting YWMLocal: Los Angeles 2015 – Gold Level Sponsor: Novo Nordisk; Bronze Level Sponsors: American Council of Exercise (ACE) and VBloc Neurometabolic Therapy; and our Event Supporters: Apollo Endosurgery – Orbera/Lap Band, KVK Tech and ReShape Medical.

We Stood Up to Weight Bias! Bliss, LLC's "FatGirl" Products to Be Removed from Store Shelves

The OAC tackled another weight bias issue, this time in the health and beauty industry, in the form of a product line by BlissWorld, LLC, named "fatgirl." We are proud to report that we are celebrating another successful WIN against weight bias, as Bliss has reached out to the OAC and let us know that they are discontinuing this product line!

The OAC applauds BlissWorld, LLC for taking a stand for what is right and discontinuing these products due to their stigmatizing nature.

This win brings us one step closer to winning the overarching fight against weight bias! Please stay alert to any other important bias issues that arise and will require action. Only with your voice were we able to achieve this victory, and we will see future victories with more voices speaking out against weight bias!

OAC Helps Form Obesity Care Advocacy Network

The OAC joined alongside seven other leading healthcare organizations to form a new advocacy network, the Obesity Care Advocacy Network (OCAN). The purpose of this network is to change how the Nation perceives and approaches the U.S. obesity epidemic by educating and advocating for public policies and increased funding for obesity education, research, treatment and care.

The founding members, the OAC, the Academy of Nutrition and Dietetics, the American Association of Clinical Endocrinologists (AACE), the American Society for Metabolic and Bariatric Surgery (ASMBS), the Endocrine Society, Novo Nordisk, the Obesity Medical Association (OMA) and The Obesity Society, hope to prevent the progression of obesity and increase access to treatment through uniting key obesity stakeholders and the larger obesity community around key education, policy and legislative efforts.

"Efforts to address the obesity epidemic have expanded dramatically over the past few years," said OAC President/CEO Joe Nadglowski. "However, we know that many individuals still struggle with obesity. OCAN can work to increase access to treatment and educate the public, especially the U.S. healthcare system, on the seriousness of this epidemic."

For more information on the Obesity Care Advocacy Network or to learn how you can become more involved in this National effort, please visit www.ObesityCareAdvocacyNetwork.org.

Education Matters
Advocacy Matters
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OAC MEMBERS
MATTER

After the Cut

by Nikki Massie

“Be the Change You Wish to See in the World.”

When I first sat down to write my story, I struggled, because I didn't think mine was that different from so many other stories featured in this magazine. I wondered, how can I add any value to the conversation about obesity?

But in thinking about it, I realized that while my story leading up to surgery was fairly typical, what happened after surgery was not.

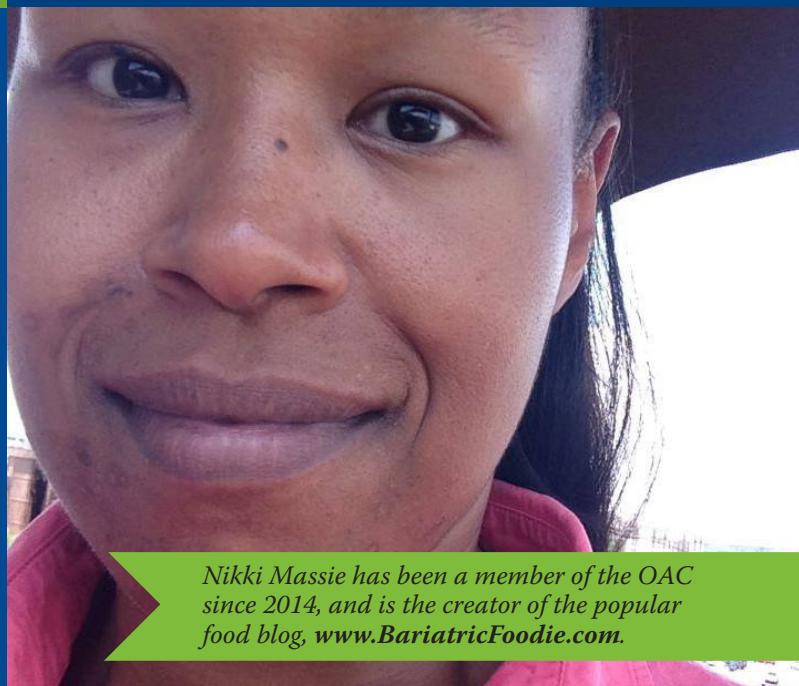
You've heard the basic narrative of a girl living with obesity. Girl is affected by obesity. Girl is ostracized, shunned and made to feel less than. Girl suffers from low self-esteem as a result. Girl decides to take action and get healthy. Girl loses weight. Girl is happy.

But what happens to that girl five, six or seven years later?

My name is Nikki, and I'm that girl.

Making the Change

Like I said, my journey to bariatric surgery in 2008 isn't that extraordinary. I struggled with my weight my entire life. I like to say I was a large baby, who grew into a large child, who grew into a large teenager, who became a large woman. That wasn't necessarily problematic in my mind because all the women I knew and admired throughout my childhood were women of size, and none of them let their size stop them from doing anything they wanted to do.



Nikki Massie has been a member of the OAC since 2014, and is the creator of the popular food blog, www.BariatricFoodie.com.

I think my size became a big problem after I had kids. Up until then, I stayed at around 250 pounds and that didn't stop me from doing much. But after two pregnancies, I weighed more than 340 pounds. My body ached, and my joints ached. I could barely stand to look in the mirror or take pictures. I didn't like being touched. I knew I had a problem, but I didn't exactly know how to solve it yet.

I'd heard about bariatric surgery, but I didn't really learn much about it until a friend of mine asked me to go to a bariatric seminar as her moral support. So we sat in the middle of a crowded hospital auditorium as a series of surgeons showed diagrams of anatomy before and after various surgeries. I even remember an actual Lap-Band device being passed around the room.

After the presentations, there was time for questions and it seemed everyone asked some variation of the same question — will I ever be able to eat “X” food again? After listening for a while, I decided to stand up and ask a question. I was scared, because before that moment I didn't even know I was interested in surgery, but still I asked — “If I have the surgery...will I really lose the weight?”

I didn't know it at that moment, but I was staring into the kind eyes of the man who would change my life forever. He smiled at me and in his characteristically soft voice replied,

"Yes, if you have the surgery and do the work, you will lose the weight."

And that is how I decided to have bariatric surgery.

Who's that Girl?

I'm pretty sure I was the most ill-prepared bariatric patient ever. I did all the requisite testing and I took a pre-operation education class, but that was about it. I didn't research. I didn't buy things to prepare – not even vitamins or protein. When I walked into that surgical center on January 8, 2008, I was flying blind in nearly every sense of the phrase.

From the moment I awakened from surgery, life has been one adventure after another. It didn't take me very long after surgery to realize two distinct things.

The first was exactly how much I'd neglected myself. Even when I was cleared to exercise, it was torture. Walking slowly on the treadmill felt like wading through quicksand. My body felt alien to me, unfamiliar. I didn't seem to know how it worked anymore.

The second thing I realized – and it's hard to explain how I didn't know this before – was that I am a food addict. The inability to eat large quantities was traumatic for me. Almost immediately, I began looking for ways to get more interaction with food, so I'd wander the aisles of grocery stores for hours (no, I'm not kidding) and watch the Food Network incessantly. But my mind still wasn't satisfied.

So I put all the mental space I used to fill with food into being a post-op perfectionist. I counted every calorie, carb and gram of protein that went into my body. I would compete with myself, day by day, to get as many grams of protein out of as few calories a day as possible. My personal best was 170 grams of protein out of 900 calories.

OAC Members Matter continued on following page



Nikki Massie (second from left) enjoys time with new friends at the 2014 Your Weight Matters National Convention in Orlando, Fla.

OAC Membership Application

Why Join the OAC? The OAC is a more than 50,000 member-strong 501(c)(3) National non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support. Our core focuses are to raise awareness and improve access to the prevention and treatment of obesity, provide evidence-based education on obesity and its treatments, fight to eliminate weight bias and discrimination, elevate the conversation of weight and its impact on health and offer a community of support for the individual affected.

1. OAC Membership Categories *(select one)*

- Individual Membership: ~~\$20/year~~ \$10!
- Institutional Membership: \$500/year
- Chairman's Council Membership: \$1000+/year

Are you joining for the first time, or are you renewing your OAC Membership?

- I am joining for the first time *(never been an OAC member)*.
- I am renewing my membership *(have joined the OAC in the past)*.

*\$10 memberships available for a limited time

2. Donation Add-on

Add-on Donation: Make a General Donation

Make a tax-deductible donation to the OAC when joining as a member. Your donation helps the OAC's educational and advocacy efforts.

- \$5
- \$10
- \$25
- \$50
- \$100
- Other _____

3. Membership/Donation Add-on Totals:

Membership Fee: +\$ _____

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Payment Information

- Check (payable to the OAC) for \$ _____.
- Credit card for my TOTAL, including add-ons, of \$ _____.
 - Discover® Credit Card Number: _____
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I worked out incessantly, sometimes leaving my kids in the gym daycare for hours on end.

In other words, I had gone from one eating disorder to another.

Regain

It's a dirty word in bariatric circles but yes, I regained. Not all of my weight. Not even most of my weight, but I did regain.

Funny enough, the regain started as what we might call "bounce back weight." I gained about 10 pounds, and it scared me to death. So I worked out a little harder, ate a little less and hoped it'd go away. It didn't.

So then I got angry. I worked out even harder, and ate even less, demanding that it go away. It still didn't.

Finally, I felt resigned. I thought, "if I'm not going to lose weight, what's the point of eating right and exercising?" I affectionately call this period my "bariatric adolescence," because I rebelled big time – which caused a second, more significant, round of regain.

What pulled me back from that process was the realization that those behaviors – eating poorly, being sedentary – weren't who I was anymore. By this time I was a bariatric food blogger and I interacted with many post-ops every day. Whether I was at my smallest or largest, I very much wanted to be the person I said I was in my blog posts. If I said I was active, I wanted to be active. If I said I ate well most of the time, I wanted to eat well most of the time.

That's when things began to turn around.

Individual Results Vary

As much as I'd love to tell you this story ends with me releasing every pound I regained, I can't tell you that, and I'm actually not sorry! I'm a work in progress. Would I love to lose more weight? Sure, but would I still love and value myself if I didn't? Most definitely.

I owe a big part of this newfound self-acceptance to the Obesity Action Coalition. I attended my first *Your Weight Matters* National Convention in Phoenix, Arizona in 2013. To say I was blown away by the conference was an understatement. I became absorbed in the educational sessions, and with experts who told me that there wasn't just one weight-loss narrative, there are many.

In the social settings, I felt welcome. In the fitness sessions, I felt invited. It seemed like every detail of the convention existed to affirm my commitment to live a healthy and balanced life.

During my second convention, in Orlando, Fla., I participated in the OAC's National Advocacy Training session. Again, I was flabbergasted. You mean...I don't have to put up with the tasteless jokes leveled against people living with obesity? I have the right to request accommodations in doctor's offices and other places to be able to treat me effectively?



Nikki Massie and OAC Board Member Michelle Vicari participate in the OAC's Advocacy March to Washington, DC at the 4th Annual Your Weight Matters National Convention.

Most importantly, I have the right to say to the world that the "F-Word" does not define me. Being a person living with obesity is simply one part of who I am, and the OAC gave me the voice to convey that.

This is why I must support the OAC. Not only because the organization fits well with my values and works to support the 90 million people living with obesity in the U.S., but also as an investment. It's my investment — in a world free of weight bias. A world where obesity is treated like a disease, and where every patient has access to safe, affordable, adequate and evidence-based care.

I'm proud to say I was the first recurring donor for the organization! That means that by filling out a simple form, I allow the OAC to deduct a monthly donation right from my bank account. I just set it and forget it, but that doesn't mean I forget about the work the OAC does.

And that's where I am now. I weigh far less than when I had surgery, and significantly more than my lowest weight, but guess what? That's not what matters.

What matters is that I am an active participant in my own life. What matters is that I look in the mirror and I smile at myself. What matters is that I give and accept hugs with ease.

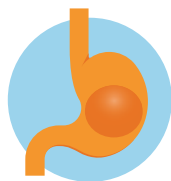
I'm not sure how, but somewhere in the middle of this crazy journey – of living with obesity, having surgery, discovering my food addiction, losing weight and regaining weight – I seem to have found some balance and a sense of self-worth that makes me wake up every day and choose myself first.

And that is a story worth telling.



GAIN THE **EDGE.** **LOSE** THE WEIGHT.

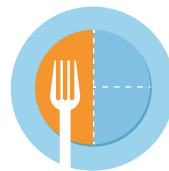
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CAUTION: Rx only.

References: 1. Directions For Use (DFU). ORBERA™ IntraGastric Balloon System (ORBERA™). Austin, TX: Apollo Endosurgery, Inc.

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The Link between Obesity and Cancer

by Taraneh Soleymani, MD

“The American Institute for Cancer Research (AICR) reports that only half of all Americans are aware of the link between obesity and cancer.”

Most people know that obesity and excess weight increase the risk for certain health conditions, such as type 2 diabetes, heart disease, hypertension and high cholesterol, but they are less aware of the increase in risk of developing cancer.

According to the 2011-2012 National Health and Nutrition Examination Survey, 68.5 percent of adults in the United States had excess weight (Body Mass Index (BMI) of 25-29.9 kg/m²), 34.9 percent were affected by obesity (BMI 30 – 39.9 kg/m²) and 6.4 percent had severe obesity (BMI ≥ 40 kg/m²). Obesity is a condition associated with having excess body fat, defined by genetic and environmental factors that are difficult to control when dieting.

It is important to keep in mind that the ability to store excess calories as fat was once a useful adaptation so our ancestors could survive times when it was hard to find food. Now, however, we live in an environment where high calorie foods are readily available, so we no longer face long periods without eating. Instead, we face the risk of excess calories and fat storage.

