

Weight

FALL 2019

FOR YOUR HEALTH

Matters

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OAC

Obesity Action Coalition

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FOR YOUR HEALTH

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YOUR STRENGTH. OUR PLAN.

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Weight FOR YOUR HEALTH Matters

Fall 2019 | Volume XV | Issue I

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

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Message from the



**Chairwoman
of the Board**

Hello Everyone,

As I write this, I'm still supercharged from an amazing in-person weekend spent with many of our Community Members! If you can make it to a *Your Weight Matters* Convention & EXPO, I highly recommend it. It is an incredibly motivating experience, from the top-notch education and learning you can carry into your daily lives for improving your health to the strong feeling of community and belonging that is experienced. This Convention fills your soul.

Make plans now to join us next year in Las Vegas, July 9-11, 2020, at the Westin Lake Las Vegas Resort and Spa!

I was inspired to see so much involvement during the OAC's "I Am Not My Weight" Campaign activity during YWM2019. There are many things that define each of us, but weight should not be one of them! During the opening session, we defined who we are beyond the numbers on a chart, beyond the scale, beyond a size on a tag, beyond what society often defines us by... our weight. It's no surprise that we are so much more than those numbers. We are an amazingly diverse community with different interests, skills, knowledge and perspectives. Our diversity is our strength. We are a community of loud voices and quiet voices. Some of us prefer to silently write an email or tweet or click and share a message online, while others will speak to a room full of people. And some others prefer to share with those closer to them. We are a community for everyone. You are welcome and you are needed.



YWM2019 attendees take part in the "I am Not My Weight" Campaign.

*"No one can whistle a symphony. It takes an orchestra to play it."
- H.E. Luccock*

I encourage all of you to share more of yourself by connecting with one another through the OAC Community Discussion Forum, OAC social media pages and the OAC Action Center. Join us and take part in all that we are doing to impact positive change for people affected by obesity.

Here are a few ways you can start getting involved today...

- Follow the OAC on Facebook, Twitter and Instagram (*share, like, retweet, engage with us and one another*)
- Visit the OAC Community Discussion Forum at **Forum.ObesityAction.org** (*tell us who you are, start conversations and connect with fellow members*)
- Visit the OAC Action Center at **ObesityAction.org /Action-Center** (*take OAC Action to move the OAC mission forward*)
- Tell a friend about the OAC and suggest they visit **ObesityAction.org**

Thank you for being a part of the OAC,

Michelle Vicari

Michelle "Shelly" Vicari, OAC Chairwoman

Thank You to All Who Participated in the OAC Step Challenge!



The OAC wants to say “Thank You!” to everyone who participated in the first ever OAC Step Challenge! The Challenge, which took place July 15 – August 15, was a fun and engaging way for supporters to interactively fundraise for the OAC. It also

encouraged them to share the OAC’s mission with their peers to strengthen our collective impact.

Thanks to all who participated, we were able to raise more than \$1,500 in just 30 days from the generosity of OAC supporters, their family and their friends! Together we reached nearly one million steps taken not only for our health, but also for the greater cause of obesity.

Don’t forget that there are other ways to support the OAC year-round! Make sure you check-out our Donor Program at [ObesityAction.org/Donate/Ways-to-Give](https://www.obesityaction.org/Donate/Ways-to-Give). This program offers easy and fun opportunities to give back to our cause in ways that are meaningful to you.

Thanks again to everyone who made the OAC Step Challenge a success, and all who make the OAC the charity of their choice!

Visit the OAC Booth during ObesityWeek 2019!



Worldwide, more than 600 million adults are affected by obesity, including more than one-third of U.S. adults. ObesityWeek offers surgeons, healthcare practitioners, researchers and policymakers the opportunity to participate in the future of obesity research and treatment.

ObesityWeek is an international conference that brings together experts in the fields of obesity medicine, research and public policy. The OAC recognizes that obesity prevention and treatment must always include patients at every stage. That is why we are excited to attend for our 14th consecutive year this November 3-7 in Las Vegas and represent patient voices in the future of obesity care!

If you are attending ObesityWeek, make sure to stop by and visit the OAC at booth 301! We will have a selection of educational materials available and can’t wait to see you there.

Thank You for Making NOCW 2019 a Success!



In September, the OAC was once again a proud Champion of National Obesity Care Week (NOCW). With your help during this week, we joined together with different organizations

from around the globe to raise awareness and advocate for access to care for everyone that is not limited by a person’s size, weight or economic status. From tweets and Facebook posts to letters to legislators, thousands of individuals used their voice to raise awareness about the need for access to comprehensive obesity care without barriers and that people with excess weight or obesity be treated with dignity and respect. Thanks to your support we were able to make NOCW a success and amplify the voices of everyone who is affected by obesity and deserves better access to care.





Thank You



ACCESS TO

NOCW2019 PARTNERS:

NOCW2019 CHAMPIONS

- A Step Towards Community Health
- Academy of Nutrition and Dietetics
- American Academy of Sleep Medicine
- American Alliance for Healthy Sleep
- American Association of Nurse Practitioners
- American College of Obstetricians and Gynecologists
- American College of Preventative Medicine
- American College of Surgeons
- American Medical Group Association
- American Medical Women's Association
- American Society for Metabolic and Bariatric Surgery
- American Society for Nutrition
- American Society for Parental and Enteral Nutrition
- BMI of Texas
- Cardiometabolic Health Congress
- College of Contemporary Health
- ConscienHealth
- Endocrine Society
- European Association for the Study of Obesity
- Fairfield County Bariatrics
- Fatty Liver Foundation
- Foundation Surgical Hospital of San Antonio
- Global Liver Institute
- Grand Health Partners
- Healthcare Leadership Council
- International Federation for the Surgery of Obesity and Metabolic Disorders

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AND FOR CHANGING THE WAY
WE CARE ABOUT OBESITY.

CARE WEEK



- Jersey Medical Weight Loss
- Lindstrom Obesity Advocacy
- Liver Health Initiative
- Metta Weight Management
- NASH Alliance
- National Business Group on Health
- National Center for Weight and Wellness
- New York Institute of Technology
- O.C.E.A.N.S.
- Obesity Action Coalition
- Obesity Canada
- Obesity Medicine Association
- Osteoarthritis Action Alliance
- Partnership to Fight Chronic Disease
- Chintan B. Patel, MD

- Plus Size Certified
- Rudd Center for Food Policy and Obesity
- Society for Behavioral Medicine
- STOP Obesity Alliance
- The Obesity Society
- The Ohio State University College of Nursing
- TOPS
- Valley Diabetes and Obesity
- Amanda Velazquez, MD

**LEARN MORE AND
GET INVOLVED!**

OBESITYCAREWEEK.ORG





OAC
Community

Perspectives

Facing Obesity through the Eyes of a Loved One
by Dana Rosser



OAC Community Member
Dana Rosser (pictured left)

Hello everyone! I'm proud to say that I've been a member of the Obesity Action Coalition (OAC) for six years.

I discovered the OAC when I was doing research for a book I was writing, *Thru Thick and Thin; Facing Obesity Thru the Eyes of a Loved One*. As an advocate and supporter for those who are affected by obesity, I felt that the OAC connected me with people who shared my desire to help others without judgement. That touched my heart.

I am blessed to have attended the OAC's Annual *Your Weight Matters* Convention & EXPO in Dallas (2012), Denver (2018) and Tampa (2019)! The OAC has also graciously given me opportunities to share my unique perspective of living with and loving someone who has obesity. I've shared my story on WeightoftheWorld.com, written blog posts and led a table discussion at this year's Convention in Tampa called "Supporting Your Loved One on their Journey."

A Simple, Yet Complicated Love Story

To say I'm passionate about telling my story is an understatement. I fell in love and married an amazing southern gentleman, Dr. James "Butch" Rosser Jr. He weighed 460 pounds at that time. Butch is a world-renowned surgeon, and from the beginning of our relationship people judged me. They thought I was with him for his fame and fortune. They wondered how anyone could find a man with severe obesity attractive.

But I loved this funny, smart, caring and kind man. I fell in love with his soul. I saw beyond his outward appearance which seemed to consume others. If being judged wasn't enough, I often judged myself. Despite my deep love for Butch, I knew he needed to address his weight. Convincing myself otherwise was hopeless, but I often had conflicting feelings.

Caught between Two Worlds

On one hand, I felt that I needed to protect Butch from the cruel world of "fat haters." I was angry at the stares, snickers and obvious disrespect from total strangers. I often found myself "on guard" against those who offended him. After all, this was the person I loved!

“ I fell in love with his soul. I saw beyond his outward appearance which seemed to consume others. ”

“ I loved this man, but I didn't know how to deal with these conflicting feelings. ”

Yet, on the other hand, I was angry and scared. I was even embarrassed at times about how his weight affected me. I worried constantly about his health. Every day I was afraid that someone would call me to tell me that the love of my life had died of a heart attack. I feared that one day I would wake up to find he had slipped away after suffering from sleep apnea.

I became angry when Butch ate foods that were bad for him. I felt like food was slowly killing him (*and taking me down with him emotionally*). After all, we have five children that need a father. The thought of losing him was too painful to bare.