Traditionally, adipose (fat) tissue was thought to be a place where fat was stored as fat cells (known as adipocytes). However,

during the past decades we have learned that this tissue is an active thyroid gland, playing an important role in metabolism and the body's endocrine system, which helps regulate hunger. It's a connective tissue made up of different types of cells: fat cells, blood vessels and immune cells, among others.

When someone is affected by obesity, the tissue undergoes physiological changes causing it to not function normally. This dysfunction plays an important role in cancer development and its progression.

There are many causes of cancer, such as genetics, lifestyle, infection, radiation, chemicals and other environmental exposures. Some of these factors are under our control and can be changed. According to the National Cancer Institute, after not smoking, keeping one's self at a healthy weight is the most important thing an individual can do to reduce their cancer risk.

The types of cancer most commonly associated with obesity are:

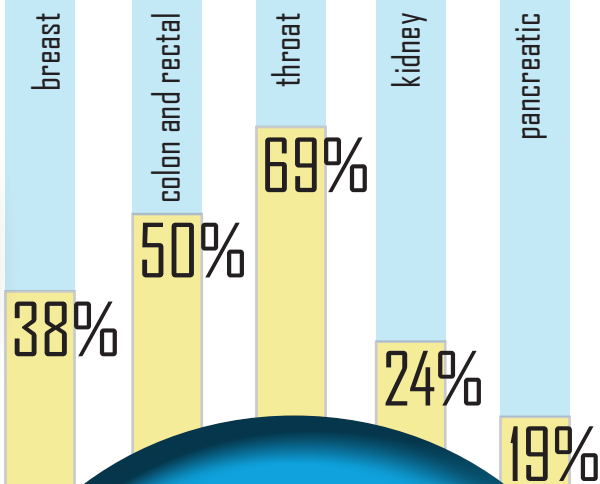
- Post-menopausal breast cancer
- Colorectal (colon) cancer
- Esophageal (throat) cancer
- Endometrial (uterus) cancer
- Kidney cancer
- Pancreatic cancer

Obesity can also increase the risk for the following cancers:

- Liver cancer
- Advanced prostate cancer
- Gallbladder cancer
- Ovarian cancer
- Stomach cancer
- Non-hodgkin lymphoma (cancer of the lymph nodes)
- Multiple myeloma (cancer of the plasma cells)
- Cervical cancer

The American Institute for Cancer Research (AICR) reports that only half of all Americans are aware of the link between obesity and cancer. An estimated 121,700 new cancer cases each year are related to excess weight, and 15-20 percent of all cancer deaths in United States can be attributed to excess weight.

Percentage of Cancers Preventable by maintaining a healthy weight, balanced diet and exercise:



According to the National Cancer Institute, after not smoking, keeping one's self at a healthy weight is the most important thing an individual can do to reduce their cancer risk.

The American Institute for Cancer research (AICR) reports that 38 percent of breast cancers, 50 percent of colon and rectal cancers, 69 percent of throat cancers, 24 percent of kidney cancers and 19 percent of pancreatic cancers can be prevented by maintaining a healthy weight, balanced diet and by increasing physical activity.

To educate the public on lifestyle changes that could decrease cancer risk, the AICR and World Cancer Research Fund have collaborated to publish a report titled: "Food, Nutrition, Physical Activity and Prevention of Cancer: a Global Perspective." In this report, an expert panel of renowned scientists reviewed thousands of scientific studies and developed 10 recommendations for cancer prevention:

10 Recommendations for Cancer Prevention

1. Maintain a healthy weight and waist circumference

Aim for a healthy BMI between 18.5-25 kg/m². The location where excess fat is stored in the body can influence cancer risk. Excess fat around the midsection, or "belly-fat," increases the risk of certain cancers, such as colon, pancreas, uterus and post-menopausal breast cancer. It will also increase the risk for heart disease and type 2 diabetes. Waist circumference should not go above 35 inches in women and 40 inches in men.

2. Increase physical activity

We live in an environment where it has been made easy to follow a lifestyle with less movement: watching television, working on a computer, driving to work etc. Physical inactivity has multiple harmful effects. It increases the risk of colon and breast cancer,

Obesity and Cancer continued on following page

I wanted to safely lose weight without compromising my lifestyle. Turns out, I didn't have to.



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vBloc® Therapy works to control sensations of hunger using a pacemaker-like device your doctor is able to implant during a minimally invasive procedure. Empower yourself to make healthier choices, without the worries that come with life during and after traditional weight loss surgeries.

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Learn how vBloc Therapy could help you achieve meaningful weight loss at vBloc.com.

10 Recommendations for Cancer Prevention (Cont.)

type 2 diabetes, heart attack, stroke and cognitive decline. Any amount of physical activity is better than none, so start slow, and build to a goal of 30 minutes of moderate physical activity (any exercise that increases your heart rate and makes you breath harder) every day. Physical activity also helps you maintain a healthy weight.

3. Avoid sugar-sweetened beverages and limit high calorie foods.

Juice with added sugar, soda and sweet tea are examples of sugar-sweetened beverages. They are easy to drink and make it easy to increase our total daily calorie intake. They have minimal to no nutritional value, high carbohydrate content and do not make us feel full. A healthy alternative is water or zero-calorie drinks like unsweetened tea.

Monitoring the calorie content of the food we eat can help us achieve and maintain a healthy weight. A calorie dense food has a high calorie content in every bite. These food items are generally processed and have more fat or refined carbohydrates and are low in fiber and water (i.e. French fries, pizza, cinnamon rolls).

4. Eat a plant-based diet

Eating a plant-based diet that includes fruit, vegetables, whole grains, nuts and legumes has several benefits. This diet has a higher content of fiber that is healthy for the intestines and improves its ability to digest the foods you eat. Fiber helps with weight management. A plant-based diet also provides vitamins and minerals in their natural form

While the exact links between obesity and cancer are not fully known, research studies have proposed several possibilities:

- Cancer is a disease caused by uncontrolled growth of cells which can take place in any part of the body. Obesity is often associated with increased insulin (a hormone which regulates metabolism) and insulin-like growth factor-1 (a hormone which increases cell growth and slows cell death) levels in blood, and they can result in overstimulation of cells to grow and potential cancer cell development.
- Fat cells produce hormones that can stimulate or inhibit cell growth. There is an increase in fat cell size and quantity in individuals with obesity versus more lean individuals. In obesity, the fat cells produce more leptin, which stimulates cell growth, and less adiponectin that slows cell growth. Collectively, they increase the risk for cancer cell formation (for all cancer types).
- In obesity, there is an increase in the number of immune cells in the extra adipose tissue. These immune cells release inflammatory substances that can result in a chronic inflammatory state that is associated with increased cancer risk.
- After menopause, a woman's ovaries stop producing estrogen, and the primary source of estrogen is the woman's body fat. A woman with a higher body fat during the post-menopausal years would be expected to have a higher level of estrogen. Excess estrogen is associated with increased risk for post-menopausal breast cancer and uterus cancer.



that are necessary for normal body functions, and the antioxidants (molecules that help delay and prevent cell damage) present in fruits and vegetables help protect the body cells from cancer-causing substances. The goal is to fill two-thirds of the plate with plant-based food items as often as possible.

5. Limit red meat and avoid processed meat as much as possible

There is a strong link between red meat (i.e. beef, lamb, pork) and colon and rectal cancers. The heme iron, which gives red meat its color, can damage the cells lining the colon. Eating up to 18 oz. of red meat per week is safe. However for every 1.7 oz. above this limit, the risk of cancer will increase by 15 percent. Eighteen ounces of meat is a little more than one pound of meat you can eat safely per week, and meat is typically recommended to be served in a three ounce portion – about the size of a deck of playing cards.

Meat that has been preserved by salting, smoking or curing contains chemicals that can damage cells in the body. Any amount of processed meat will increase cancer risk.

6. Limit alcohol consumption

Studies have shown that alcohol can increase the risk of several cancers, such as mouth, throat, vocal chord, breast cancer and colon or rectal cancer in men. It is recommended that alcohol be limited to one drink for women and two drinks for men per day.

How much is one drink?

- 12 oz. of beer (1 regular sized can) (5 percent alcohol content)
- 5 oz. of wine (about ¼ of a large glass and ½ of a smaller glass) (12 percent alcohol content)
- 1.5 oz. (1 shot glass) of 80-proof liquor such as vodka (40 percent alcohol content)

Both the American Heart Association and AICR do not recommend individuals who do not drink alcohol to start drinking. Limiting alcohol intake can also help with weight management.

7. Limit salt consumption

High salt consumption has been associated with increased risk for stomach and throat cancer as it can damage their lining. Processed meat has a high content of salt, especially when it is salt-cured or salt-pickled. Other processed food such as cereal, pizza, chips, canned soups, frozen meals and flavored noodles can increase salt intake above the recommended 2400 mg per day (about 1 teaspoon).

How much salt is enough?

Dietary Guidelines for Americans for a Healthier Life 2010:

- Reduce intake to less than 2300 mg per day
- Further reduce intake to 1500 mg per day for
 - o Adults ages 51+
 - o African Americans ages 2+
 - o People ages 2+ with high blood pressure, diabetes or chronic kidney disease

8. Avoid using supplements in place of natural nutrients

Supplements should not be used to protect against cancer. It is best to get the nutrients we need from our diet in their natural form. Also it is important to keep in mind that very high doses of vitamin and mineral supplements has been associated with increased cancer risk. Supplements are recommended for the following groups: women of childbearing age, pregnant and nursing women, children between the ages of 6 months and 5-years-old, seniors and bariatric patients.

9. Breast-feeding can help new mothers

It is recommended that mothers breast-feed exclusively for 6 months and then add other liquid and food to their baby's diet. Breast-feeding is good for the mother and the baby. It protects the mother against breast cancer by reducing the cancer producing hormones in the body, and it protects the child from becoming affected by excess weight or obesity.

10. Cancer survivors should follow all guidelines

AICR recommends that cancer patients follow the nine cancer prevention strategies stated in this article.

Our overall cancer risk is affected by our lifestyle over the span of our life. It is never too early or late to start cancer prevention, and most importantly, making small every day changes that are sustainable today can help lower the cancer risk throughout our lifetime.

About the Author:

Taraneh Soleymani, MD, is an assistant professor in the Department of Nutrition Sciences and Medicine at the University of Alabama at Birmingham (UAB), and the medical director of EatRight by UAB, a comprehensive weight management program. Dr. Soleymani is also the co-director of UAB's Weight-loss Medicine Center, and the director of nutrition consultation services at Birmingham VA Medical Center. She is board certified in internal medicine with fellowship training in clinical nutrition and obesity management, and her clinical expertise includes patient tailored comprehensive medical management of obesity and inpatient nutrition management for the critically ill.

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Use of CONTRAVE

CONTRAVE is a prescription medicine that contains 2 medicines (naltrexone HCl and bupropion HCl) that may help some adults with a body mass index (BMI) of 30 kg/m² or greater (obese), or adults with a BMI of 27 kg/m² or greater (overweight) with at least one weight-related medical problem such as high blood pressure, high cholesterol, or type 2 diabetes, lose weight and keep the weight off.

- CONTRAVE should be used with a reduced-calorie diet and increased physical activity
- It is not known if CONTRAVE changes your risk of heart problems or stroke or of death due to heart problems or stroke
- It is not known if CONTRAVE is safe and effective when taken with other prescription, over-the-counter, or herbal weight-loss products

Important Safety Information

CONTRAVE can cause serious side effects of suicidal thoughts or actions. One of the ingredients in CONTRAVE is bupropion HCl. Bupropion has caused some people to have suicidal thoughts or actions or unusual changes in behavior, whether or not they are taking medicines used to treat depression. Bupropion may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment. If you already have depression or other mental illnesses, taking bupropion may cause it to get worse, especially within the first few months of treatment.

Stop taking CONTRAVE and call a healthcare provider right away if you, or your family member, have any of the following symptoms, especially if they are new, worse, or worry you: thoughts about suicide or dying; attempts to commit suicide; depression; anxiety; feeling very agitated or restless; panic attacks; trouble sleeping (insomnia); irritability; acting aggressive, being angry or violent; acting on dangerous impulses; an extreme increase in activity and talking (mania); other unusual changes in behavior or mood.

While taking CONTRAVE, you or your family members should pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings and maintain communication with your healthcare provider. CONTRAVE has not been studied in and is not approved for use in children under the age of 18.

Please see additional Important Safety Information on the next page.

Ask your doctor about
weight-management
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Important Safety Information, continued

Do not take CONTRAVE if you have uncontrolled high blood pressure; have or have had seizures; use other medicines that contain bupropion such as WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL, and APLENZIN; have or have had an eating disorder called anorexia or bulimia; are dependent on opioid pain medicines or use medicines to help stop taking opioids such as methadone or buprenorphine, or are in opiate withdrawal; drink a lot of alcohol and abruptly stop drinking, use medicines called sedatives (these make you sleepy), benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden, as these may increase your chance of having a seizure; have taken medicines called monoamine oxidase inhibitors (MAOIs), including linezolid, within the last 14 days; are allergic to any of the ingredients in CONTRAVE; are pregnant or planning to become pregnant. Tell your healthcare provider right away if you become pregnant while taking CONTRAVE.

Tell your healthcare provider about all of your medical conditions, especially: depression or other mental illnesses; attempted suicide; seizures; head injury; tumor or infection of your brain or spine; low blood sugar or low levels of sodium; liver or kidney problems; high blood pressure; heart attack, heart problems, or stroke; eating disorder; drinking a lot of alcohol; prescription medicine or street drug abuse; are over the age of 65; diabetes; other medical conditions; breastfeeding.

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

Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets. Tell your healthcare provider if you cannot swallow CONTRAVE tablets whole. **Do not** take CONTRAVE with high-fat meals. It may increase your risk of seizures. Take CONTRAVE exactly as prescribed.

CONTRAVE may cause serious side effects, including:

Seizures. There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: take higher doses of CONTRAVE; have certain medical conditions; take CONTRAVE with certain other medicines.

Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them. If you have a seizure, stop taking CONTRAVE, tell your healthcare provider right away, and do not take CONTRAVE again.

Risk of opioid overdose. If you take opioid medicines, there can be a risk of opioid overdose. **Do not** take large amounts of opioids, including opioid-containing medicines, such as heroin or prescription pain pills, to try to overcome the opioid-blocking effects of naltrexone. This can lead to serious injury, coma, or death. You should get emergency medical help right away if you have trouble breathing; become drowsy with slowed breathing; have slow, shallow breathing; or feel faint, dizzy, or confused.

Sudden opioid withdrawal. People who take CONTRAVE must not use any type of opioid (must be opioid-free) including street drugs, prescription pain medicines (including tramadol), cough, cold, or diarrhea medicines that contain opioids, or opioid-dependence treatments, buprenorphine, or methadone, **for at least 7 to 10 days before starting CONTRAVE.**

Using opioids in the 7 to 10 days before you start taking CONTRAVE may cause you to suddenly have symptoms of opioid withdrawal when you take it. Sudden opioid withdrawal can be severe and may require hospitalization. Tell your healthcare provider you are taking CONTRAVE before a medical procedure or surgery.

Severe allergic reactions. Stop taking CONTRAVE and get medical help immediately if you have any of the following signs and symptoms of severe allergic reactions: rash, itching, hives, fever, swollen lymph glands, painful sores in your mouth or around your eyes, swelling of your lips or tongue, chest pain, or trouble breathing.

Increases in blood pressure or heart rate. Increases in blood pressure or heart rate may occur in some people taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking, and while you take CONTRAVE.

Liver damage or hepatitis. CONTRAVE can cause liver damage or hepatitis. Stop taking CONTRAVE if you have any of the following symptoms of liver problems: stomach area pain lasting more than a few days, dark urine, yellowing of the whites of your eyes, or tiredness. Your healthcare provider may need to stop treating you with CONTRAVE if you get signs or symptoms of a serious liver problem.

Manic episodes. Manic episodes can occur. CONTRAVE can cause some people who were manic or depressed in the past to become manic or depressed again.

Visual problems (angle-closure glaucoma). CONTRAVE can cause visual problems (angle-closure glaucoma). Signs and symptoms may include: eye pain, changes in vision, swelling or redness in or around the eye. Talk with your doctor to find out if you are at risk and to get treatment to prevent it.

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

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

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

Talk to your doctor or healthcare professional. Please see adjacent Medication Guide for CONTRAVE.

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



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Medication Guide
CONTRAVE® (CON-trayv)
 (naltrexone HCl and bupropion HCl)
 Extended-Release Tablets

Read this Medication Guide before you start taking CONTRAVE and each time you get a refill. There may be new information. This information does not take the place of talking with your healthcare provider about your medical problems or treatment.

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

CONTRAVE can cause serious side effects, including:

- **Suicidal thoughts or actions.** One of the ingredients in CONTRAVE is bupropion. Bupropion has caused some people to have suicidal thoughts or actions or unusual changes in behavior, whether or not they are taking medicines used to treat depression.

Bupropion may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment.

If you already have depression or other mental illnesses, taking bupropion may cause it to get worse, especially within the first few months of treatment.

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

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

While taking CONTRAVE, you or your family members should:

- Pay close attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings. This is very important when you start taking CONTRAVE or when your dose changes.
- Keep all follow-up visits with your healthcare provider as scheduled. Call your healthcare provider between visits as needed, especially if you have concerns about symptoms.

CONTRAVE has not been studied in and is not approved for use in children under the age of 18.

What is CONTRAVE?

CONTRAVE is a prescription medicine which contains 2 medicines (naltrexone and bupropion) that may help some obese or overweight adults, who also have weight related medical problems, lose weight and keep the weight off.

- CONTRAVE should be used with a reduced calorie diet and increased physical activity.
- It is not known if CONTRAVE changes your risk of heart problems or stroke or of death due to heart problems or stroke.
- It is not known if CONTRAVE is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if CONTRAVE is safe and effective in children under 18 years of age.
- CONTRAVE is not approved to treat depression or other mental illnesses, or to help people quit smoking (smoking cessation). One of the ingredients in CONTRAVE, bupropion, is the same ingredient in some other medicines used to treat depression and to help people quit smoking.

Who should not take CONTRAVE?

Do not take CONTRAVE if you:

- have uncontrolled hypertension
- have or have had seizures
- use other medicines that contain bupropion such as WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL and APLENZIN
- have or have had an eating disorder called anorexia (eating very little) or bulimia (eating too much and vomiting to avoid gaining weight)
- are dependent on opioid pain medicines or use medicines to help stop taking opioids such as methadone or buprenorphine, or are in opiate withdrawal
- drink a lot of alcohol and abruptly stop drinking, or use medicines called sedatives (these make you sleepy), benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden

- are taking medicines called monoamine oxidase inhibitors (MAOIs). Ask your healthcare provider or pharmacist if you are not sure if you take an MAOI, including linezolid. **Do not** start CONTRAVE until you have stopped taking your MAOI for at least 14 days.
- are allergic to naltrexone or bupropion or any of the ingredients in CONTRAVE. See the end of this Medication Guide for a complete list of ingredients in CONTRAVE.
- are pregnant or planning to become pregnant. Tell your healthcare provider right away if you become pregnant while taking CONTRAVE.

What should I tell my healthcare provider before taking CONTRAVE?

Before you take CONTRAVE, tell your healthcare provider if you:

- have or have had depression or other mental illnesses (such as bipolar disorder)
- have attempted suicide in the past
- have or have had seizures
- have had a head injury
- have had a tumor or infection of your brain or spine (central nervous system)
- have had a problem with low blood sugar (hypoglycemia) or low levels of sodium in your blood (hyponatremia)
- have or have had liver problems
- have high blood pressure
- have or have had a heart attack, heart problems, or have had a stroke
- have kidney problems
- are diabetic taking insulin or other medicines to control your blood sugar
- have or have had an eating disorder
- drink a lot of alcohol
- abuse prescription medicines or street drugs
- are over the age of 65
- have any other medical conditions
- are breastfeeding or plan to breastfeed. CONTRAVE can pass into your breast milk and may harm your baby. You and your healthcare provider should decide if you should take CONTRAVE or breastfeed. You should not do both.
- **Tell your healthcare provider about all the medicines you take** including prescription and over-the-counter medicines, vitamins, and herbal supplements.

CONTRAVE may affect the way other medicines work and other medicines may affect the way CONTRAVE works causing side effects.

Ask your healthcare provider for a list of these medicines if you are not sure.

Know the medicines you take. Keep a list of them to show your healthcare provider or pharmacist when you get a new medicine.

How should I take CONTRAVE?

How to take CONTRAVE		
	Morning Dose	Evening Dose
Starting: Week 1	1 tablet	None
Week 2	1 tablet	1 tablet
Week 3	2 tablets	1 tablet
Week 4 Onward	2 tablets	2 tablets

- Take CONTRAVE exactly as your healthcare provider tells you to.
- **Do not** change your CONTRAVE dose without talking with your healthcare provider.
- Your healthcare provider will change your dose if needed.
- Your healthcare provider should tell you to stop taking CONTRAVE if you have not lost a certain amount of weight after 16 weeks of treatment.
- **Swallow CONTRAVE tablets whole. Do not cut, chew, or crush CONTRAVE tablets.** Tell your healthcare provider if you cannot swallow CONTRAVE tablets whole.
- **Do not** take more than 2 tablets in the morning and 2 tablets in the evening.
- **Do not** take more than 2 tablets at the same time or more than 4 tablets in 1 day.
- **Do not** take CONTRAVE with high-fat meals. It may increase your risk of seizures.
- If you miss a dose of CONTRAVE, wait until your next regular time to take it. **Do not** take more than 1 dose of CONTRAVE at a time.
- If you take too much CONTRAVE, call your healthcare provider or go to the nearest emergency room right away.

What should I avoid while taking CONTRAVE?

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

What are the possible side effects of CONTRAVE?

CONTRAVE may cause serious side effects, including:

- See “What is the most important information I should know about CONTRAVE?”
- **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who:
 - take higher doses of CONTRAVE
 - have certain medical conditions
 - take CONTRAVE with certain other medicines

Do not take any other medicines while you are taking CONTRAVE unless your healthcare provider has said it is okay to take them.

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

You should not take CONTRAVE again if you have a seizure.

- **Risk of opioid overdose.** One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE.

You can accidentally overdose in 2 ways:

- Naltrexone blocks the effects of opioids, such as heroin, methadone or opioid pain medicines. **Do not** take large amounts of opioids, including opioid-containing medicines, such as heroin or prescription pain pills, to try to overcome the opioid-blocking effects of naltrexone. This can lead to serious injury, coma, or death.
- After you take naltrexone, its blocking effect slowly decreases and completely goes away over time. If you have used opioid street drugs or opioid-containing medicines in the past, using opioids in amounts that you used before treatment with naltrexone can lead to overdose and death. You may also be more sensitive to the effects of lower amounts of opioids:
 - after you have gone through detoxification
 - when your next dose of CONTRAVE is due
 - if you miss a dose of CONTRAVE
 - after you stop CONTRAVE treatment

It is important that you tell your family and the people closest to you of this increased sensitivity to opioids and the risk of overdose.

You or someone close to you should get emergency medical help right away if you:

- have trouble breathing
- become very drowsy with slowed breathing
- have slow, shallow breathing (little chest movement with breathing)
- feel faint, very dizzy, confused, or have unusual symptoms
- **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid (must be opioid-free) including street drugs, prescription pain medicines (including tramadol), cough, cold, or diarrhea medicines that contain opioids, or opioid dependence treatments, buprenorphine or methadone, **for at least 7 to 10 days before starting CONTRAVE.** Using opioids in the 7 to 10 days before you start taking CONTRAVE may cause you to suddenly have symptoms of opioid withdrawal when you take it. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before a medical procedure or surgery.
- **Severe allergic reactions.** Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. **Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away** if you have any of the following signs and symptoms of an allergic reaction:
 - rash
 - itching
 - hives
 - fever
 - swollen lymph glands
 - painful sores in your mouth or around your eyes
 - swelling of your lips or tongue
 - chest pain
 - trouble breathing
- **Increases in blood pressure or heart rate.** Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking, and while you take CONTRAVE.
- **Liver damage or hepatitis.** One of the ingredients in CONTRAVE, naltrexone can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:
 - stomach area pain lasting more than a few days
 - dark urine
 - yellowing of the whites of your eyes
 - tiredness

Your healthcare provider may need to stop treating you with CONTRAVE if you get signs or symptoms of a serious liver problem.

- **Manic episodes.** One of the ingredients in CONTRAVE, bupropion can cause some people who were manic or depressed in the past to become manic or depressed again.
- **Visual problems (angle-closure glaucoma).** One of the ingredients in CONTRAVE, bupropion, can cause some people to have visual problems (angle-closure glaucoma). Signs and symptoms of angle-closure glaucoma may include:
 - eye pain
 - changes in vision
 - swelling or redness in or around the eye

Talk with your healthcare provider to find out if you are at risk for angle-closure glaucoma and to get treatment to prevent it if you are at risk.

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

The most common side effects of CONTRAVE include:

- nausea
- constipation
- headache
- vomiting
- dizziness
- trouble sleeping
- dry mouth
- diarrhea

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

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store CONTRAVE?

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

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

General information about the safe and effective use of CONTRAVE.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use CONTRAVE for a condition for which it was not prescribed. Do not give CONTRAVE to other people, even if they have the same symptoms or condition that you have. It may harm them.

If you take a urine drug screening test, CONTRAVE may make the test result positive for amphetamines. If you tell the person giving you the drug screening test that you are taking CONTRAVE, they can do a more specific drug screening test that should not have this problem.

This Medication Guide summarizes the most important information about CONTRAVE. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about CONTRAVE that is written for health professionals.

For more information, go to www.contrave.com or call 1-877-825-3327.

What are the ingredients in CONTRAVE?

Active ingredients: naltrexone hydrochloride and bupropion hydrochloride

Inactive ingredients: microcrystalline cellulose, hydroxypropyl cellulose, lactose anhydrous, L-cysteine hydrochloride, crospovidone, magnesium stearate, hypromellose, edetate disodium, lactose monohydrate, colloidal silicon dioxide, Opadry II Blue and FD&C Blue #2 aluminum lake

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OBEESITY

Is it Really a Disease?

by Nadia B. Pietrzykowska, MD, FACP

History

Early records show that even ancient Greeks recognized the disease of obesity. Galen, a physician and philosopher from the second century, was treating it as a disorder caused by “bad humors” and was prescribing massages, baths and slimming foods like garlic, greens and wild game to his patients to help fight it.

Although obesity was present in ancient times, to better understand today’s obesity, let’s look at it in the context of human evolution and social progress.

Evolutionary History of Food and Obesity

During times in human history when food was more difficult to find, our bodies developed the ability to store fat. This way, we had plenty of fat to burn as energy— even if we couldn’t find food. As society progressed and technologies advanced, so did food availability. The balance between the amounts of food we can find and how much energy the everyday person was using changed, including the energy spent on getting food. This is where the history of obesity is related to the history of food. Some scientists believe that obesity is a “side effect” of human evolution.

Our ability to store fat allowed humans to survive longer periods without food. In other words, during times when starvation and disease were normal across the globe, having a “better” ability to store fat really determined a human’s fate, and the fine line between life and death. Scientists who study genes think that individuals who developed improved fat storage survived and we became their descendants. So we are really inclined genetically to store energy that we’re not using, which is deposited into our bodies in the form of fat tissue.

Some scientists believe that obesity is a “side effect” of human evolution.