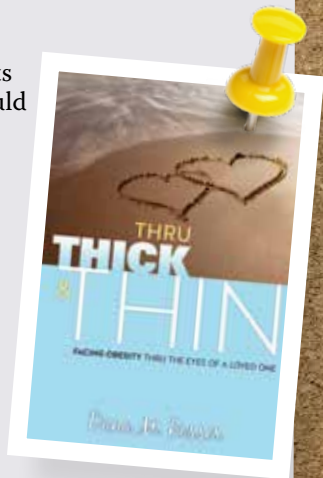
The worst feeling was the shame I felt. I remember being on an airplane one time when Butch took his seat. It broke and he ended up in the lap of the person behind him. I was humiliated for him, but at the same time, I went into my “protector mode.” I gave him my seat while I sat upright in the broken seat for the rest of the flight. Feeling mortified and ashamed that I even felt that way, I eventually became numb. I loved this man, but I didn't know how to deal with these conflicting feelings.

A Moment of Awakening

I needed support, but I was too afraid to tell my truth. I didn't want to be judged or to hurt Butch. I often wondered if other families were going through similar challenges. Were there support groups for family members? Books? To my surprise, there was little to help.

Obesity is a disease that affects millions of people, so how could there be no tools out there to help loved ones? Does anyone even care that supporters are longing for help and, in many cases, silently suffering?

I wanted to shout to the world, “Obesity is a family affair!” I truly believe that most family members want to help, but don't have the tools or resources to do it. This reminded me of something author Toni Morrison once said, “If there's a book you want to read that hasn't been written yet, you must be the one to write it.” That is how I created my book, *Thru Thick and Thin*.



LEARN, CONNECT, ENGAGE

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

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

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

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



JOIN TODAY:

Go to [ObesityAction.org/Join](https://www.ObesityAction.org/Join)

“I needed support, but I was too afraid to tell my truth.”

What I Learned about Being a Supporter

In August of 2001, Butch decided to have gastric bypass surgery. I was scared to lose him, so I didn't want him to do it. However, I knew something had to be done to improve his health. He told me, "Dana, I have to risk my life to save my life. I will be okay."

The surgery was a success. Butch lost 160 pounds and has kept it off. Our family's quality of life has drastically changed. Make no mistake – bariatric surgery is not the easy way out. Butch still needs to eat healthy and work out to maintain his weight. However, seeing him happier, healthier, mobile and enjoying life to the fullest has been a blessing that benefited all of us.

What I know for sure about being a supporter is this:

1. Acknowledge and own your feelings. They are valid and valued.
2. Make time for self-care. You can't help someone else if your cup isn't filled.
3. Ask for help from a counselor, trusted friend or clergy member.
4. Release control. This doesn't mean you don't care about someone anymore. You just have to realize that the only person you really have control over is yourself.

Finding My Voice along the Way

My passion to support families through this journey drives me to want to do more. I've been blessed to share my story in a "TedX talk", on the "Dr. Oz Show", on numerous (local and national) radio interviews and in magazine articles. With the support of my college sorority, Butch and I hosted the 2018 Akron Obesity Summit in my hometown of Akron, Ohio. It was a free two-day event held at my high school. We had speakers, exercise classes, breakout sessions, blood pressure testing, vendors and more. The OAC provided me with brochures and pamphlets to put in attendee bags. It was a dream come true to give back to my community that had so graciously given to me.



I'm grateful for the support, education and advocacy that the OAC provides for all of us. I would have truly benefited from the OAC back in the 90s when I was searching for help. We are blessed to have the information that this organization provides right at our fingertips. The least I can do is to pledge to continue spreading the word about the OAC and doing my part to change lives, too.



“It was a dream come true to give back to my community that had so graciously given to me.”

Want More OAC Community perspectives?

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

Want to be featured in OAC's *Weight Matters Magazine*? Contact membership@obesityaction.org with your request and to learn more.

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TASTING A NEW SEASON

FUN WITH FALL FOODS

by Isabelle Crouch, RDN, Certified Intuitive Eating Counselor

And just like that, it's time for sweater weather! Though I do love the sunshine of summer, I am also quite partial to the more mellow tones of autumn.

Summer is the time for bright fruit, crisp salads and refreshing smoothies to help cool you down on a hot day. But as the weather cools and the colors of nature warm up, our foods also start to transform. Warm soups, aromatic beverages and pumpkin spice come out to play!

EATING SEASONALLY IS AN AGE-OLD PRACTICE

We've all heard that "eating seasonally" is beneficial for many things—from our health to our wallets and even the environment. Before we were told to do this in more recent times, people naturally did it for thousands of years. Many of our traditional holiday meals are full of seasonal foods and spices for this very reason. I don't think it's an exaggeration to say that your pumpkin spice latte is a product of thousands of years of human evolution and ingenuity that stems from our natural wisdom of being in tune with the earth and its seasons.

Fall Foods continued on page 14


Lomaira™ ^{IV}
(phentermine HCl)
8 mg tablets

#1 Prescribed
Weight-Loss
Medication For
Nearly 60 Years*



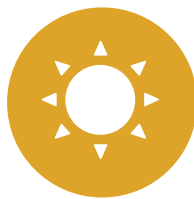
Phentermine HCl is the active ingredient in Lomaira.*

Why Wait To Lose Weight?


Patients pay no more than 50¢ per tablet.



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



Can be taken up to 3x a day.

Find more resources at www.lomaira.com

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

Daily Dose Tracker App



INDICATION

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

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

IMPORTANT SAFETY INFORMATION

Don't take Lomaira if you have a history of cardiovascular disease (e.g., coronary artery disease,

stroke, arrhythmias, congestive heart failure or uncontrolled high blood pressure); are taking or have taken a monoamine oxidase inhibitor drug (MAOI) within the past 14 days; have overactive thyroid, glaucoma (increased pressure in the eyes), agitation or a history of drug abuse; are pregnant, nursing, or allergic to the sympathomimetic amines such as phentermine or any of the ingredients in Lomaira.

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

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

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

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

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

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

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

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



“ Root vegetables and winter squash are wonderful seasonal additions to a nutritious diet that have warming fall flavors and a hearty, starchy texture. ”

Fall brings produce that is hardier and more nutrient-dense to help prepare for the cold of winter. Root vegetables and winter squash are wonderful seasonal additions to a nutritious diet that have warming fall flavors and a hearty, starchy texture. The next time you are looking for in-season items to stock up on for fall, keep an eye out for these autumnal options:



Fruits: apples, cranberries, pears and figs



Veggies: carrots, parsnips, cauliflower, mushrooms, shallots and Brussels sprouts



Starches: butternut squash, pumpkin, sweet potatoes and eggplant



Spices: nutmeg, clove, ginger, allspice, turmeric, cinnamon, sage, pumpkin spice and cardamom

RECIPES

Once you have some seasonal goodies stocked up, you are ready to prepare a fall feast! Try out some of the recipes in this article to celebrate the bounty that nature has provided us and get into the spirit of the season!



BREAKFAST: Carrot Cake Oatmeal Bake

Adapted from *The Roasted Root*

Ingredients:

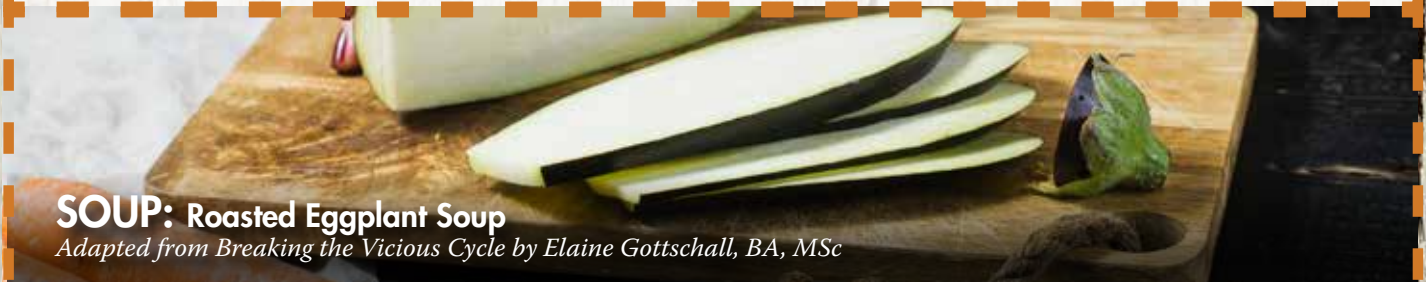
- $\frac{3}{4}$ cup old-fashioned rolled oats
- Dash cinnamon
- Dash ground ginger
- $\frac{1}{2}$ teaspoon pure vanilla extract
- $\frac{1}{2}$ cup shredded carrot
- 1 tablespoon pure maple syrup, to taste
- 1 tablespoon raisins or cranberries
- 1 tablespoon chopped walnuts
- 1 tablespoon apple sauce (*optional*)
- $\frac{1}{2}$ cup boiling hot water
- $\frac{1}{4}$ cup full-fat canned coconut milk
- $\frac{1}{4}$ teaspoon orange zest (*optional*)

Directions:

1. Preheat the oven to 350 degrees F.
2. Add all ingredients for the baked oatmeal to a ramekin or oven-safe bowl and stir well.
3. Bake in the preheated oven for 12 minutes.
4. Remove ramekin from the oven, allow it to cool enough to touch (*about 5 to 10 minutes*) and serve with additional coconut milk or almond milk.