When human society changed from hunting and gathering for survival to an agricultural, farm-animal-raising society nearly 10,000 years ago, humans gained the ability to grow more food. This being said, most of the time, only the privileged had access to it. Despite having the ability to grow crops, starvation was common for many centuries that followed. Then the “second agricultural revolution” of the 18th century happened. Since then, thanks to the advance of technology, food became more and more available for everyone.

Obesity...Really a Disease? continued on following page

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As health and medicine progressed as well, especially in the 20th century, humans were able to increase their life span as well as body size. In a society of available food, with less “energy” required to access food as compared to hunters-gatherers of the past, the balance between energy taken in and energy used was starting to tip toward more storage.



Clearly, the processes of obesity are much more complex than how much food we eat and how much energy we spend, but it’s still a factor that needs to be understood because it explains some of our tendency to experience weight gain. Nowadays, both the availability of high calorie foods and decreased physical activity are important contributors to the obesity epidemic.

History of Obesity in the Medical Literature



The health consequences of obesity in early medical literature were not often described as negative. Usually, excess weight was considered desirable. In the 19th century, medical opinion held that carrying an extra 20 to 50 pounds was healthy and a sign of vitality, while being thin was not. This attitude may be explained by the health status of the population at the time. In times when highly-infectious diseases wiped out entire populations, and the likelihood of catching such a disease was the main medical concern, emphasis on weight gain was normal.

It wasn’t until the 1920’s that perceptions of obesity dramatically changed. The Metropolitan Life Insurance Company decided to analyze their policyholder population and arrange their medical risk into a hierarchical system. They used a formula that was initially invented in the early 1800’s by Alphonse Quetelet, a Belgian scientist. He tried to define the “average man” by analyzing height and weight information of the French and Scottish armies of the time.

The formula he established was expressed as the person’s weight in kilograms divided by the square of a person’s height in meters. This formula is better known today as the body mass index, or BMI for short, and this is also when BMI charts were created. They were based on height and weight, and would classify individuals as having less weight than normal, normal weight, excess weight or obesity.

Subsequently, in the 1930’s, the approach of the medical profession toward obesity started to change dramatically, and it began to be accepted as a health problem. Nevertheless, it was very poorly understood and it was generally thought that the solution was to eat less and burn more calories, and that the inability to achieve desired results was related to laziness and undisciplined behavior.

*Obesity...Really a Disease?
continued on following page*

DISEASE DEFINITION:

To further analyze the legitimacy of naming obesity a disease, let’s take a look at the definition of disease itself. As proposed by the American Medical Association, these are the characteristics of a disease:

- 1. “An impairment of the functioning of some aspect of the body”**
- 2. “Demonstrates characteristic signs and symptoms”**
- 3. “Causes harm and morbidity”**



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Later on, advances in psychiatry and the Freudian approach shifted the focus once more, and classified obesity as a psychiatric conflict of an individual's subconscious. It's not until the 1950's that the study of obesity really began, and obesity became more widely accepted as a disorder combining both pathology (the typical behavior of a disease) and physiology (the normal function of the body). After that time, obesity was perceived as a "problem" but the debate was heated regarding whether or not it was a condition that was also a disease.

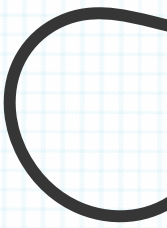
This question was addressed in 2008 by a panel from The Obesity Society, discussing why obesity should be considered a disease. In the following years, this discussion resulted in the American Medical Association issuing a statement in 2013 classifying obesity as a disease.



Pictured: A photo from a 1921 encyclopedia shows a tractor ploughing an alfalfa field

Defining the "average man"

Alphonse Quetelet, a Belgian scientist, tried to define the "average man" by analyzing height and weight information of the French and Scottish armies of the time.



1700

1800

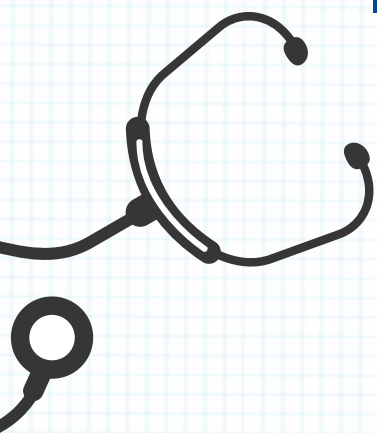
"Second Agricultural Revolution"

When human society changed from hunting and gathering for survival to an agricultural, farm-animal-raising society nearly 10,000 years ago, humans gained the ability to grow more food.



The Official Statement

In June 2013, The American Medical Association declared obesity as a disease in its “Resolution 420,” stating the “American Medical Association recognizes obesity as a disease state with multiple pathophysiological aspects requiring a range of interventions to advance obesity treatment and prevention.”



1900

“Thin” is not considered healthy

In the 19th century, medical opinion held that carrying an extra 20 to 50 pounds was healthy and a sign of vitality, while being thin was not healthy.



How Does Obesity Fit the Definition of a Disease?

“An impairment of the functioning of some aspect of the body:”

Our body is equipped with systems that regulate the intake of energy in the form of food, as well as energy used in the form of physical activity.

The intake of food is regulated by specific regions of the brain. Signals sent and received by cells located in the brain, as well as signals from the body, including the gut, the pancreas and fat tissue, are involved in this system. A very delicate balance of these processes leads to homeostasis, which helps govern the feeling of hunger, and allows for body weight regulation. This system ensures that food is consumed to allow for appropriate energy intake as well as long-term energy storage. The key regulator of this mechanism is located in a region of the brain called the hypothalamus, which is considered to be the center of appetite and energy.

Signals coming from other parts of the brain, as well as signals coming from multiple areas of the body like the gut or fat tissue, arrive in the hypothalamus. These signals generally inform the brain about either a hunger feeling, through the hormone ghrelin, or the feeling you get when you're full, through a variety of other hormones.

Besides brain cell and hormonal signaling, environmental factors can also influence food intake. The sight and taste of food, food availability, the price of food, the incentive to eat in ways such as “super-sizing” meals, etc. can all impact what and how much we eat.

Knowing that the brain has such a sophisticated regulation system for food intake and energy release that has allowed us to survive as human beings, how can the brain be influenced by these environmental factors, and increase our food consumption in an unnecessary way?

This is explained by the presence of another system in the brain that scientists call the “hedonic pathway” or the “reward system.” Positive experiences that an individual is exposed to trigger this system. One of the brain chemicals that is involved in this pathway is called dopamine, and is the same brain chemical released by substances such as cocaine. Abnormal activity of this reward system has been observed by scientists, and seems to be involved in some of the loss in control that can be seen in obesity.

Individuals perceive certain foods as rewarding, especially when they contain high amounts of fat and sugar, and seek the consumption of these foods beyond what's necessary for daily energy balance. Through the years, the food industry has developed foods that are pleasant tasting, with amounts of fat and sugar that make them highly attractive to the brain. This is thought to have contributed to the obesity epidemic. The reward system can also override the brain's regulatory system for food intake and energy balance. This is sometimes described as a hyperactive reward system.

Obesity...Really a Disease? continued on following page

Obesity and the Brain

If the brain is so good at regulating weight, why is everyone's weight drifting up? Increasingly, it's becoming apparent that our food is acting in some ways like a hormone that serves to reset the body's target weight. It's not so much the calories in the food, but the composition of the food that can affect signals to the brain that regulate body weight.

Likewise, our physical environment is taking a toll. When we drive more than we walk, signals from our muscles to our brain get distorted and push weight a bit higher. Increasingly stressful lives also affect some of the signals that are essential for the brain regulating our weight.

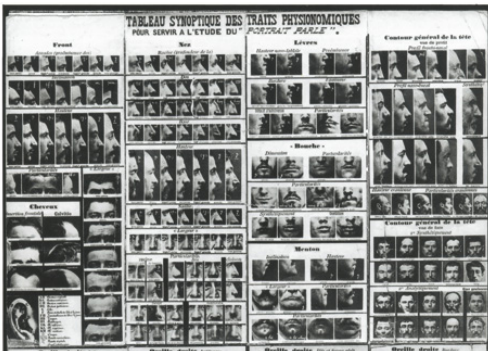
Finally, any number of drugs used to treat other conditions can cause weight gain by interfering with the biological regulation of weight. Physicians who are knowledgeable about obesity can avoid this problem, but others may not.

— Ted Kyle, RPh, MBA, Immediate-Past OAC Chairman

What about Genetics?

Some forms of obesity result from a genetic defect in the brain. A few of these defects are rare, generally start early in childhood and have very clear symptoms, while other genetic defects can influence the amounts of energy you use.

This said, epigenetics, a field of science that has emerged in the last few years, unwrapped very significant findings and demonstrated that the environment could affect the activity of our genes. In addition, these changes to our



1920

BMI charts created

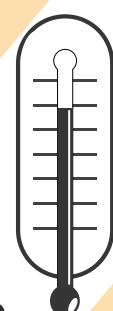
The Metropolitan Life Insurance Company decided to analyze their policy-holder population and arrange their medical risk into a hierarchical system.

1930

Obesity accepted as a health problem.

It was very poorly understood and it was generally thought that the solution was to eat less and burn more calories, and that the inability to achieve desired results was related to laziness and undisciplined behavior.

1940





genes are inherited and passed on in families. Factors that were found to influence genes include the environment (high calorie foods and lack of physical activity), toxins and certain medications.

Another change in the function of the body that has been noted in individuals with obesity is a change in the bacteria found in their digestive system. Different types of bacteria have been found in the gut of lean individuals as opposed to individuals with excess weight, but more research is still needed concerning this bacteria.

We all know that it's hard to lose weight, but it seems to be even harder to keep it off. There are built-in systems that counteract efforts to lose or maintain weight. During or after weight-loss, your hunger may increase while your energy used decreases. Impairment in body functions is also seen in response to weight-loss.

It is important for patients and health professionals alike to understand that a weight-loss journey does not end when the desired weight is achieved. Some processes that will try to revert the weight-loss may persist for a year, and others — especially behavioral mechanisms — will continue for at least two years, and some others may be present continuously. With this perspective, obesity is not only a disease, it's a chronic disease, and should be treated as such.

Obesity...Really a Disease? continued on following page

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“Characteristic signs and symptoms”

Obesity is characterized by excessive adipose (fat) tissue and can manifest as increased BMI, increased waist circumference and/or increased fat tissue percentage.

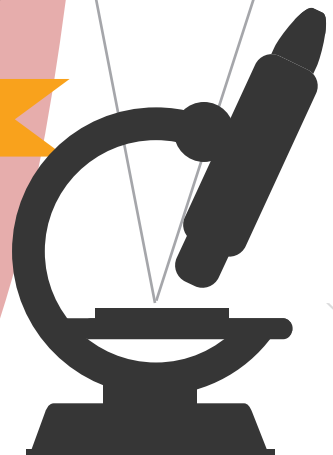
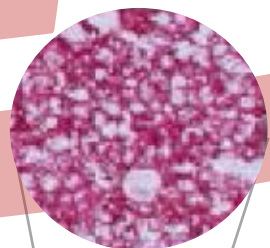
Determining the best tool for classifying excess weight and obesity is still debated. A newer model based on BMI, waist circumference and coexisting medical problems was added in 2013 to help health professionals classify obesity and treat it appropriately.

“Increased harm and morbidity”

Obesity can be associated with many medical conditions, such as increased inflammation, metabolic syndrome, diabetes and prediabetes, high blood pressure, high cholesterol, heart disease, stroke, obstructive sleep apnea, osteoarthritis, gallbladder disease, pancreatitis, fatty liver, polycystic ovarian syndrome, infertility, renal failure, cancer and depression. Many of these associated diseases improve when obesity is successfully treated.

Additionally, statistics show that excess weight decreases life expectancy by up to eight years and deprives individuals on average from 19 years of healthy living.

It is important for patients and health professionals alike to understand that a weight-loss journey does not end when the desired weight is achieved. Some processes that will try to revert the weight-loss may persist for a year, and others — especially behavioral mechanisms — will continue for at least two years, and some others may be present continuously. With this perspective, obesity is not only a disease, it’s a chronic disease, and should be treated as such.



The Obesity Society Panel

A panel from The Obesity Society, discussed why obesity should be considered a disease.

“Obesity is a disease”

Discussion resulted in the American Medical Association issuing a statement in 2013 classifying obesity as a disease.

1950

2000

2008

2013

The study of obesity begins

Obesity became more widely accepted as a disorder combining both pathology (the typical behavior of a disease) and physiology (the normal function of the body).



What Can You Do?

As some still debate whether obesity is indeed a disease, we need to focus our efforts on preventing and treating this medical condition:

1. Ask your political representatives to have obesity on their agenda.
2. Explore what your community has to offer and get involved in making changes.
3. Talk to a healthcare professional about this medical issue and ask him/her to help you treat this disease.

As of now, there are no real signs of slowing of the obesity epidemic, and we need to combine efforts to make changes to treat this disease, at the national, community and individual level.

About the Author:

Nadia B. Pietrzykowska, MD, FACP, is a board certified and fellowship trained obesity medicine and physician nutrition specialist. She is the founder and Medical Director of "Weight & Life MD," a Center dedicated to medical weight management, nutrition, fitness and lifestyle located in New Jersey. She strongly believes in a personalized as well as long-term approach to treating the chronic disease of obesity.

Image credit: "Plowing an Alfalfa field by tractor, US" by Ewing Galloway

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What is BELVIQ®?

BELVIQ is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (BMI ≥ 27 kg/m²) adults with a weight-related medical problem, or obese (BMI ≥ 30 kg/m²) adults, lose weight and keep it off.