Nutritional Notes:

- This is a great way to get some vegetables in at breakfast!
- You can get gluten-free oats to make this recipe dairy-free, gluten-free, and vegan!



SOUP: Roasted Eggplant Soup

Adapted from *Breaking the Vicious Cycle* by Elaine Gottschall, BA, MSc

Ingredients:

- 2 medium eggplants
- 1 medium onion, sliced
- 2 stalks celery, roughly chopped
- 1 medium carrot, roughly chopped
- 1 tablespoon olive oil
- 4 cloves fresh garlic, minced
- 2 cups yogurt (*plain*)
- 2 quarts chicken stock
- 3 tablespoons butter
- $\frac{3}{4}$ cup fresh basil
- Salt and pepper to taste

Directions:

1. Preheat oven to 400 degrees F.
2. Slice eggplants lengthwise and rub with olive oil, put in oven until golden brown.
3. In a large pot, combine onion, carrot, celery, garlic and stock. Bring to a boil.
4. Reduce temperature and simmer until vegetables are tender.
5. Peel eggplant and cut into cubes.
6. Strain vegetables and return stock to pot.
7. Combine strained vegetables with cubed eggplant and purée in blender or processor.
8. Add yogurt and butter to puréed vegetables and blend.
9. Add vegetable and yogurt mixture to stock.
10. Heat gently to simmer.
11. Season with salt and pepper to taste and serve hot, garnished with basil.

Nutritional Notes:

- This recipe has lots of vegetables, which makes it full of fiber, nutrients and flavor!

Fall Foods continued on page 16



SIDE: Baked Acorn Squash

Adapted from *Breaking the Vicious Cycle* by Elaine Gottschall, BA, MSc

Ingredients:

- 1 acorn squash = 2 servings
- A little butter
- A little honey
- Grated orange rind ($\frac{1}{4}$ teaspoon for each squash half)

Directions:

1. Preheat oven to 400 degrees F.
2. Cut acorn squash in half, scoop out seed cavity of each half.
3. Place cut side down on a cookie sheet and bake until a dull knife goes through the squash easily.
4. Turn face up and dot with butter, honey and grated orange rind.
5. Return to oven to bake another 15-30 minutes at 350 degrees F.

Nutritional Notes:

- You could fill these “boats” with a mixture of cooked poultry or meat and vegetables moistened with broth.



SIDE: Butternut Squash Slices

Adapted from *Breaking the Vicious Cycle* by Elaine Gottschall, BA, MSc

Ingredients:

- 1 butternut squash
- Small amount of butter
- Salt to taste

Directions:

1. Preheat oven to 450 degrees F.
2. Slice the neck of a butternut squash (*not necessary to peel*). If crispness is desired, slice very thinly ($\frac{1}{4}$ ” thick).
3. Place on cookie sheet, dot with butter, and bake until one side is brown.
4. Turn and brown other side

Nutritional Notes:

- If sliced thin, these can be used as a healthy substitute for french fries.



DRINK: Pumpkin Spice Latte

Adapted from *The Food Network*

Ingredients:

- 1 cup milk or milk alternative
- 2 tablespoons pure pumpkin purée
- $\frac{1}{4}$ teaspoon pumpkin pie spice, plus some for garnish
- $\frac{1}{4}$ teaspoon pure vanilla extract
- $\frac{1}{4}$ cup hot espresso or strong brewed coffee
- Stevia or other sugar-free sweetener to taste

Directions:

1. Combine the milk, pumpkin purée, sugar-free sweetener, pumpkin pie spice and vanilla extract in a microwave safe bowl.
2. Cover bowl with plastic wrap and vent with a small hole.
3. Microwave until milk is hot (*1-2 minutes*).
4. Whisk vigorously until the milk is foamy (*30-60 seconds*).
5. Pour the espresso or coffee into a large mug and add the foamed milk. Top with a sprinkle of pumpkin pie spice.

Nutritional Notes:

- Use extracts and spices for low-sugar flavor.
- Use cow’s milk or soymilk for a dose of protein!



Some tips to maximize your nutrition this season:

- Keep the skin on your produce for its beneficial nutrients and filling fiber.
- Utilize flavor extracts and spices to increase the sweetness and flavor profile without additional calories, salt or sugar.
- Roast your veggies for a low-fat preparation method that is still full of flavor.
- Play-up the natural sweetness of fall foods, like apples and sweet potatoes, for a snack to satisfy your sweet tooth but keep your blood sugar in check! Bake your treat seasoned with your favorite fall spices. Add some nuts or nut butter for some healthy fats and extra flavor. These foods are high in fiber and full of vitamins and minerals as well!

LET'S CELEBRATE FALL THIS YEAR AND TAKE ADVANTAGE OF THESE AUTUMNAL FLAVORS!

About the Author:

Isabelle Crouch, RDN, is a Registered Dietitian and Certified Intuitive Eating Counselor working in eating disorder treatment and bariatric medicine. Through her private practice, Nutrition Intuition, she provides one-on-one virtual nutrition therapy to help people make peace with food and their bodies. She can be found on Instagram @nutritionintuition_rd or on her website NutritionIntuition.org.



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Dear Doctor +



“My Child is Affected by Obesity. Will it Affect When They Enter Puberty?”

*Answer Provided by
Marisa Censani, MD*

This is a question more and more families have as the number of children in the U.S. living with obesity grows.

Childhood Obesity 101

Obesity is measured differently for children than it is for adults. However, both use body mass index (BMI) to help diagnose the disease. For children and teens, BMI is a percent based on height, weight, age and gender. A child is considered to have excess weight if their BMI percent is between 85-95%. If their BMI is 95% or greater, they are considered to have obesity.

Like adults, children with obesity are at higher risk for several related conditions such as prediabetes, high blood pressure and high cholesterol. Children with excess weight may also enter puberty at a different age than a child with a normal weight.

A Look at Puberty

Boys and girls start puberty at different ages and show different symptoms.

Age Ranges for Puberty:

	AVERAGE AGE	NORMAL AGE RANGE	EARLY PUBERTY
Girls	10	8 to 13	Before 8
Boys	11	9 to 14	Before 9



The start of puberty is guided by two glands in the brain. They are the hypothalamus and the pituitary glands. At the start of puberty, the hypothalamus sends a signal to the pituitary gland to release hormones.

Weight and Changes in Puberty

Studies have shown that excess weight and obesity affect the start of puberty differently for boys and girls. In girls, it can cause early puberty and in boys it can delay puberty. While the average age of a girl's first menstrual cycle has remained 12.5-13 years over the past few decades, studies have shown that the average age of the start of puberty in girls is decreasing.

“ Studies have shown that excess weight and obesity affect the start of puberty differently for boys and girls. ”

What Causes Early Puberty?

While it is known that excess weight in girls is associated with early puberty, the exact cause is not known. Many healthcare providers (HCPs) believe it could be caused by an increased number of hormones produced by excess fat cells. Fat cells produce Leptin, which plays a role in appetite regulation, body weight and puberty in girls.

Studies are ongoing to see if there is an environmental link between the use of chemicals, such as pesticides (*which can disrupt endocrine production*), and changes in puberty.

Are There Side Effects to Early Puberty?

There is no straight-forward answer to this question. This area is being researched as there are concerns about the impact of early puberty on the emotional and social development of pre-teens and teenagers. Another possible side effect is a change in the growth pattern and final height among children who enter puberty early. To monitor for these effects in your pre-teens and teenagers, it is best to keep annual well visits with your child's HCP.

Can Early Puberty be Misdiagnosed?

Yes. Early puberty can be misdiagnosed in girls with obesity if excess weight is mistaken for breast development. Your child's HCP will need to conduct a physical exam and review her growth on growth charts.

Growth before puberty averages two inches per year. Growth of more than two inches per year, along with changing growth curves on the growth chart, can be a sign of entering puberty. Your child's HCP may need to gather more information through hormone measurements, bone maturity assessments or a pelvic ultrasound to make a full diagnosis and determine if any treatment is needed.

Dear Doctor continued on page 23

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List as of 10/04/19

Ask your Healthcare Provider about BELVIQ® or BELVIQ XR®

What is BELVIQ®/BELVIQ XR®?