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

Important Safety Information

- **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.
- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ. Call your doctor right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
- **Valvular heart disease:** Some people taking medicines like BELVIQ have had heart valve problems. Call your doctor right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ, tell your doctor if you have or have had heart problems.
- **Changes in attention or memory:** BELVIQ may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ affects you.
- **Mental problems:** Taking too much BELVIQ may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
- **Depression or thoughts of suicide:** Call your doctor right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ. Changes to diabetes medication may be needed if low blood sugar develops.
- **Painful erections:** If you have an erection lasting more than 4 hours while on BELVIQ, stop taking BELVIQ and call your doctor or go to the nearest emergency room right away.
- **Slow heartbeat:** BELVIQ may cause your heart to beat slower.
- **Decreases in blood cell count:** BELVIQ may cause your red and white blood cell counts to decrease.
- **Increase in prolactin:** BELVIQ may increase the amount of a hormone called prolactin. Tell your doctor if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
- **Most common side effects in patients without diabetes:** Headache, dizziness, fatigue, nausea, dry mouth, and constipation.
- **Most common side effects in patients with diabetes:** Low blood sugar, headache, back pain, cough, and fatigue.
- **Nursing:** BELVIQ should not be taken while breastfeeding.
- **Drug interactions:** Before taking BELVIQ, tell your doctor if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
- BELVIQ is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

For more information about BELVIQ®, talk to your doctor and see the Patient Information on the reverse side.

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

IMPORTANT PATIENT INFORMATION

Read the Patient Information that comes with BELVIQ® (BEL-VEEK) (lorcaserin hydrochloride) tablets before you start taking it and each time you get a refill. There may be new information. This page does not take the place of talking with your doctor about your medical condition or treatment. If you have any questions about BELVIQ, talk to your doctor or pharmacist.

What is BELVIQ?

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

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

It is not known if BELVIQ changes your risk of heart problems or stroke or of death due to heart problems or stroke.

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

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

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

Who should not take BELVIQ?

Do not take BELVIQ if you:

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

What should I tell my healthcare provider before taking BELVIQ?

Before you take BELVIQ, tell your doctor if you:

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

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

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

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

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

- over-the-counter supplements such as tryptophan or St. John's Wort
- medicines to treat erectile dysfunction

Ask your doctor or pharmacist for a list of these medicines, if you are not sure.

Know all the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

How should I take BELVIQ?

- Take BELVIQ exactly as your doctor tells you to take it.
- Your doctor will tell you how much BELVIQ to take and when to take it.
 - Take 1 tablet 2 times each day.
 - **Do not** increase your dose of BELVIQ.
 - BELVIQ can be taken with or without food.
- Your doctor should start you on a diet and exercise program when you start taking BELVIQ. Stay on this program while you are taking BELVIQ.
- Your doctor should tell you to stop taking BELVIQ if you do not lose a certain amount of weight within the first 12 weeks of treatment.
- If you take too much BELVIQ or overdose, call your doctor or go to the nearest emergency room right away.

What should I avoid while taking BELVIQ?

- **Do not** drive a car or operate heavy machinery until you know how BELVIQ affects you. BELVIQ can slow your thinking.

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions.** BELVIQ and certain medicines for depression, migraine, the common cold, or other medical problems may affect each other causing serious or life-threatening side effects. Call your doctor right away if you start to have any of the following symptoms while taking BELVIQ:
 - mental changes such as agitation, hallucinations, confusion, or other changes in mental status
 - coordination problems, uncontrolled muscle spasms, or muscle twitching (overactive reflexes)
 - restlessness
 - racing or fast heartbeat, high or low blood pressure
 - sweating or fever
 - nausea, vomiting, or diarrhea
 - muscle rigidity (stiff muscles)
- **Valvular heart disease.** Some people taking medicines like BELVIQ have had problems with the valves in their heart. Call your doctor right away if you have any of the following symptoms while taking BELVIQ:
 - trouble breathing
 - swelling of the arms, legs, ankles, or feet
 - dizziness, fatigue, or weakness that will not go away
 - fast or irregular heartbeat

• **Changes in your attention or memory.**

- **Mental problems.** Taking BELVIQ in high doses may cause psychiatric problems such as:
 - hallucinations
 - feeling high or in a very good mood (euphoria)
 - feelings of standing next to yourself or out of your body (disassociation)
- **Depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

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

- **Painful erections (priapism).** The medicine in BELVIQ

can cause painful erections that last more than 6 hours. If you have an erection lasting more than 4 hours whether it is painful or not, stop using BELVIQ and call your doctor or go to the nearest emergency room right away.

- **Slow heartbeat.** BELVIQ may cause your heart to beat slower. Tell your doctor if you have a history of your heart beating slow or heart block.
- **Decreases in your blood cell count.** BELVIQ may cause your red and white blood cell count to decrease. Your doctor may do tests to check your blood cell count while you are taking BELVIQ.
- **Increase in prolactin.** The medicine in BELVIQ may increase the amount of a certain hormone your body makes called prolactin. Tell your doctor if your breasts begin to make milk or a milky discharge or if you are a male and your breasts begin to increase in size.

The most common side effects of BELVIQ include:

- headache
- dizziness
- fatigue
- nausea
- dry mouth
- constipation
- cough
- low blood sugar (hypoglycemia) in patients with diabetes
- back pain

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

These are not all the possible side effects of BELVIQ. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How do I store BELVIQ?

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

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

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

General information about the safe and effective use of BELVIQ.

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

This Patient Information summarizes the most important information about BELVIQ. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals.

For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

What are the ingredients in BELVIQ?

Active Ingredient: lorcaserin hydrochloride

Inactive Ingredients: silicified microcrystalline cellulose; hydroxypropyl cellulose NF; croscarmellose sodium NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C Blue #2 aluminum lake; and magnesium stearate NF.

This Patient Information has been approved by the U.S. Food and Drug Administration.

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What is *Mindful Eating?*

By Cassie I. Story, RD

*"The more you eat, the less flavor;
the less you eat, the more flavor"* CHINESE PROVERB

It wasn't until the cat nudged my leg that I realized my plate was empty. I had been in a trance of sorts. I was watching while uploading a picture of my breakfast to Instagram, mindlessly devouring my plate of eggs.

Did I really just finish my meal without tasting one morsel?

Later that day, lunch was catered for a work meeting. Wilted, sad-looking lettuce, bowls of unidentifiable dressings, and what I only can assume was chicken disguised as cold, slimy cubes. Normally, I would have been prepared and brought food with me. However, the cat's hair had stuck to my pants that morning like a magnet and took longer than normal to remove.

I reluctantly piled the flavorless food onto my plate and sat down. Hanger (hunger induced anger) had set in about an hour beforehand, so I didn't have much choice. My manager began talking as I feverishly shoveled cold, flavorless food into my mouth. Within a few minutes the meal was over.

Did I really just eat that?

The only evidence I had that I actually ingested lunch was the glob of mystery dressing that accidentally fell onto my lap. Clearly, it wasn't my day to be wearing pants!

As I got my daughters ready for bed that evening, a strange question came to mind. "Did I eat dinner?" Let me think. We went to soccer practice, then piano lessons, then came home... Oh yes! I had a handful of pistachios as I was rushing the girls off to take a bath and complete homework. Luckily, my pants did not endure any additional tragedies that day - except for the fact that they were starting to become difficult to button.

After the girls went to sleep and I began my normal adult duties — you know, laundry, dishes and paying bills — I began to think about my tight-fitting pants. It is the first of the year, so it's understandable that they are a little snug. Should I create a meal plan for myself? How about those nifty little "weekly meal prep" ideas I'd been seeing all the CrossFit people post about on Pinterest? Maybe I should do a cleanse?

As I was contemplating various strategies to help loosen said pants, I checked my email for the 203rd time that day (as I was nibbling on more pistachios). I came across an article titled "Mindful Eating: The Missing Piece to Your Health Goals." One click later and I was transported back in time.

Once upon a time (before I had children), I used to enjoy eating. I would look down at my plate and taste with my eyes and nose before the food reached my mouth. I would set the table with fine linens, light a lavender-scented candle, put on soft, classical music and be completely present in the moment. Okay, okay - maybe I wasn't that into enjoying my food, but I had definitely lit candles in the past during dinner, and I'd probably listened to soft music at some point in life.

I read the article with sustained curiosity. Could mindful eating really be the missing link to my waistline woes? I made a decision right then and there; during the next few weeks, I decided to conduct a small study, and by small, I mean a study of one — myself. I was going to dedicate my eating events to being mindful, to honor what I was hungry for and to savoring my food. It was time to shift my focus from what I was eating, to how I was eating.



What is Mindful Eating?

Principals of mindfulness:

- Deliberately paying attention to the present moment
- Being aware of your thoughts, feelings and physical sensations without judgment
- Paying attention to internal and external cues in the moment they are occurring

Mindful eating is:

- Eating food in a way that promotes respect to your body
- Being in the moment while eating, and acknowledging your personal likes and dislikes
- Becoming aware of physical hunger and satiety (fullness) cues to guide your eating choices
- Without judgment, selecting food that is satisfying to you and nourishing to your body

A person who eats mindfully:

- Savors each eating experience
- Is aware of how certain foods feel in their body and makes food choices that support their health and well-being
- Practices mindfulness to promote balance and acceptance of themselves as they are today

While I was preparing for my small study of one, I consulted my favorite scientific source, Google. Where was I going to start? Based on the various articles that I read regarding “mindful eating,” I kept seeing a few common strategies listed:

Mindful Eating Strategies:

- Take five deep breaths prior to each meal.
- Sit down while eating.
- Place your food on an attractive plate or bowl.
- Eat slowly and taste each bite.
- Take small bites.
- Honor your hunger cues, and do not fear hunger.
- Pay attention to satiety cues.
- Once you begin to feel satisfied, stop eating.
- Eat without distraction.
- Carry foods with you that you like and that support your health, in the event that you become hungry when you are out.
- Sip warm tea or water prior to a meal to calm your body.

Preparing for Mindful Eating

Before I started my new mindful eating adventure, I needed to go shopping. Not for new pants, but for food. If mindful eating was going to work, I needed to have my food environment stocked with foods that I enjoyed. I purposefully came to the store without a list. I wanted to focus on purchasing what looked good, instead of focusing on what I “could” or “couldn’t” have.

Mindful Eating continued on following page

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Prefer a Chewable?

See page 13 in this publication for our "1-Once Daily" Bariatric Multi-Vitamin CHEWABLE offer.

First stop, the produce section. The blueberries were mushy. The carrots lacked color. I was sick of apples. Then suddenly, I looked to my left and spotted this gorgeous emerald broccoli, glistening under florescent lights from the shower it just received. Yum. To the right, I noticed ruby red strawberries; I picked them up and used the smell test. Divine. Those would be delicious for breakfast.

As I continued to push my increasingly full cart around the store, I felt empowered. The foods I was choosing were not based on some latest diet craze. They were foods that I liked and made my body feel good. Then I came to the grain aisle and had to pause. I was faced with my first real dilemma. For years I'd been buying brown rice. Recently, I started to purchase quinoa, but you know what? I don't really like quinoa. I know the deal, it's a 'superfood' packed full of fiber, protein and B vitamins, but I just don't like it.

If I was going to honor the rules of mindful eating, which included eating things that I liked, what should I do in this situation? Then something caught my eye, something that hadn't touched my shopping cart in over a decade — white rice. I remember white rice: sticky, slightly sweet and perfect with beef and broccoli. Could I, in good dietitian conscience, buy this?

I surveyed my cart. It was filled primarily with whole foods that I love. I guess adding white rice to it wouldn't be the end of the world.



As I continued to push my increasingly full cart around the store, I felt empowered. The foods I was choosing were not based on some latest diet craze. They were foods that I liked and made my body feel good.

Putting it into Practice

That evening for dinner, I dimmed the lights in the kitchen, and turned off the TV. I sat down at the table and took five deep cleansing breaths. Then I looked down at my plate. Spicy stir fried beef with perfectly steamed broccoli sat on top of a small pile of mouthwateringly sticky white rice. I took a few moments staring at my plate. No judgment, simply admiring this beautiful meal that I created. The first bite was divine. Soft and fluffy, I'd forgotten how much I loved white rice. I savored each and every bite.

My daughters looked at me like I'd gone crazy. Why was their mother making audible pleasure noises while eating? I didn't care. I was reconnecting with something that had long been missing, eating not only for nourishment but also enjoyment. As I continued this tuned-in practice, I noticed after about 10 minutes that I was no longer hungry, and starting to feel a bit full. Not "Thanksgiving let me change in to my sweatpants full," but full-ish. I decided to stop eating and talk to the girls about various things that were going on in their lives. Which boy did my eight year old like this week? And was my six year old excited about her upcoming field trip to the science museum?

After a few minutes of talking, I looked back down at my plate. There was still some food on it, but it didn't look as appealing as it had 15 minutes ago. Another mindful eating rule popped in my head: Stop eating when you are satisfied. Lately, I stopped eating when my plate was empty. I was at a mental crossroads. Do I keep eating or let the meal be over?

I stood up and took my plate to the kitchen, and came back to the table with my daughters while they finished their dinner. It was at that time that I noticed something — my daughters seemed to naturally eat mindfully. They ate when they were hungry. They stopped eating when they were satisfied, and despite all my parenting efforts, they never ate quinoa. They were painstakingly slow eaters, and when they ate, they weren't focused on all of the tasks they still had to complete that day, or what their friend was posting about on Facebook, or if their boss had emailed them. They just ate.

Conclusion

Throughout the next several weeks, I continued to focus on one mindful eating strategy at a time. I was not perfect, but that's okay. I found that some ideas worked very well for me, like taking a few deep breaths before eating, and sitting down to eat. While others weren't my favorite, like eating without distraction and placing my food on a pretty plate (not sure that placing a protein bar on a plate would really work for anyone).

I was slowly beginning to change my eating habits. I found that being present in the moment with eating allowed me to eat less, and enjoy my food more. And you know what else happened? My pants avoided further food-related causalities — the cat, however, just got shaved.

"Part of the secret of success in life is to eat what you like and let the food fight it out inside." — Mark Twain

Additional Resources about Mindful Eating:

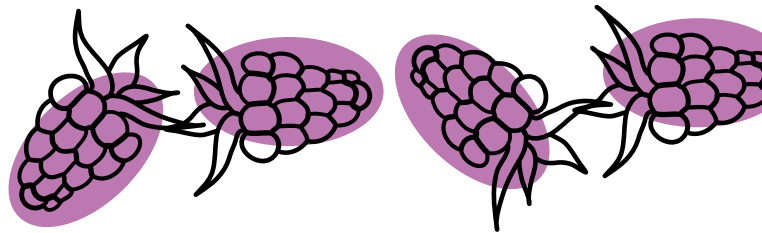
"Intuitive Eating" by Evelyn Tribole and Elyse Resch – A guide to healthy eating based on your personal food needs and your psychological relationship with food.

"Am I Hungry?" by Michelle May, MD – Helping people break the never ending diet cycle. Visit amihungry.com for free resources.

"Eat, Drink, and be Mindful: How to End Your Struggle with Mindless Eating and Start Savoring Food with Intention and Joy" by Susan Albers, PsyD – A collection of more than 70 worksheets that the author uses with her clients to increase mindful eating.

About the Author:

Cassie I. Story, RD, is a dietitian who has been working with bariatric patients for the past 11 years. She also has her own food blog, WLSDailyPlate.com, to help inspire healthy eating following bariatric surgery. She enjoys cooking, hiking and spending time with her two daughters in Arizona.



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BIOLOGICAL CONSCIOUSNESS

Stress Management through Mindfulness and Body Awareness

by Laurel Dierking, MEd, NFPT, 200-YTT



Preface

Stress can adversely affect our health and wellbeing, but what is actually taking place in the body that makes it so worrisome for our health? What exactly is stress, and how does it influence our biological systems? How can a feeling cause an injury or illness? Most importantly, how can chronic stress be managed in order to prevent or reverse negative health effects?

Through mindfulness and breath awareness, the functioning of our entire biological system is shifted, enhancing our mood, decision making skills and improving our chance of experiencing stress. It also improves our perception of stress, or our “health locus of control.”

Nearly all individuals experience acute or chronic mental stress and accept it as a normal part of living in the current day and age. According to the American Psychological Association and the American Institute of Stress, the amount of perceived stress individuals face has increased exponentially in the past five years. Among the top stressors are money, work and personal health. In fact, 52 percent of Americans rated their health as a cause of stress.

Not only has the overall health of Americans steadily declined—as shown by recent research that indicates only 40 percent of Americans rated their health as very good or excellent—but the level of perceived stress has increased three-fold. We have learned we have the greatest influence on our health, happiness and perceived stress than ever thought before.

Chronic stress has the ability to shift our biological functions from a state of wellness and balance, to a state of potential injury, illness and even chronic disease. Stress is commonly thought of as a negative occurrence leading to a range of uncomfortable emotions and symptoms. However, stress can also be the foundation for productivity and innovation. The main distinction lies within our perception and choice responses to the stress.

What is Stress then, If it Can be Both Helpful and Harmful?

Stress can be defined as any situation that disturbs the equilibrium of a living organism (including plants and animals) and forces them to adapt or change. Mental stress can be any situation in which environmental demands—internal demands or both—tax or exceed the adaptive resources of an individual, social system or physical tissue system.

Mental Stress

Mental stress is an internal experience; an experience that interferes with the entirety of our physiological makeup. Not only does stress challenge our mental capacity to adapt, as well as our current state of happiness, it also directly influences our homeostasis (balance). An individual’s belief in the dominance they have over stress also plays a major factor in mental, physical and emotional responses to stress.

These beliefs are what form an individual’s “health locus of control” (the perceived control over health outcomes). Those with a high external health locus of control perceive stress and their response to stress as being out of their control, whereas those with a high internal health locus of control believe that stress responses are influenced at their will. Studies indicate that individuals who have a high external locus of control experience worse health outcomes than those who feel that their health is within their control.

In order for the physical effects of mental stress to be understood, we must start within our internal make up, originating with the tiniest of cells. The human body is made up of trillions of cells, each conducting a magnetic field of energy. The energetic pulse of excitable tissue (i.e. nerves, muscles, etc.) is essentially what brings life to our bodies. Internally, this force field stimulates the function of our metabolism, digestive system, heart rate, hormone production, immunity and even our nervous system’s responses.

The consequences of chronic stress on our energy systems can lead to unfavorable health effects. Symptoms of stress such as elevated heart rate, increased blood pressure, slowed metabolism, tension headaches and anxiety can lead to more severe chronic illnesses. Maintaining a constant level of stress for an extended period of time can trigger adverse health outcomes such as heart disease, weight gain, chronic migraines and even cancer, to name a few.

Physical Stress

So, how does a feeling resonate physically in the body, and what is taking place to decrease our health? The beginning of our internal reactions to stress originates in the brain. The hypothalamus, located in the lower midbrain, is responsible for our primal and instinctual responses. When under stress, the hypothalamus first alarms the body of potential harm by sending nerve signals to the adrenal glands, located above the kidneys. These glands then release a surge of hormones including adrenaline (epinephrine), and cortisol. This communication prompts a series of physical responses including elevated heart rate, increased skeletal muscle blood flow and behavior activation.

Our primal instincts driven by the lower-mid brain take over functioning and instinctual decision making through the influence of the sympathetic nervous system (SNS) (which is responsible for the ‘fight or flight’ response). When operating through the SNS, numerous bodily systems are shut down to focus only on necessary functions. For instance, thyroid functioning is working at a slower pace, insulin production

Biological Consciousness continued on following page



NEED HELP TAKING OFF EXCESS WEIGHT AND KEEPING IT OFF?

Along with a reduced-calorie meal plan and increased physical activity, **FDA-approved Saxenda® can help you lose weight and keep it off.**

- **Some people lost 2.5 times more weight with Saxenda®** vs placebo (17.3 lb vs 7 lb) in a medical study. Study participants had an average starting weight of 234 lb and an average body mass index (BMI) of 38^a
- **Weight loss was maintained with Saxenda®** in another 1-year medical study,^{b,c} in which 8 out of 10 people were able to lose 5% or more of their weight within 4 to 12 weeks with a low-calorie meal plan alone. In addition, at the end of this study, on average, people who were on Saxenda® were able to achieve an additional 6.2% weight loss

^aThese results were from a 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. On average, there were 27% of people on Saxenda® and 34% on placebo who did not complete the studies. In the study, 62% of patients on Saxenda® lost ≥5% body weight (34%, placebo) and 34% lost ≥10% body weight (15%, placebo). Significant weight loss was evaluated only at 56 weeks, as per study design.

^bA 56-week trial of adults with excess weight (BMI ≥27) with at least 1 weight-related condition, or obesity (BMI ≥30), not including patients with type 2 diabetes. This study was designed to measure weight loss (beginning to end of trial), ability to keep weight off (didn't gain >0.5%), and those who achieved ≥5% weight loss.

^cResults may not reflect those expected in the general population.

Ask your health care professional about Saxenda® and learn more at Saxenda.com

What is Saxenda®?

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

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

Important Safety Information

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

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

1. Possible thyroid tumors, including cancer. During the drug testing process, the medicine in Saxenda® caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda® will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.

- Before you start taking Saxenda®, tell your health care professional if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Do not take Saxenda® if you or any of your family members have medullary

thyroid cancer, or if you have MEN 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda®

- While taking Saxenda®, 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

2. Inflammation of the pancreas (pancreatitis), which may be severe and lead to death.

Before taking Saxenda®, tell your health care professional if you have had:

- pancreatitis, stones in your gallbladder (gallstones), a history of alcoholism, high blood triglyceride levels

While taking Saxenda®:

Stop taking Saxenda® and call your health care professional right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

Who should not use Saxenda®?

Do not use Saxenda® if:

- you or any of your family members have a history of medullary thyroid cancer
 - you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body
 - you are allergic to liraglutide or any of the ingredients in Saxenda®
- Symptoms of a serious allergic reaction may include:

- swelling of your face, lips, tongue, or throat, fainting or feeling dizzy, very rapid heartbeat, problems breathing or swallowing, severe rash or itching

Talk with your health care professional 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

Please see brief summary of Prescribing Information on adjacent page.

If you would like more information, please speak to your health care professional. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



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Saxenda®
liraglutide (rDNA origin) injection

Saxenda[®]

liraglutide (rDNA origin) injection

Brief Summary of Information about Saxenda[®] (liraglutide [rDNA origin] injection)

Rx Only

This information is not comprehensive. How to get more information:

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling
- Call 1-877-484-2869

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

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

- 1. Possible thyroid tumors, including cancer.** During the drug testing process, the medicine in Saxenda[®] caused rats and mice to develop tumors of the thyroid gland. Some of these tumors were cancers. It is not known if Saxenda[®] will cause thyroid tumors or a type of thyroid cancer called medullary thyroid cancer in people. If medullary thyroid cancer occurs, it may lead to death if not detected and treated early. If you develop tumors or cancer of the thyroid, your thyroid may have to be surgically removed.
 - Before you start taking Saxenda[®], tell your healthcare provider if you or any of your family members have had thyroid cancer, especially medullary thyroid cancer, or Multiple Endocrine Neoplasia syndrome type 2. Do not take Saxenda[®] if you or any of your family members have medullary thyroid cancer, or if you have Multiple Endocrine Neoplasia syndrome type 2. People with these conditions already have a higher chance of developing medullary thyroid cancer in general and should not take Saxenda[®].
 - While taking Saxenda[®], 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.

- 2. Inflammation of the pancreas (pancreatitis),** which may be severe and lead to death.

Before taking Saxenda[®], tell your healthcare provider if you have had:

- pancreatitis
- stones in your gallbladder (gallstones)
- a history of alcoholism
- high blood triglyceride levels

These medical conditions can make you more likely to get pancreatitis in general. It is not known if having these conditions will lead to a higher chance of getting pancreatitis while taking Saxenda[®].

While taking Saxenda[®]:

Stop taking Saxenda[®] and call your healthcare provider right away if you have pain in your stomach area (abdomen) that is severe and will not go away. The pain may happen with or without vomiting. The pain may be felt going from your abdomen through to your back. This type of pain may be a symptom of pancreatitis.

What is Saxenda[®]?

- Saxenda[®] is an injectable prescription medicine that may help some obese adults 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 members have a history of medullary thyroid cancer.
 - 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[®]. See the end of this Medication Guide for a complete list of 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
 - severe rash or itching

Talk with 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.

What should I tell my healthcare provider before using Saxenda[®]?

Before taking Saxenda[®], tell your healthcare provider 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[®]. See the end of this Medication Guide for a list of 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 kidney or liver problems.
- have or have had depression or suicidal thoughts.
- have any other medical conditions.
- are pregnant or plan to become pregnant. Saxenda[®] may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda[®]. If you are pregnant you should stop using Saxenda[®].
- are breastfeeding or plan to breastfeed. It is not known if Saxenda[®] passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda[®] or breastfeed. You should not do both without talking with your healthcare provider first.

Tell your healthcare provider about all the medicines you take including prescription and non-prescription 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 other diabetes medicines, especially sulfonylurea medicines or insulin.

Know the medicines you take. Keep a list of them with you to show your healthcare provider and pharmacist each time you get a new medicine.

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 or needles with another person. You may give an infection to them, or get an infection from them.

What are the possible side effects of Saxenda[®]?

Saxenda[®] may cause serious side effects, including:

- **possible thyroid tumors, including cancer.** See "What is the most important information I should know about Saxenda[®]?"
- **inflammation of the pancreas (pancreatitis).** See "What is the most important information I should know about Saxenda[®]?"
- **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)
 - fever
 - yellowing of your skin or eyes (jaundice)
 - 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
- sweating
- headache
- drowsiness
- weakness
- dizziness
- confusion
- irritability
- hunger
- fast heartbeat
- feeling jittery

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

- **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.

Common side effects of Saxenda[®] include:

- nausea
- constipation
- vomiting
- decreased appetite
- tiredness
- stomach pain
- changes in enzyme (lipase) levels in your blood
- diarrhea
- low blood sugar (hypoglycemia)
- headache
- upset stomach
- dizziness

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

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“MINDFULNESS involves stopping, paying attention and becoming aware of the present moment’s realities in a non-judgmental way.”



is decreased and blood flow to the digestive system is less, resulting in slower metabolism and reduced nutritional intake. When cortisol is being released during this state, fat storage is increased in order to ensure survival.

This phenomenon is a factor contributing to the current epidemic of obesity. In females, stress has also been linked with the disruption of the normal menstrual cycle. Prolonged exposure to stress can lead to severe sexual malfunction including the inability to ovulate, menstrual irregularities, infertility and the complete impairment of reproductive functions.

Managing Your Stress with Mindfulness

So, how can stress be managed, reduced or even eliminated, in order to reverse or halt the harmful effects of it? The power to influence your reactions to stress and build resilience can be achieved through mindfulness, self-awareness, acknowledging our own intuitive guidance system and practicing stress management techniques such as yoga


and meditation, amongst others. Mind and body awareness allows individuals to influence their susceptibility to stress or trauma on the physical body.

Understanding and expanding our health locus of control by challenging negative thoughts has long been used to decrease stress and improve quality of life. Fortunately, mindful awareness can be practiced and learned no matter where you are in your current state of stress! In this context, mindfulness refers in part to the heightened awareness of an outside stress as the first step toward relaxing, in a way that can minimize the effects of that stress on the body.

Practicing Breath Awareness

The foundation for a healthier condition of living can be achieved most readily through breath awareness. Simply taking the time to breathe with awareness has the power to shift our functioning from the SNS to the parasympathetic nervous system (PNS), the





As we learn to shift our focus to what is under our control, rather than what is not, we enhance our internal health locus of control. This empowering shift reveals the choice we have concerning how long we decide to be confined by the emotional effects of stress, and is also determines the severity of our biological responses to the stress. Breath is the optimal place to begin when cultivating a greater sense of self, because it brings your mind into the present moment and away from fear of the future. Accompanied with exercise, positive social circles and nutritionally balanced diets, mindfulness fosters a greater quality of life.