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

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

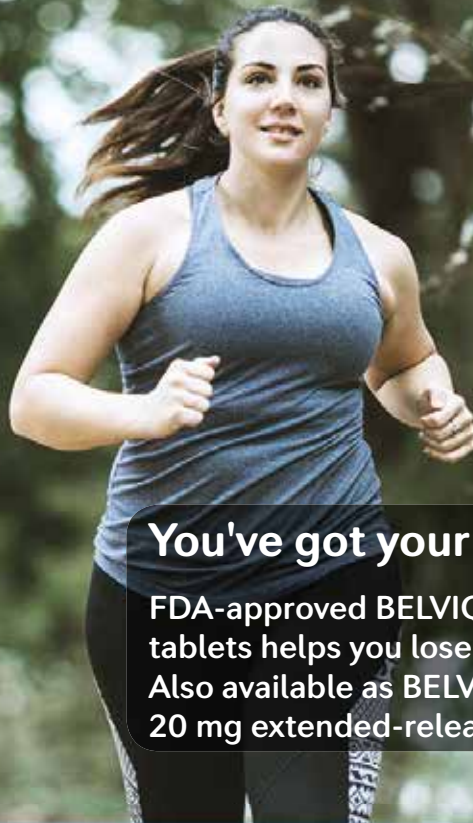
Important Safety Information

- **Pregnancy:** Do not take if you are pregnant or planning to become pregnant, as weight loss offers no benefit during pregnancy and BELVIQ/BELVIQ XR may harm your unborn baby.
- **Hypersensitivity Reactions:** Do not take if you are allergic to lorcaserin or any of the ingredients in BELVIQ/BELVIQ XR.
- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using, tell your Healthcare Provider about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ/BELVIQ XR. Call your Healthcare Provider right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
- **Valvular heart disease:** Some people taking medicines like BELVIQ/BELVIQ XR have had heart valve problems. Call your Healthcare Provider right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ/BELVIQ XR, tell your Healthcare Provider if you have or have had heart problems.
- **Changes in attention or memory:** BELVIQ/BELVIQ XR may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ/BELVIQ XR affects you.
- **Mental problems:** Taking too much BELVIQ/BELVIQ XR may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
- **Depression or thoughts of suicide:** Call your Healthcare Provider right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ/BELVIQ XR. Changes to diabetes medication may be needed if low blood sugar develops.
- **Painful erections:** If you have an erection lasting more than 4 hours while on, stop taking BELVIQ/BELVIQ XR and call your Healthcare Provider or go to the nearest emergency room right away.
- **Slow heartbeat:** BELVIQ/BELVIQ XR may cause your heart to beat slower.
- **Decreases in blood cell count:** BELVIQ/BELVIQ XR may cause your red and white blood cell counts to decrease.
- **Increase in prolactin:** BELVIQ/BELVIQ XR may increase the amount of a hormone called prolactin. Tell your Healthcare Provider if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.
- **Most common side effects of BELVIQ®/BELVIQ XR® include:** Headache, dizziness, fatigue, nausea, dry mouth, constipation, cough, low blood sugar (hypoglycemia) in patients with diabetes, and back pain.
- **Nursing:** BELVIQ/BELVIQ XR should not be taken while breastfeeding.
- **Drug interactions:** Before taking BELVIQ/BELVIQ XR, tell your Healthcare Provider if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.
- BELVIQ/BELVIQ XR is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

For more information about BELVIQ/BELVIQ XR, talk to your Healthcare Provider and see the Patient Information on the reverse side.

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

Get Ongoing Savings



You've got your goals!

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

FDA approved for *weight loss*

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

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

 **BELVIQ**®
(lorcaserin HCl) [Ⓢ]

Also Available:

 **BELVIQ XR**®
(lorcaserin HCl) [Ⓢ] **EXTENDED RELEASE**

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

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

Now available to patients who have Medicare Part D.

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

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

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

‡Restrictions apply.

IMPORTANT PATIENT INFORMATION

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

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

What is BELVIQ?

BELVIQ is a prescription medicine that may help adults with obesity, or some adults who are overweight and have weight related medical problems, lose weight and keep the weight off.

BELVIQ should be used with a reduced calorie diet and increased physical activity.

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

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

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

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

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

Who should not take BELVIQ?

Do not take BELVIQ if you:

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

What should I tell my Healthcare Provider before taking BELVIQ?

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

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

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

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

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

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

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

How should I take BELVIQ?

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

What should I avoid while taking BELVIQ?

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

What are the possible side effects of BELVIQ?

BELVIQ may cause serious side effects, including:

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

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

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

How should I store BELVIQ?

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

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

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

General information about the safe and effective use of BELVIQ.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use BELVIQ for a condition for which it was not prescribed. Do not give BELVIQ to other people, even if they have the same symptoms you have. It may harm them. You can ask your doctor or pharmacist for information about BELVIQ that is written for health professionals. For more information, go to www.BELVIQ.com Website or call 1-888-274-2378.

What are the ingredients in BELVIQ and BELVIQ XR? BELVIQ Tablets

Active Ingredient: lorcaserin hydrochloride hemihydrate

Inactive Ingredients: silicified microcrystalline cellulose NF; hydroxypropyl cellulose NF; croscarmellose sodium NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C blue #2/indigo carmine aluminum lake; and magnesium stearate NF

BELVIQ XR extended-release tablets

Active Ingredient: lorcaserin hydrochloride hemihydrate

Inactive Ingredients: microcrystalline cellulose NF; mannitol USP; hypromellose USP; ethylcellulose dispersion Type B NF; colloidal silicon dioxide NF; polyvinyl alcohol USP; polyethylene glycol NF; titanium dioxide USP; talc USP; FD&C yellow #6/sunset yellow FCF aluminum lake; iron oxide yellow NF; iron oxide red NF; and magnesium stearate NF

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Revision: May 2017

Can Early Puberty be Prevented?

There is no clear answer to this question either. Environmental factors can play a role in early puberty. However, childhood obesity is a risk factor for early puberty. So, it is important to talk with your child's HCP to identify and treat childhood obesity as early as possible. Early treatment is the best way to prevent or reduce the effects of all obesity-related conditions.

In addition to eating a healthy and balanced meal plan, the US Department of Health and Human Services has issued physical activity guidelines for children and teens.



Activity Guidelines for Children and Teens

From Health.gov

- It is important to give children and teens the chance to participate in physical activities that are appropriate for their age, are enjoyable and offer variety.
- Children and teens ages six to 17 years should do 60 minutes (*one hour*) or more of moderate-to-vigorous physical activity daily:

TYPE OF ACTIVITY	AMOUNT OF TIME	SUGGESTED ACTIVITIES
Aerobic	Most of the 60 minutes per day At least 3 days per week	Biking, swimming, hiking, tag, soccer, tennis, dancing, running or martial arts
Muscle-strengthening	Part of the 60 minutes per day At least 3 days per week	Swinging, rope or tree-climbing, sit-ups or push-ups
Bone-strengthening	Part of the 60 minutes per day At least 3 days per week	Basketball, gymnastics, hopping, skipping, jumping rope, tennis or running

Key Points to Remember

Childhood obesity can play a role in early puberty in girls and delayed puberty in boys. It is best to monitor your child's development and overall health with their HCP through annual visits. Along with a healthy meal plan and physical activity, early treatment for excess weight and obesity can help to lessen or prevent obesity-related conditions including changes in puberty.

About the Author:

Marisa Censani, MD, is a pediatric endocrinologist and the director of the Pediatric Obesity Program in the Division of Pediatric Endocrinology at Weill Cornell Medicine/New York Presbyterian Hospital in New York City. She founded the Kids and Teens Healthy Weight Program at her institution where she has developed afterschool nutritional sessions for families and collaborated with various subspecialists in the prevention and treatment of childhood obesity. She currently serves on the Board of Trustees of the Obesity Medicine Association (OMA) and is coauthor of OMA's Pediatric Obesity Algorithm. Her obesity research has been reported in numerous media outlets, including Medscape, Medpage Today, Endocrine News, Clinical Endocrinology News, Science news and Science Daily. She is board certified in pediatrics and pediatric endocrinology and is a diplomate of the American Board of Obesity Medicine (ABOM).

COMPREHENSIVE Obesity Care THROUGH THE EYES OF Twin Sisters: HOW A STATE CAN DETERMINE THE STATE OF YOUR HEALTHCARE

By Jill Bissonnette and Meg Johnson



In mid-September of 2019, the Obesity Action Coalition (OAC) championed National Obesity Care Week (NOCW). The week focused on the need to have access to care without barriers for people with excess weight or obesity. Having access to obesity care can lead to a more successful weight management journey.

While access to care is not simply having insurance coverage of comprehensive obesity care that includes bariatric surgery, it is a major barrier for a majority of Americans that are affected by excess weight or obesity.

Nearly 10 years ago, the American healthcare system changed dramatically when the Affordable Care Act (ACA) was signed into law by President Obama. All political opinions and debate aside, the ACA aimed to make access to healthcare easier and less expensive for all Americans.

This story looks at a set of twin sisters and their journey to have bariatric surgery. Their story shows how different insurance coverage and access to obesity care and treatment can be, based simply on your address.

TWO OF A KIND...

Meg and Jill grew up in Massachusetts. They both took jobs with the same employer and did well in their respective positions. In 2015, they both chose to move from Massachusetts to Kentucky when their employer expanded its operations.

While Meg found love in Kentucky and got married, Jill was homesick for the beaches of New England and decided to return home to Massachusetts.