Conclusion:

The connection between stress and the onset or manifestation of physical ailments has more recently been accepted in Western culture. By expanding our health locus of control, the biological responses to stress and our influence of these responses through mindful breath awareness can significantly reduce our risks for the adverse health effects of stress. However, stress need not be present in order to increase your quality of life through mindfulness.

Mindfulness, meditation, a healthy active lifestyle and compassion for yourself encourages a joyful experience in life, and can be practiced during even the busiest times in your life. We are in control of how we perceive and respond to situations, and by practicing the shift of our focus from negative to positive while remaining in the present moment, we'll see our lives be enriched through the power of choice with happiness beyond our greatest expectations.

Namaste

About the Author:

Working within the health field for five years, Laurel Dierking MEd, NFPT, YYT-200, is passionate about cultivating body, mind and spirit awareness through holistic health practices. As a health and fitness professional and yoga instructor at JKFITNESS, Ms. Dierking strives to guide individuals on a path to self-awareness, long-term functional fitness and weight-loss management.



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Dear Doctor

What Can I Do to Treat My GERD?

“As I work to combat my weight gain, I notice myself experiencing more acid reflux-like symptoms. What is this, and is there anything I can do to alleviate it?”

Answer provided by Gary Reiss, MD

Do you experience chronic heartburn? If so, you could be affected by gastroesophageal reflux disease (GERD). Many individuals with excess weight may be at risk for GERD. In fact, GERD affects roughly 60-70 percent of the population with severe obesity, versus 10-20 percent of the average population.

There are a few reasons for the difference. For some individuals, it is believed that excess weight may press on the stomach, forcing its contents back up into the throat. Overeating may also increase the incidence of reflux, as an over-full stomach stretches the muscles at the top of the stomach, which are designed to keep stomach contents out of the throat.

In patients who have had bariatric surgery, the procedure and resulting weight-loss may resolve GERD symptoms, but for others, GERD continues even after a successful amount of weight is lost following surgery.

GERD occurs when the sphincter muscle between the throat and the stomach allows contents from the stomach to reflux back up into the throat. This continual “wash” of acid, bile and other contents irritates the lining of the throat, which may lead to a condition known as Barrett’s Esophagus, a pre-cancerous condition.

If ignored for too long, this chronic condition may result in throat cancer, which, according to the National Cancer Institute, is the fastest-growing cancer in the United States.

What You Can Do about Your GERD

The first strategy for addressing GERD symptoms is lifestyle changes. Doctors recommend eating more frequent and smaller meals, and not eating for at least two to three hours before bed. Some patients find relief from nighttime symptoms by elevating the head of their bed 4-6 inches, either with additional pillows, or raising the end of the bed on blocks.

When Lifestyle Changes Don’t Work

Treatments for GERD begin with the least invasive options and later progress to surgery, such as:

1. Medications
2. Non-Surgical Endoscopic Treatment
3. Anti-Reflux Surgery

If lifestyle changes are ineffective, the next line of treatment is medications, generally proton pump inhibitors (PPIs), which are designed to reduce acid production. However, 30 - 40 percent of patients still have symptoms despite the use of medication.

For these patients, a non-surgical endoscopic treatment called “Stretta” may be a good treatment option. This therapy uses radiofrequency (RF) energy to apply low levels of heat to the muscle that is in between the stomach and the esophagus (the tube leading into the stomach). This improves the structure of the muscle, and helps prevent stomach contents from refluxing up into the throat. The procedure is performed through the mouth, on an outpatient basis, usually under conscious sedation. It is safe and proven to be durable; 10-year studies have shown it to be effective a decade after it is performed.

For some patients, doctors may recommend an anti-reflux surgery called a laparoscopic fundoplication. This procedure reinforces the barrier between the stomach and the esophagus by wrapping the stomach around the lower part of the esophagus. This procedure is generally reserved for patients who have not responded to other forms of treatment.

Foods that Can Trigger GERD Symptoms

For some people, certain foods may trigger GERD symptoms. These may include:

- Alcohol, coffee and other caffeinated beverages
- Chocolate
- Peppermint
- Fatty foods
- Spicy foods, such as chili, curry or salsa,
- Foods high in acid, such as tomatoes and tomato-based dishes and citrus fruits



Special Considerations for GERD in Patients with Obesity

Patients with excess weight have more to think about when considering treatment options for their GERD symptoms:

- Vitamin deficiencies and drug interactions may create problems for patients with obesity who have been prescribed PPIs, especially large doses, and especially when the patient still has chronic symptoms despite the medications prescribed.
- Patients with excess weight may not be good candidates for anti-reflux surgery, due to the historically high failure rate of this procedure in patients with obesity.
- Patients who have undergone bariatric surgery are not candidates for anti-reflux surgery due to their altered anatomy.
- For gastric sleeve patients with chronic GERD that is not responding to medication, one option may be a surgical conversion from sleeve to roux-en-y gastric bypass. But for patients who have had successful sleeve procedures, this may not be a preferable choice.
- Endoscopic treatment may be an ideal option in patients with obesity and patients who have chronic GERD after bariatric surgery, because it is non-surgical, it is performed through the mouth and it doesn't alter or interfere with the anatomy. Additionally, all surgical options are still possible after this therapy.

Talk to Your Doctor about Your GERD

Regardless of your weight or surgical history, if you experience GERD symptoms, it is important to speak to your doctor. Generally, most doctors will conduct an upper endoscopy to better evaluate a patient's condition. This is usually done under conscious sedation, and involves inserting a catheter (a thin medical tube) with a camera attached down the throat. This allows the doctor to "see" the tissue in the throat and to evaluate the muscle at the top of the stomach. Other tests may be called for, depending on the actual symptoms and their severity. After evaluating the patient's condition, the doctor will discuss options for treatment.

The most important thing patients should know about GERD is that treatment options are available, no matter your BMI or your bariatric surgery history. GERD is a serious health condition and should not be ignored.

About the Author:

Gary Reiss, MD, is a gastroenterologist at the Louisiana State University Health Sciences Center in New Orleans. Dr. Reiss received his medical degree from Louisiana State University in New Orleans in 2002 after graduating from Stanford University. In addition to standard endoscopic procedures, Dr. Reiss performs HALO ablation of Barrett's esophagus, hemorrhoidal treatment, liver biopsy and Bravo acid reflux testing. Dr. Reiss practices at the Marrero office of Metropolitan Gastroenterology Associates, where he has been practicing since 2008. He is board certified in gastroenterology, and has been published in a variety of professional journals. He has been recognized as a "Best Doctors" in an issue of New Orleans Magazine.

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Fitness Apps to Get Your Child

MOVING!

by Elizabeth Engasser

Disclaimer: Before having your child begin any exercise, please check with your child's pediatrician or your primary care physician to ensure you're choosing a safe and effective exercise routine.

In an age of smartphones and tablets, encouraging people to get moving and exercise can be a challenging task — even when it comes to our children.

Marc Major had this same thought when he created his app, *Treasure Dash*. “If your kids are like most, they enjoy upbeat, colorful games on the iPhone or iPad, but all that sitting around isn’t always good,” his game’s description reads on the Apple App Store.

Major isn’t wrong — according to the President’s Council on Fitness, Sports and Nutrition, only one in three children are physically active every day, and children nowadays spend more than seven and a half hours a day in front of a screen, whether it’s a TV, computer or a smartphone/tablet.

Wanting to create a way for kids to have fun and stay active, Major launched *Treasure Dash* and quickly saw the impact it could make on a child’s willingness to exercise. “I have footage of a friend’s son, he’s 10 years old, playing on a mini trampoline,” Major said. “He’s not motivated to do it by himself, but with this game, it becomes a whole new kind of fun exercise that he loves to do.”

Want to help your kid stay healthy, in spite of all the screen time? Check out these smartphone apps and games that encourage exercise, nutritional awareness and more:

Treasure Dash – Race for Lost Wonders

Developer: Cardiogaming, LLC
Cost: FREE
Platforms Available: iOS

This game is played by standing up and jumping in place to get your character to move, who will move



Treasure Dash

around in the game as you move! By tapping the buttons on the screen, you can jump, attack and collect coins, jewels and fruit (the fruit gives you power ups!). While moving around at a quick pace can be exciting, take note: monsters can come out and attack you from any direction, so being alert is key! Future developments to this game may include a multiplayer setting, so your children will all be able to play together for extra fun.

7 Minute Workouts with Lazy Monster

Developer: Ihar Sviryd
Cost: FREE (Offers In-App Purchases)
Platforms Available: iOS

The Center for Disease Control & Prevention recommends children get at least 60 minutes of exercise a day, and this app makes it easy for you to not only keep track of this, but to exercise right alongside your children! In “*LazyMonster*,” a little orange monster leads various workouts that don’t require any exercise equipment and can be completed in 30-second intervals — totaling up to 7 minutes of exercise by the end of each session. To keep kids coming back, the game has a built in rewards system that provides experience points and unlocks even more workouts.

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An App that Teaches Healthy Eating!

Eat & Move-O-Matic

Company: Learning Games Lab,
New Mexico State University
Cost: FREE
Platforms Available: iOS

This app is an informative way for children to learn how many calories are in the foods they eat, and how long they'll have to exercise to burn them off. Most of the foods are generic, such as sandwiches and juices, but by rotating the activity wheel, your kids can be inspired to try out various activities, such as soccer, dancing and household chores.

NFL Play 60

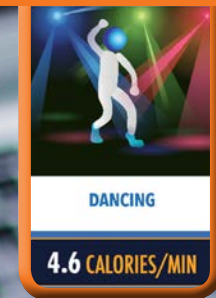
Company: American Heart Association
Cost: FREE
Platforms Available: iOS, Android

This game gets your children up and moving in place to outrun a coach following you in this endless running game. Collect coins to earn points, and along the way grab football power-ups and hearts for extra lives. As your child progresses through the game, they can unlock new characters, more power-ups and check out fitness tips for how to stay active outside of the game.

Eat & Move-O-Matic



Eat & Move-O-Matic



MotionMaze

Company: Digidio Interactive, Inc.
Cost: FREE
Platforms Available: iOS

Have your kids get up and move while hunting for buried treasure! This app has a treasure hunting character that the player controls through walking (we tried it walking up and down the hallways of our office). Arrows on each side of the screen allow the player to rotate the direction that the character is moving so they can navigate to the buried treasure. At the completion of each maze, a new one is unlocked to keep the adventure going.



This one's great for adults, too!

Yaye – Fitness Motivation and Chat for Small Groups

Company: YAYE, LLC.

Cost: FREE

Platforms Available: iOS

A support system is vital for sticking with your fitness goals, and this app from creator Mike Salvaris helps you stay in touch with your team — even from great distances.

“Yaye” is an app that helps you connect with others to stick together while achieving like-minded exercise goals such as frequency of exercise, daily steps and overall weekly activity. This application ties in well with the iPhone’s health kit settings and provides opportunities for users to connect with others on their journey to better health.

Salvaris, who says the app has been used by support groups, grandparents with their grandkids and even members of various organizations (including the Obesity Action Coalition!), explained that the overall mission of this app is simple: to motivate people to move at the support of their friends and family.

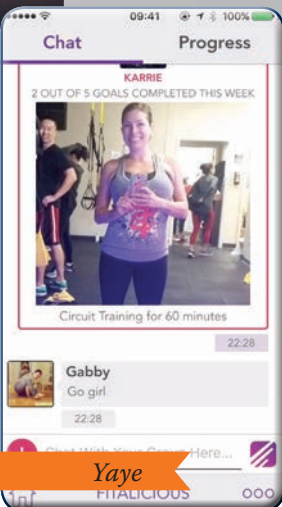
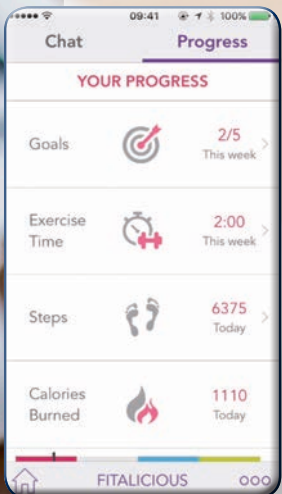
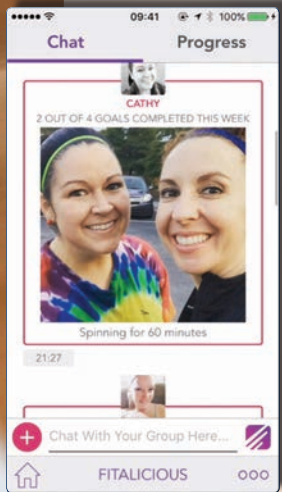
“It’s not just (an app) where you get on it and someone’s yelling at you to do something,” Salvaris said. “Instead of just hassling someone (to exercise), you’re actually doing something together, and I think that’s the thing that’s really resonating with people.”

Conclusion

By thinking outside the box, technology will continue to progress and there will be even more apps released that encourage movement and get kids and adults alike active. Setting a good example and exercising alongside your children is a great way to keep the momentum going, and keeping them motivated to get up and move!

About the Author:

Elizabeth Engasser, is the Creative Content and Outreach Coordinator at the Obesity Action Coalition. She has worked in the nonprofit sector for more than two years.



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Reap All of the Benefits from Running

by Anthony J. Wall, MS, ACE, PT

Running is a trend that continues to grow in the U.S. In 2013, more than 30 million people ran at least once per week. The simplicity and effectiveness of a running program as a form of aerobic conditioning, weight management and athletic conditioning makes this type of activity appealing to such a broad audience. As a form of activity – and as a mode of transport – running is an inexpensive option for someone interested in becoming more active. At a more basic level, human beings are designed to move.

To this day, there are small populations of groups around the world that still lead a hunter-gatherer lifestyle. For these populations, being active and being able to run are necessary survival skills to be able to secure food and avoid danger. For most people, however, we live in a society where running is no longer necessary for basic survival, but used as a form of recreation or competition.

HOW WE LEARN TO RUN

It's important to understand that running is skill. Like most skills, to be proficient in it and to prevent injuries, we need to understand how to do it correctly. For many adults, the skill of running has been lost from years of inactivity or little running. Through the natural process of human development we learn at a young age to crawl, stand, walk, run and then sprint. Kids love to run and often run everywhere, but if we don't maintain a running lifestyle, the skill can be lost.

Years later as an adult, we decide to 'get back' into running, and if we've lost the skill, we need to retrain our body and our brain in how to perform the skill effectively and efficiently. One of the first keys to injury-free running is to understand the impact that a well-structured running program can have and the impact a poorly-designed program can have as well!

CARDIOVASCULAR EXERCISE

The question is often asked – how long do I need to run to get some benefit? We need to answer another question as well: how fast are you going to run?

While time or 'duration' is important, intensity is also a factor that can be manipulated. In general terms, one's training session will be dictated either by its duration or its intensity. In other words, we can either run for a longer time at a lower intensity or we run for a shorter time and manipulate our intensity to create an appropriate training effect.

An example of this would be running up a hill and walking back down, and repeating that combination a number of times or running on a trail that consists of hills. These sessions would feel quite different from running at a constant pace on a flat road. In this article, we are going to discuss lower intensity running as we are focusing on the trend of running as for the general public – opposed to the trend of higher intensity style training.

Our bodies are designed to be stressed. When we pick up a heavy object or run up and down a flight of stairs, we are stressing the body. When we increase our heart rate, we are exerting a stress on the body. The body's muscles and organs have the ability to adapt to physical activity. We adapt in certain ways to certain types of activity or stress. It is this amazing ability to adapt to physical activity that allows us to adjust to an activity, and over time we see this adjustment as "getting more fit."

This adaptation is also one of the reasons we can plateau if we don't change up a program from time to time. While there are number of physiological changes that the body goes through, the general outcome is that we feel "more fit," or "stronger." If we understand this concept of adaptation, we can then begin to explore the question of how long we need to run to gain a benefit.

As soon as we start running, our bodies start the process of adapting to the activity. These adaptations are not generally observed or measurable until at least two to three weeks into a well-structured program.

The traditional measurement in aerobic training is the “VO2 max.” VO2 max can be thought of as the maximum amount of oxygen a person can use each minute. This can be defined as a person feeling as though they can run faster or longer for a given period of time. Physiologically, there are a number of adaptations happening in the body – the outcome is that we are getting “more fit.”

THREE MAIN COMPONENTS OF A RUNNING EXERCISE

There are three main components of a training session – the warm-up, the conditioning phase and the cool down phase.

The warm-up should typically last 5-10 minutes and will include some low-to-moderate intensity activities. The warm-up could include some running or walking to benefit the cardiovascular system, and could also include some movement and mobility type activities if the individual wishes to have a more comprehensive warm-up. An experienced individual may also include some brief bouts of a higher intensity activity if it fits in with their goals.

In some circumstances we can do a very gradual warm-up with the intensity of the conditioning phase, being such that there isn't really a big difference in the feel of the two phases. An example of this would be starting out on a flat road, and simply walking or running more slowly, then gradually speeding up. The cool down phase would reverse the warm-up phase.

The other option is to have a gradual warm-up, and then a more pronounced conditioning phase. In this example, the conditioning phase following the warm-up would be noticeably more challenging. Running up a hill would provide the most challenging increase at the start of the conditioning phase. Both are examples of effective ways to progress through a training session, and the individual can choose the most suitable method based on their experience and training ability. When in doubt about which method is best for you, err on the side of caution and start slowly.

While we have recommended guidelines on aerobic training, these guidelines should be considered in conjunction with an individual's current fitness level and their individual goals and needs. Our goals should always come first and then we can use these guidelines to define the program.

Benefits from Running continued on following page



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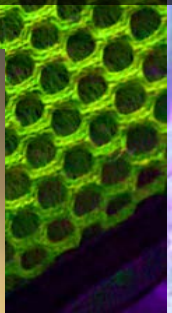
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GENERAL GUIDELINES FOR CARDIOVASCULAR ACTIVITY

In 2008, the U.S. Department of Health and Human Services provided a comprehensive list of recommendations for aerobic exercise. The recommendations follow evidence that health benefits will occur with at least 150 minutes a week of moderate to intense aerobic activity, or 75 minutes per week of vigorous to intense aerobic physical activity.

If an individual completes at least 150 minutes per week of aerobic activity, they can expect to see health benefits. These activity minutes can be completed in as little as two days, however current recommendations suggest completing some form of activity can be more beneficial when completed on a minimum of three days per week. Additional benefits can be obtained if more exercise is accomplished above the recommended 150 minutes per week. In combination with these recommendations, we also use the American College of Sports Medicine's guidelines that address frequency and intensity as well.

These guidelines work well for many individuals who participate in running activities as many of those people who run regularly use some form of a heart rate monitor. If an individual wishes to run on a minimum of three days per week, they should exercise at a vigorous intensity, equating to less than 60 percent of their heart rate reserve. If they participate in this activity on a minimum of five days, then the intensity is reduced to between 40 – 60 percent of their heart rate reserve, or a moderate intensity to get the same amount of health benefits.

The heart rate reserve is one of the accepted methods used to determine intensity, and it considers both one's maximal heart rate and their resting heart rate. While all heart rate formulas have a margin of error, they provide a more simple method to estimate intensity and are good to use as a general guide. There are also other methods to gauge intensity. We recommend finding one that fits your goals and to use that method, and over time you'll become more proficient in understanding your heart rate and how to increase or decrease your workout intensity to get the desired effect.

CONCLUSION

To find out how long you need to benefit from running, we would need to know quite a bit more information about you, your body and your fitness goals. We do have some well-established minimums for health benefits, but the first step is to determine what you wish to accomplish. If your goal is to improve your overall health, then we can use the recommended guidelines as a roadmap to either work toward or start from. As you become more experienced, you can start to manipulate your intensity and duration to provide a great challenge and workout to yourself.

If you're new to running, starting with two sessions a week is a good place to begin with at a more moderate intensity. Slowly build up to 150 minutes of activity per week. For many individuals starting out with 5-10 minutes of walking or running, each session is sufficient. You can then build from there each week as they feel more comfortable.

Remember, running is a skill that needs to be practiced and mastered. Adopt a realistic, sensible approach to your running, and the benefits will come. Intensity is a very important aspect of any exercise program, and needs to be covered in a more comprehensive fashion.

About the Author:

As the Director of Professional Education for the American Council on Exercise (ACE), Anthony J. Wall, MS, ACE, PT, oversees all continuing education courseware development including live workshops, webinars and online courses. Wall's strategic leadership sets the course for ACE professional education.

With more than 20 years of experience in the fitness industry, Wall shares his expertise at industry workshops and conferences around the globe. He is often used as an expert within the media in a variety of respected national outlets including *The Washington Post*, *The Good Life Magazine*, *Real Health Magazine*, *Women's Health* and more.



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Nutrition Label

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Changes for a Healthier Tomorrow

by Sarah Muntel, RD

Things are changing for nutrition fact labels, and in a good way for consumers! The Food and Drug Administration (FDA) is proposing an update to the nutrition facts label found on the foods you eat every day, and these labels can be your ticket to good health. This can be achieved by providing us with needed information, like the content of carbohydrates, fat and sodium in the foods we are choosing, to name a few.

Food labels make it easy for consumers to make choices based on the information they receive on the label, and they give you a true picture of the food you are eating. When the label is used correctly, it can guide people to choose the right foods to improve their health.

Labels work well as long as you understand them. Many times, consumers can be overwhelmed and confused when reading food labels. Consumers report that they look for things like fat, sugar and carbohydrates. When they are asked how much of each they aim for, there is much confusion. People know what to look for, but are sometimes unsure of the targets. With the proposed changes to the current food labels, consumers will have an easier time finding the nutritional information they are looking for.

The History of Nutrition Fact Labels

Food labeling has not been around forever. The Nutrition Labeling and Education Act (NLEA) came about in 1990 and gave the FDA the authority to require nutrition labeling on foods. In 1994, this rule became effective, and with the addition of this powerful tool, health conscious Americans know what really is in the foods they eat every day.

The only additional change to these labels since 1994 has been the addition of listing trans-fat in 2008. In 2014, the FDA released a proposed revamp to the food label and asked for comments. They have received plenty, with nutrition professionals from all over giving their recommendations for the new label. Public commenting is now closed, and we are waiting for the final version to arrive. Once this information is released, manufacturers will have two years to put the guidelines in place.



Old Label

Nutrition Facts			
Serving Size 2/3 cup (55g)			
Servings Per Container About 8			
Amount Per Serving			
Calories 230	Calories from Fat 40		
% Daily Value*			
Total Fat 8g	12%		
Saturated Fat 1g	5%		
Trans Fat 0g			
Cholesterol 0mg	0%		
Sodium 160mg	7%		
Total Carbohydrate 37g	12%		
Dietary Fiber 4g	16%		
Sugars 1g			
Protein 3g			
Vitamin A	10%		
Vitamin C	8%		
Calcium	20%		
Iron	45%		
* Percent Daily Values are based on a diet of other people's secrets.			
Your daily value may be higher or lower depending on your calorie needs.			
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g



Below are some of the proposed changes. Many of the changes will provide more clear information for consumers. By making the label user-friendly, it will be easier to make good choices that will impact long-term health.

What's New on the Nutrition Fact Labels?

1. Serving Size

Out with the old:

Have you ever eaten a bag of crackers or cookies and then looked at the label and realized you just ate two or three servings? This happens all the time and can be a big problem that compounds today's obesity epidemic. An individual bottle of juice, which looks like a single serving, is sometimes 2-3 servings or an individual package of crackers may actually contain two servings.

Serving sizes listed on packages sometimes fall short of what people actually eat. Eating a "normal serving" of ice cream is sometimes three times the serving listed on the package. If people don't realize this, they can pack in more calories, sugar and fat than they thought they would.



New Label

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per 2/3 cup	230
Calories	
% DV*	
12%	Total Fat 8g
5%	Saturated Fat 1g
	<i>Trans Fat</i> 0g
0%	Cholesterol 0mg
7%	Sodium 160mg
12%	Total Carbs 37g
14%	Dietary Fiber 4g
	Sugars 1g
	Added Sugars 0g
	Protein 3g
10%	Vitamin D 2mcg
20%	Calcium 260mg
45%	Iron 8mg
5%	Potassium 235mg
* Footnote on Daily Values (DV) and calories reference to be inserted here.	

2

4

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Serving Size (Continued)

In with the new:

With the new label, the serving size and servings per bag will be closer to what Americans actually eat. Realistic serving sizes will help Americans gauge what they are eating. This will cut down on the confusion for sure, and people can get a more accurate picture. Also, items that are packaged as a single serving will be marked as a single serving. A bottle of juice or individual package of crackers will be labeled as one, not two servings.

2. Calories

Out with the old:

In the current label, calories are the same font size as every other item on the label. This is fine, but it is easy to glaze over them when scanning the label.

In with the new:

Notice the font. It's bigger! Everyone needs to have a ballpark idea of how many calories they need each day. This helps by making it big, really big. If you have a general idea and can see the amount listed in bold letters, you can decide if it fits into your calorie budget.

Nutrition Label Revamp continued on following page

New Cookies & Cream Flavor. Absolutely delicious.

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*In a taste test with bariatric patients, Cookies & Cream flavored High Protein Meal Replacement (HPMR) nutritional drink received a high rating for taste and texture.

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3. Calories from Fat

Out with the old:

On the first version, the label listed how much and how many of the total calories came from fat. This was another guide to give consumers an idea of how much fat they were taking in every day. It was often confusing for people because many consumers focus on total fat grams.

In with the new:

In the updated label, calories from fat have been deleted. Why? The newer emphasis is on types of fat instead of total fat. We now know, all fats aren't created equal. Instead of looking at calories from fat, the focus is the type of fat. Limiting saturated fat and trans fat is far more important.

4. Added Sugars

Out with the old:

With the first label, there was not such a big emphasis on sugar. We have learned throughout the years that sugar is something we need to be aware of and monitor closely. With the current label, you can see how much total sugar is in the product, but you don't really know where that sugar comes from. For example, sugars from milk or an apple could look the same as sugars from a cookie on the current version. We know this is not the case, and this can be quite confusing. It is easy to think skim milk or light yogurt has too much sugar, when in reality, this sugar comes naturally from lactose.

In with the new:

With the new label, added sugars are listed directly on the label. This gives consumers a chance to see how much sugar is added to a product vs. what occurs naturally. For example, applesauce would contain sugar (fructose, which is naturally occurring), but now you can see if there was any sugar added to the product.

5. Essential Nutrients

Out with the old:

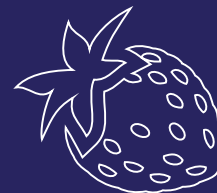
Vitamin A, vitamin C, iron and potassium are listed, along with their percent daily value. This means if you are eating a 2,000 calorie diet, the current label lists what percent you are taking in of your total needs per day. This is nice information, but doesn't mean a lot for those of us who don't eat a 2,000 calorie diet.

In with the new:

There are changes in the nutrients listed. The focus is now on vitamin D, iron, calcium and potassium. We still see the information on percent daily value, but we also see how much of each nutrient is in the product per serving. This is helpful if you are monitoring your intake, and can be a great way for you to keep tabs on these nutrients.

Conclusion

The nutrition fact label is such an important tool, but as with any tool, it only works if you use it. It is the hope that with this revised nutrition fact label, consumers will be able to easily decipher it, make good choices and improve their overall health. Small changes to an individual's diet can make a big impact on their health. There are many tools available to the public to improve their health and well-being, and as resources are improved, revamped and become more user-friendly, the public has the most up-to-date information to live a healthier lifestyle.



About the Author:

Sarah Muntel, RD, is the Bariatric Coordinator at Community Bariatric Surgeons in Indianapolis, IN. She has 15 years of experience working with bariatric patients and loves to work with people as they change their lives and improve their health. Her favorite part of her job is her weekly support group. In her free time, Sarah enjoys spending time with her husband and three children.



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