It's at this point where their stories diverge...



Meg's Story:

"WHAT'S IT LIKE TO HAVE A TWIN?"

I've been asked this question my entire life. I could never really come up with a good answer when I was younger. Now, at 34 and with way more life experience under my belt, I can confidently say that having a twin is the biggest blessing anyone could have. My twin sister Jill is my soul mate. She provides me with unconditional love and endless support that others could only dream of. We've literally been together since day one!

We're still together now, even though one of us is married and we live 869 miles apart. We see each other two or three times a year and video chat almost every day. Life goes on and we still manage to conquer it together, even though there is distance between us.

AN ONGOING BATTLE, FOUGHT TOGETHER

Having obesity and struggling to lose weight was an ongoing battle we fought together. We fought it growing up and through high school, during our father's battle with cancer (*which he ultimately lost*) and even when we relocated to another state for work. It's always been an uphill battle—and while it's hard work—eating less and exercising more would pay off for a little while. But in the end, the weight always came back.

Together we've tried every fad diet, low-carb and low-calorie diet, never-ending gym time and walking the neighborhood together after work every night. We spent twenty years trying to lose weight together and nothing ever kept it off. But to the two of us it didn't matter that we both had obesity, because we were together in that journey.

A CHANGE IN OUR JOURNEY

All of that changed in 2015 after we relocated from Massachusetts to Kentucky for work. Shortly after that huge life change, I fell in love, got married and remained in Kentucky. Jill missed the ocean and eventually moved back to Massachusetts. Once Jill returned home, things began to fall into place for her.

Jill's search for new doctors and health insurance in Massachusetts lead to the suggestion of bariatric surgery. Following endless hours of research, we decided together that it was time to take our health in our own hands. We would have surgery, and we'd do it together.



"MY TWIN SISTER JILL IS MY SOUL MATE. SHE PROVIDES ME WITH UNCONDITIONAL LOVE AND ENDLESS SUPPORT THAT OTHERS COULD ONLY DREAM OF."



Twin Sisters continued on page 26

SEPARATE PATHS, BUT STILL TOGETHER

It wasn't until we each contacted our own primary healthcare providers (*one in Massachusetts and one in Kentucky*) and began the initial process that we ran into a problem. We quickly learned that our employer's health insurance didn't cover anything related to weight-loss. Consultations with doctors, certain tests and even weight-loss assistance options like FDA-approved obesity drugs were unavailable to us.



We made the joint decision to leave our employer's health insurance for the 2019 enrollment period so we could continue down the bariatric surgery path together. We searched endlessly for available health insurance options that could help us. Jill found more than a handful of suitable coverage options for bariatric surgery through Massachusetts state-supplied insurance.

I, on the other hand, struck out.

Kentucky's state health insurance exchange program simply doesn't cover it. After exhausting every option available, I had to face the fact that I simply wasn't going to be able to have this life-changing surgery. There was no way I could afford to pay cash for the procedure, and going out of the country for surgery would be less than ideal. While I was coming to terms with my fate, Jill breezed through her appointments, classes and insurance requirements. Less than three months after joining the state-provided insurance, she was approved and scheduled for surgery.

I've never been happier for her. She deserves this more than anyone I can think of. Knowing all she's been through and how she's struggled physically and emotionally with her weight—I knew this would change her life for the better. Her surgery has come and gone. She's down more than 70 pounds in six months.

While she's losing weight, I'm trying once again to lose weight. I am hoping that one day we'll be on a post-surgery weight-loss journey together.

Right now, we're forced into separate weight-loss journeys. I focus my energy on being happy for her while coming to terms with the fact that I may never receive this life-saving surgery. That means all these incredible things she'll be able to do soon, I won't. I won't be able to join her on that roller coaster ride at Disney because she'll fit in the seats while I won't. I won't be able to share our wardrobe anymore, or even shoes. It's hard to explain, but there is grief in knowing her life is changing while mine has come to a crashing halt.

We've conquered life as a team and now we're forced to travel on separate paths. She'll be able to fall in love, have healthy babies, travel the world without asking for a seat belt extender or climb a flight of stairs without feeling like she's going to faint.

AS FOR ME?

I had to explain to my husband why it's not safe for us to have a baby right now because I have obesity and high blood pressure. He is always supportive, but I know he's heartbroken that the love of his life is terrified of having a high-risk pregnancy. I feel like we can't properly start our life together because we can't start a family without the added health risks that come along with a pregnancy and obesity.

It's hard to plan a future filled with babies and epic adventures because continuing to live my life as a woman with obesity is only going to take us so far. For me, having obesity means that I'll be on medication for the rest of my life. I will also continue struggling to lose weight to get healthy while the clock ticks down on the time frame for safely having children. It's sad to think that the life I pictured for myself will never come to fruition without the help of bariatric surgery.

The moral of the story here is that the government isn't doing enough to recognize just how important this bariatric surgery really is. The two of us are a prime example of how the system is failing people affected by obesity.

She's been given the chance to start over and be healthier and happier than ever before. As for me, I'm simply going through the motions hoping that one day the world will turn my way just long enough to shine a little light on my chance to start over. Here's hoping that our weight-loss paths will eventually meet again so we can continue this journey together instead of apart.

Jill's Story:

AN UNBREAKABLE TWIN BOND

If you're looking in from the outside, you'll never begin to understand the bond between twins. It's typical to say that my twin is my best friend—the other half of my heart and soul—but it's who we are. We've spent our entire existence going through things together, from bumps and bruises as kids, to broken-hearts as adults. My twin and I have spent years doing every diet, meal plan and exercise routine together—trying to get our weight and health under control.

Now, being almost 1,000 miles apart, we still spend the majority of our days together via text, video and phone calls. It is impossible to explain how hard it is to be so happy for yourself and so sad for your other half at the same time. Meg has been such a huge support system for me since my bariatric surgery in March. She keeps me motivated when I'm feeling tired, and constantly keeps me in check with my progress.

I'm so grateful to have had the chance to have bariatric surgery, but it breaks my heart to know my twin can't experience this the way I am.

SHE'S NOT HEAVY, SHE'S MY SISTER

Meg is trying so hard to eat the same way I do, and she's working on the things she needs to do to get healthier so she can start her family. We even plan meals as if there were no distance between us. Chicken and zucchini for dinner on Tuesday? Sure thing! It's just a small piece of how we're trying to do this together.



“MY TWIN AND I HAVE SPENT YEARS DOING EVERY DIET, MEAL PLAN AND EXERCISE ROUTINE TOGETHER—TRYING TO GET OUR WEIGHT AND HEALTH UNDER CONTROL.”

Twin Sisters continued on page 31

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Indications and Usage

What is Saxenda®?

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

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

Important Safety Information

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

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

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

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

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

Who should not use Saxenda®?

Do not use Saxenda® if:

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

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

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

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

WHEN IT COMES TO LOSING WEIGHT AND KEEPING IT OFF

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



Managing obesity like the long-term disease it is requires more than willpower alone. Adding Saxenda® to a reduced-calorie meal plan and increased physical activity may help you lose weight and keep it off.

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

Saxenda® works like a fullness hormone naturally produced by your body that is thought to regulate appetite—helping you to eat less, so you can lose weight and keep it off.

56% of people achieved significant weight loss at year 1, and approximately half of them maintained weight loss at 3 years when taking Saxenda® added to a reduced-calorie meal plan and increased physical activity.^a

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

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

Saxenda®
liraglutide injection 3mg

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

Important Safety Information (cont'd)

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

How should I use Saxenda®?

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

What are the possible side effects of Saxenda®?

Saxenda® may cause serious side effects, including:

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

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

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

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

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

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

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<p>Saxenda[®] liraglutide injection 3mg</p> <p>Brief Summary of Information about Saxenda[®] (liraglutide) injection 3 mg</p>	<ul style="list-style-type: none"> • If you take too much Saxenda[®], call your healthcare provider right away. Too much Saxenda[®] may cause severe nausea and vomiting. • Never share your Saxenda[®] pen or needles with another person. You may give an infection to them, or get an infection from them.
<p>Rx Only</p> <p>This information is not comprehensive. How to get more information:</p> <ul style="list-style-type: none"> • Talk to your healthcare provider or pharmacist • Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling • Call 1-844-363-4448 	<p>What are the possible side effects of Saxenda[®]?</p> <ul style="list-style-type: none"> • Saxenda[®] may cause serious side effects, including: possible thyroid tumors, including cancer. See "What is the most important information I should know about Saxenda[®]?" • inflammation of the pancreas (pancreatitis). Stop using Saxenda[®] and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back. • gallbladder problems. Saxenda[®] may cause gallbladder problems including gallstones. Some gallbladder problems need surgery. Call your healthcare provider if you have any of the following symptoms: <ul style="list-style-type: none"> • pain in your upper stomach (abdomen) • yellowing of your skin or eyes (jaundice) • fever • clay-colored stools • low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines to treat type 2 diabetes mellitus. Saxenda[®] can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as sulfonylureas). In some people, the blood sugar may get so low that they need another person to help them. If you take a sulfonylurea medicine, the dose may need to be lowered while you use Saxenda[®]. Signs and symptoms of low blood sugar may include: <ul style="list-style-type: none"> • shakiness • weakness • hunger • sweating • dizziness • fast heartbeat • headache • confusion • feeling jittery • drowsiness • irritability <p>Talk to your healthcare provider about how to recognize and treat low blood sugar. Make sure that your family and other people who are around you a lot know how to recognize and treat low blood sugar. You should check your blood sugar before you start taking Saxenda[®] and while you take Saxenda[®].</p> <ul style="list-style-type: none"> • increased heart rate. Saxenda[®] can increase your heart rate while you are at rest. Your healthcare provider should check your heart rate while you take Saxenda[®]. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes when taking Saxenda[®]. • kidney problems (kidney failure). Saxenda[®] may cause nausea, vomiting or diarrhea leading to loss of fluids (dehydration). Dehydration may cause kidney failure which can lead to the need for dialysis. This can happen in people who have never had kidney problems before. Drinking plenty of fluids may reduce your chance of dehydration. <p>Call your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away, or if you cannot drink liquids by mouth.</p> <ul style="list-style-type: none"> • serious allergic reactions. Serious allergic reactions can happen with Saxenda[®]. Stop using Saxenda[®], and get medical help right away if you have any symptoms of a serious allergic reaction. See "Who should not use Saxenda[®]?" • depression or thoughts of suicide. You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you. <p>The most common side effects of Saxenda[®] include:</p> <ul style="list-style-type: none"> • nausea • headache • decreased appetite • dizziness • diarrhea • vomiting • upset stomach • stomach pain • constipation • low blood sugar (hypoglycemia) • tiredness • change in enzyme (lipase) levels in your blood <p>Nausea is most common when first starting Saxenda[®], but decreases over time in most people as their body gets used to the medicine.</p> <p>Tell your healthcare provider if you have any side effect that bothers you or that does not go away.</p> <p>These are not all the possible side effects of Saxenda[®]. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p> <p>Keep your Saxenda[®] pen, pen needles, and all medicines out of the reach of children.</p> <p>For more information, go to saxenda.com or call 1-844-363-4448. Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark</p> <p>More detailed information is available upon request. Available by prescription only. For information about Saxenda[®] contact: Novo Nordisk Inc. 800 Scudders Mill Road, Plainsboro, NJ 08536 1-844-363-4448 <i>Saxenda[®] and Victoza[®] are registered trademarks of Novo Nordisk A/S.</i></p> <p>PATENT Information: http://novonordisk-us.com/patients/products/product-patents.html</p>
<p>What is the most important information I should know about Saxenda[®]?</p> <p>Serious side effects may happen in people who take Saxenda[®], including: Possible thyroid tumors, including cancer. Tell your healthcare provider if you get a lump or swelling in your neck, hoarseness, trouble swallowing, or shortness of breath. These may be symptoms of thyroid cancer. In studies with rats and mice, Saxenda[®] and medicines that work like Saxenda[®] caused thyroid tumors, including thyroid cancer. It is not known if Saxenda[®] will cause thyroid tumors or a type of thyroid cancer called medullary thyroid carcinoma (MTC) in people.</p> <p>Do not use Saxenda[®] if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC), or if you have an endocrine system condition called Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).</p>	
<p>What is Saxenda[®]?</p> <p>Saxenda[®] is an injectable prescription medicine that may help some obese or overweight adults who also have weight related medical problems lose weight and keep the weight off.</p> <ul style="list-style-type: none"> • Saxenda[®] should be used with a reduced calorie diet and increased physical activity. • Saxenda[®] is not for the treatment of type 2 diabetes mellitus. • Saxenda[®] and Victoza[®] have the same active ingredient, liraglutide. • Saxenda[®] and Victoza[®] should not be used together. • Saxenda[®] should not be used with other GLP-1 receptor agonist medicines. • Saxenda[®] and insulin should not be used together. • It is not known if Saxenda[®] is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products. • It is not known if Saxenda[®] changes your risk of heart problems or stroke or of death due to heart problems or stroke. • It is not known if Saxenda[®] can be used safely in people who have had pancreatitis. • It is not known if Saxenda[®] is safe and effective in children under 18 years of age. Saxenda[®] is not recommended for use in children. 	
<p>Who should not use Saxenda[®]?</p> <p>Do not use Saxenda[®] if:</p> <ul style="list-style-type: none"> • you or any of your family have a history of medullary thyroid carcinoma. • you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). This is a disease where people have tumors in more than one gland in their body. • you are allergic to liraglutide or any of the ingredients in Saxenda[®]. <ul style="list-style-type: none"> • Symptoms of a serious allergic reaction may include: <ul style="list-style-type: none"> • swelling of your face, lips, tongue, or throat • problems breathing or swallowing • fainting or feeling dizzy • severe rash or itching • very rapid heartbeat <p>Talk with your healthcare provider if you are not sure if you have any of these conditions.</p> <ul style="list-style-type: none"> • are pregnant or planning to become pregnant. Saxenda[®] may harm your unborn baby. 	
<p>Before taking Saxenda[®], tell your healthcare provider about all of your medical conditions, including if you:</p> <ul style="list-style-type: none"> • have any of the conditions listed in the section "What is the most important information I should know about Saxenda[®]?" • are taking certain medications called GLP-1 receptor agonists. • are allergic to liraglutide or any of the other ingredients in Saxenda[®]. • have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food. • have or have had problems with your pancreas, kidneys or liver. • have or have had depression or suicidal thoughts. • are pregnant or plan to become pregnant. Saxenda[®] may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda[®]. If you are pregnant you should stop using Saxenda[®]. • are breastfeeding or plan to breastfeed. It is not known if Saxenda[®] passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda[®] or breastfeed. You should not do both without talking with your healthcare provider first. <p>Tell your healthcare provider about all the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements. Saxenda[®] slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda[®] may affect the way some medicines work and some other medicines may affect the way Saxenda[®] works. Tell your healthcare provider if you take diabetes medicines, especially sulfonylurea medicines or insulin.</p>	
<p>How should I use Saxenda[®]?</p> <ul style="list-style-type: none"> • Inject your dose of Saxenda[®] under the skin (subcutaneous injection) in your stomach area (abdomen), upper leg (thigh), or upper arm, as instructed by your healthcare provider. Do not inject into a vein or muscle. 	<p>Revised: SEPTEMBER 2016, VERSION 2</p> <p>© 2016 Novo Nordisk USA16SAM04984 12/2016</p>  <p>novo nordisk[®]</p>



It breaks my heart to see Meg struggle to lose 15 pounds while I have shrunk down 70 in the same time. My sister is newly married and wants to start a family with her husband, but she's blocked by obesity. Sure, being affected by obesity doesn't stop you from getting pregnant, but it's much harder and the risks can be extreme.

I'm so thankful for her, but I know it's hard for her to see me changing while she's stuck in the same cycle, despite years of effort with only temporary results. I know she's happy for me, but I also know it's weighing heavily on her. There are days where I wish I could switch places with her so she could be closer to the family she wants. If I could take the 70 pounds I've lost so far and magically make them come off Meg too, I'd do it in a heartbeat! That way, she'd be able to be healthy enough to move her family forward. Instead, I'm here 900 miles away with my body getting lighter and my heart getting heavier.



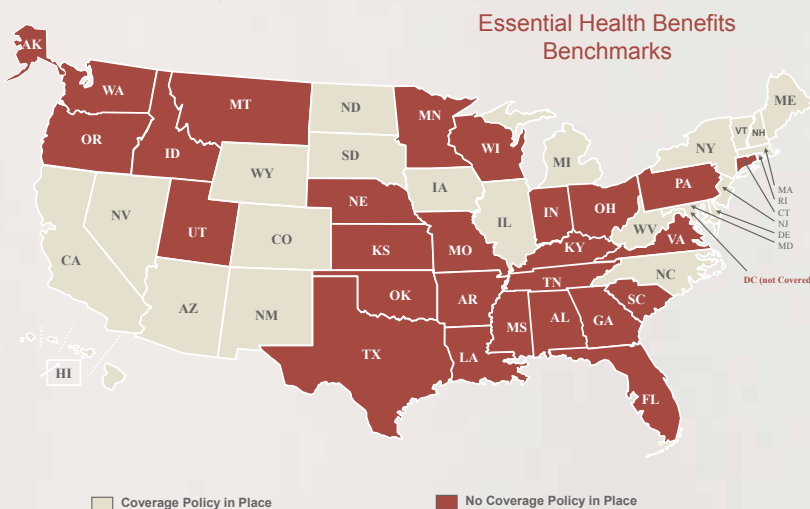
“ WE EVEN PLAN MEALS AS IF THERE WERE NO DISTANCE BETWEEN US. CHICKEN AND ZUCCHINI FOR DINNER ON TUESDAY? SURE THING! IT'S JUST A SMALL PIECE OF HOW WE'RE TRYING TO DO THIS TOGETHER. ”

FINAL THOUGHTS:

Meg and Jill's stories highlight how, even a decade after passage of the Affordable Care Act, the treatment of obesity is still not recognized as an essential health benefit (EHB) for millions of Americans across the country. In the case of bariatric surgery, only 23 state healthcare exchange plans include coverage of bariatric surgery as an EHB.

While Jill is thriving up North following her surgery, Meg remains hopeful that one day soon, bariatric surgery will be an available and covered health plan option for her!

National Coverage of Bariatric Surgery



Reference: The Center for Consumer Information & Insurance Oversight – Information on Essential Health Benefits (EHB) Benchmark Plans <https://www.cms.gov/CCIIO/resources/data-resources/ehb.html#review>

Current as of 1-19-2018; Coverage may have changed since this printing



WHERE'S THE BEEF?

Understanding Meat Alternatives

by Ethan Balk, PhD, RDN, ACSM-EP

IT LOOKS LIKE A BURGER, IT CHEWS LIKE A BURGER, IT BLEEDS LIKE A BURGER. AND IT'S MADE ENTIRELY OF PLANTS.

Few dishes top a burger from the grill or a hot dog at the ball game. But what about our daily routine? Americans consume more meat and poultry on a regular basis than any other country in the world.

This daily habit may be taking a serious toll on our bodies and our planet. Current research suggests that too much daily red and processed meat may lead to serious health complications including heart disease and various cancers. Moreover, maintaining the amount of livestock it takes to feed our country's demand is one of the largest contributors to greenhouse gas production.

TIME FOR A CHANGE?

It seems that changes to our traditional meals may be necessary. But what about that burger from the grill or hotdog at the game or even a sausage breakfast sandwich? Is it really goodbye forever?

Maybe not. Thanks to some amazing food science miracles, "meatless meat" has become reality and is super popular!

Where's the Beef continued on page 34



SAVE THE DATE



MARCH 1ST-7TH, 2020

<p>MARCH 1ST -Launch</p> 	<p>MARCH 2ND -Weight Bias</p> 	<p>MARCH 3RD -Obesity Treatment</p> 	<p>MARCH 4TH -World Obesity Day</p> 	<p>MARCH 5TH -Access to Care</p> 	<p>MARCH 6TH -Childhood Obesity</p> 	<p>MARCH 7TH -“I Care.” Day</p> 
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LEARN MORE AND GET INVOLVED
ObesityCareWeek.org

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A LOOK BACK TO OPTIONS TO DATE

A few new companies are making major waves in the meat business with their new meatless meat products. Of course, the attempts to construct “veggie meat” are not new. There are many popular brands that have been successfully selling veggie versions of popular meat items including veggie burgers, tofu dogs, veggie sausage patties and so on for decades. And while variety and taste have improved over time, let's be honest. It's not a burger. It's not a hot dog. A vegetable patty? Sure. But as far as burgers go, it's a completely different ballpark.

TODAY'S REALITY

And then it all changed with the arrival of the Impossible Burger and Beyond Meat, two popular brands that are re-inventing the veggie burger. These two products are skyrocketing in popularity as word of their meatless meat advances gain attention. Let's be clear, their meatless burgers are the real deal. Some might even say they are creepy real. It looks like a burger, it chews like a burger, it bleeds like a burger. And it's made entirely of plants.

WHAT?! IS THIS THE TWILIGHT ZONE?

Ok. So, meat that's not “meat.” What gives, right? A burger made entirely out of plants that still tastes like a burger.



ARE THEY HEALTHY?

We all remember the magical Snackwell cookie – like so many things, too good to be true. Does it mean that meat alternatives are too good to be true as well?

The companies that produce these meat alternative options keep their recipes tightly guarded. However, a look at the ingredient lists and nutrition facts labels can give you an idea of what it takes to make these burger options and some idea about how healthy they are.

Let's take a look...The Impossible and Beyond burgers contain higher amounts of sodium, carbs and fat than a traditional burger (*so if you are on a restricted diet, check with your healthcare provider before making these a part of your meal plan*). However, they also contain more iron, fiber, calcium and vitamin B12 than a traditional meat burger.

Additionally, it is important to look at the entire nutrient profile of each option and understand that:

- The macronutrient content is very similar among each type of burger – a few more carbs in the plant burgers (*which makes sense because they're plants*).
- The fat content is a bit higher in the Beyond Meat Burger because of the use of a few types of oils, including coconut oil which has saturated fat— even though it comes from plants.
- The amount of protein for all three burger options is basically the same.
- One four-ounce meat alternative patty contains three grams of dietary fiber. That's a big deal since most Americans do not consume enough dietary fiber in their daily meal plans.

The case for the plant burgers may lie in the “micronutrient fine print.” Although sodium is higher in both the Impossible and Beyond burgers, these plant burgers are great sources of calcium, iron, potassium, thiamin, niacin, vitamin B6, folate, vitamin B12 and zinc. Having one of these burgers and a side salad is a load of vitamins and minerals!

So overall, when compared to meat from a cow, these options are probably better for us and definitely better for the planet!



BURGER PATTY COMPARISON

Beef Burger

Nutrition Facts	
Serving Size 4 oz (112g) Servings Varied	
Amount Per Serving	100% packaged
Calories	280
Calories from Fat	200
Total Fat 22g	34%
Saturated Fat	8g 42%
Cholesterol 80mg	27%
Sodium 75mg	3%
Total Carbohydrate 0g	0%
Protein 19g	38%
Iron	10%
Riboflavin	10%
Vitamin B6	20%
Phosphorus	20%
Selenium	25%
Thiamin	0%
Niacin	25%
Vitamin B12	40%
Zinc	30%

Impossible Burger

Nutrition Facts	
Serving size 4 oz (113g)	
Amount per serving	% Daily Value*
Calories	240
Total Fat 14g	18%
Saturated Fat	8g 40%
Trans Fat	0g
Cholesterol 0mg	0%
Sodium 370mg	16%
Total Carbohydrate 9g	3%
Dietary Fiber	3g 11%
Total Sugars	<1g
Includes <1g Added Sugars	1%
Protein 19g	31%
Vitamin D	0mcg 0%
Calcium	170mg 15%
Iron	4.2mg 25%
Potassium	610mg 15%
Thiamin	28.2mg 2350%
Riboflavin	0.4mg 30%
Niacin	5.3mg 35%
Vitamin B ₆	0.4mg 25%
Folate	115mcg DFE 30%
Vitamin B ₁₂	3mcg 130%
Phosphorus	180mg 15%
Zinc	5.5mg 50%

Beyond Meat Burger

THE BEYOND BURGER
PLANT-BASED BURGER PATTIES

Nutrition Facts	
Serving Size: 1 Patty, 4oz (110g) Servings Per Container: 2	
Amount Per Serving	% Daily Value*
Calories 290	Calories from Fat 190
Total Fat 22g	34%
Saturated Fat	5g 25%
Trans Fat	0g
Cholesterol 0mg	0%
Sodium 450mg	19%
Total Carbohydrate 0g	2%
Dietary Fiber	3g 12%
Sugars	0g
Protein 20g	32%
Vitamin A	0%
Vitamin C	90%
Calcium	2%
Iron	25%

*Percent Daily Values are based on a diet of other people's secrets. The % Daily Value is used for general nutrition advice.

INGREDIENTS: Pea Protein Isolate, Expeller Pressed Canola Oil, Refined Coconut Oil, Water, Yeast Extract, Maltodextrin, Natural Flavors, Gum Arabic, Sunflower Oil, Salt, Succinic Acid, Acetic Acid, Non-GMO Modified Food Starch, Cellulose From Bamboo, Methylcellulose, Potato Starch, Beer Juice Extract (for color), Ascorbic Acid (to maintain color), Annatto Extract (for color), Citrus Fruit Extract (to maintain quality), Vegetable Glycerin, Coconut Coconut Oil.

V NO MSG NO GLUTEN NO NUTS

290 (440)1103 • NEW! 0.02 (127g)

	Beef Burger	Impossible Burger	Beyond Meat Burger
Calories	200-250 calories	240 calories	290 calories
Sodium	70 milligrams	370 milligrams	450 milligrams
Carbohydrates	0 grams	9 grams	6 grams
Fat	13-15 grams	14 grams	22 grams
Protein	20 grams	19 grams	20 grams
Dietary Fiber	0 grams	3 grams	3 grams

Pease note: The nutrient discussion above, the comparison chart and the nutrition facts labels are all for one plain burger patty. When we pile on the condiments – ketchup, mayo, BBQ sauce, etc. – and extra toppings (*cheese, bacon, avocados, onion rings, etc.*), the calorie, fat and sodium content start to skyrocket whether it’s a real or plant-based burger!

Where’s the Beef continued on page 36

Where's the Beef continued from page 35

WHAT TO LOOK FOR WHEN YOU SHOP

It is important to remember that a meatless meat product is processed. This means there are certain combinations of ingredients included to produce the look, taste and texture of its intended counterpart. As with all processed foods, not all veggie burgers are created equal. So, when shopping, read the product's ingredient list first. The ingredients that produce red flags in meatless meat products would be added sodium, the inclusion of nitrates or nitrites (*which are linked to increased risk in various cancers*), the types of fats used in the recipe and whether the product contains actual plant proteins as opposed to grains and fillers.

When choosing a meatless meat product, look for a product that:

1. Contains plant-based proteins: soy or pea proteins, quinoa, tofu or beans.
2. Most closely mirrors the amount of protein in real meat: 20 grams per serving.
3. Uses the least amount of sodium: ideally, less than 300 milligrams per serving.
4. Has the least amount of fat (*particularly saturated fat*): less than 10 grams per serving.



“AS WITH ALL PROCESSED FOODS,
NOT ALL VEGGIE BURGERS ARE
CREATED EQUAL.”

Loose 36lbs in 12 Weeks on our Very Low Calorie Ketogenic Program*

Find Out if You Qualify **Today!**



WHERE'S THE BEEF ALTERNATIVE?

The popularity of the Impossible and Beyond burgers has exploded overnight. And like all food trends, not all options for sampling these meat alternatives are healthy—even if they are convenient.

The healthiest options for sampling these new food innovations, like most eating options, come from your grocery store and are prepared at your home. Sold frozen, they can be found at Whole Foods, Publix, Kroger, Giant Eagle, Target, Safeway, Walmart and Albertsons—just to name a few.

If you are looking to try out these non-meat burgers without preparing them yourself, there are numerous options. Just keep in mind that portions at restaurants are generally larger and contain the toppings we noted that top on the calories. White Castle, Subway, Cheesecake Factory and—most recently—Burger King have all rolled out sandwich options made with Beyond or Impossible meat alternatives.

CONCLUSION

Overall, it is safe to say we should all probably be eating less meat for the health of our bodies and our beautiful planet. It's no secret – plants are good for you. Really, really good for you. Thankfully, with the help of science, we don't have to miss out on some of our traditional favorites. So, why not shake up your usual routine and add some plant-based “meats” to the daily mix? You might be pleasantly surprised.

About the Author:

Ethan K. Balk, PhD, RDN, ACSM-EP, is an assistant professor of nutrition and public health at Western Connecticut State University. He also works as a clinical dietitian at Yale's Metabolic and Bariatric Surgery Center in New Haven, CT.



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BE THE SPORTS SNACK DUTY SUPERMOM!

by Sarah Muntel, RD

Remember the days of passing out sugary juice drinks, fruit snacks and chips after your daughter's first soccer game? Have you ever served a box of donuts to your child's basketball team before an early morning basketball game? We have all had mom snack moments. Now it's time to step up your game.

Youth sports are exploding and busy parents are scrambling to find quick, nutritious snacks that can keep their athlete going strong for a game or practice. The right nutrition can fuel your child and improve their game.

What Does Your Athlete Need to Perform at their Best?

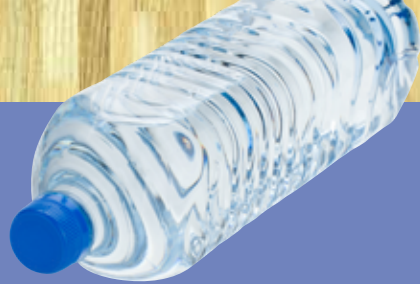
Before you start with snacks, it's important to lay the foundation. An overall balanced diet is important for your child as they balance activity with meals and snacks. Carbohydrates (*grains, fruits and vegetables*), protein (*meats, dairy, nuts and legumes*) and fats (*oils, avocados*) are a great place to start. Before we dive into snacks, what is your daily meal plan like? Let's take a look below.

Meal Plan Check List:

- ✓ Choose three nutritious meals per day.
- ✓ Have a combination of protein, fruit and vegetables.
- ✓ Use sweets and treats sparingly.
- ✓ Include plenty of fluids.

Now that we are set with a balanced meal plan, how do games, practices and events fit in? As your child adds in more activity, it is important to add in some additional snacks to meet their nutritional needs. Filling-up with carbohydrates, protein and healthy fat is important. Remember, the foods you choose can affect their performance.

“An overall balanced diet is important for your child as they balance activity with meals and snacks.”



Hydration is the Top Priority!

Is your child staying hydrated? Water is the drink of choice for all kids. It is important to offer fluids during the day and bring a water bottle to games and practices. The Academy of Nutrition and Dietetics suggests using the chart below as a guide for daily water consumption. Just remember to add one half-cup to two cups of water for every 15 – 20 minutes of exercise!

Total Daily Beverage and Drinking Water Requirements for Kids

Table courtesy of *EatRight.org*

Age Range	Gender	Total Water (Cups/Day)
4 to 8 years	Girls and Boys	7
9 to 13 years	Girls	9
	Boys	10
14 to 18 years	Girls	10
	Boys	14

There are many options for fluid. Water is always the best choice (*it is worth repeating*). While there are many drinks containing electrolytes for extended training sessions, these typically aren't needed unless practice is longer than 90 minutes. If you do choose a sports drink, remember to watch the sugar content. Some sports drinks contain teaspoons and teaspoons of sugar, even though they are marketed as the perfect drink! Especially for short exercise bouts, choosing a sugar-free option is the best idea. Look for the words "zero" or "sugar-free" on the label. These sugar-free options can be a great way to get fluid and electrolytes into your plan without additional sugar.

Are Snacks Always Necessary?

We often feel it is necessary to fill kids up on snacks following any activity. This isn't always true. Playing basketball in the yard, a pick-up soccer game outside or a dip in the pool doesn't require an extra snack. Of course, if your kids are hungry, add something in, but adding fuel for short exercise stents is not always a must. Longer bouts of exercise or games do require some additional fuel. Just remember, what you feed your kids can make all the difference.

BEFORE a Game or Sporting Event...

If it's an elementary soccer game, a middle school swim meet or a high school volleyball game, carbohydrates are needed for energy and performance. If your child hasn't had a recent meal, about an hour before the game or practice, offer your child a snack. For a pre-game snack, choose carbohydrate-based foods. Carbohydrates are stored in the liver and in muscles to be used for fuel during exercise. Your child needs them for quick energy before the game begins. The best options for pre-game carbohydrates include fruits and whole grains.

Examples of Healthy Pre-game Snacks:

- Strawberries
- Watermelon slices
- Apple sauce
- Granola bars
- Whole grain crackers
- Bagels
- Orange slices
- Grapes
- Pita chips
- Baby carrots



What to Avoid:

Avoid items that may cause stomach upset. High-fiber foods and high-fat items stay in the stomach a little longer and can be harder to digest. Avoid these foods pre-game.

“ If you do choose a sports drink, remember to watch the sugar content. Some sports drinks contain teaspoons and teaspoons of sugar, even though they are marketed as the perfect drink! ”

Preparing for Longer Practices, Meets and Games

If you have a longer event (*more than 90 minutes*), you may want to try something a little more substantial. Add some protein in the mix. It is important to keep the needed carbohydrates, but also to add in some protein to help with additional fuel. Pairing a protein and a carbohydrate is the best way to do this.

Protein and Carbohydrate Power Partners:

- Apples and peanut butter
- Cheese and crackers
- Cottage cheese and peaches
- Whole grain bread and turkey
- English muffin and cream cheese
- Hummus and vegetables
- Chicken and cheese tortilla roll-up



Looking for a quick dip with some protein? Mix up this healthy dip and serve with fruit or whole grains. It's a quick and tasty way to get both protein and carbohydrates!



Greek Yogurt Peanut Butter Dip *FamilyFreshMeals.com*

Ingredients:

- 6-ounce container of plain Greek yogurt
- 1 tablespoon honey
- 1 tablespoon peanut butter
- 1 teaspoon vanilla extract
- ¼ teaspoon cinnamon

Directions:

Mix all ingredients together and enjoy with fresh fruit, pretzels or animal crackers (*or even a spoon!*). Cover and refrigerate leftovers and use within two days.



Recovery

When the game is over, don't run to the chips just yet. It's important for your child's body to recover. If dinner or lunch is not right after the practice, game or meet, offer a protein and carbohydrate combination snack. Protein helps with muscle recovery after a session and carbohydrates help to refuel.

Remember, snacks aren't always necessary. For many, after a game or practice, kids sit down to dinner or lunch. If that's the case, just wait for your kids to sit down to a balanced, healthy meal.

Looking for a perfect post-game snack? Below is a trail mix recipe full of carbohydrates and protein, plus a little chocolate, because everything is okay in moderation! Serve this trail mix to your kids or put it in baggies and serve to their team!



Camp Trail Mix Recipe *AllRecipes.com*

Ingredients:

- 6 cups honey-oat cereal
- 2 cups peanuts
- 1 cup dried cranberries
- 1 cup carob chips
- ½ cup sunflower seeds

Directions:

Add all ingredients, mix and enjoy!



In Conclusion

Sports and activities are a fantastic way for kids to increase their physical activity, build confidence and learn teamwork. Combining physical activity with good nutrition will lead to long-term health!

About the Author:

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

FEEL GOOD ABOUT GREAT TASTE

30g
PROTEIN

160
CALORIES

1g
SUGAR



TAKE A STAND TO *Actively* IMPROVE YOUR LIFE

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

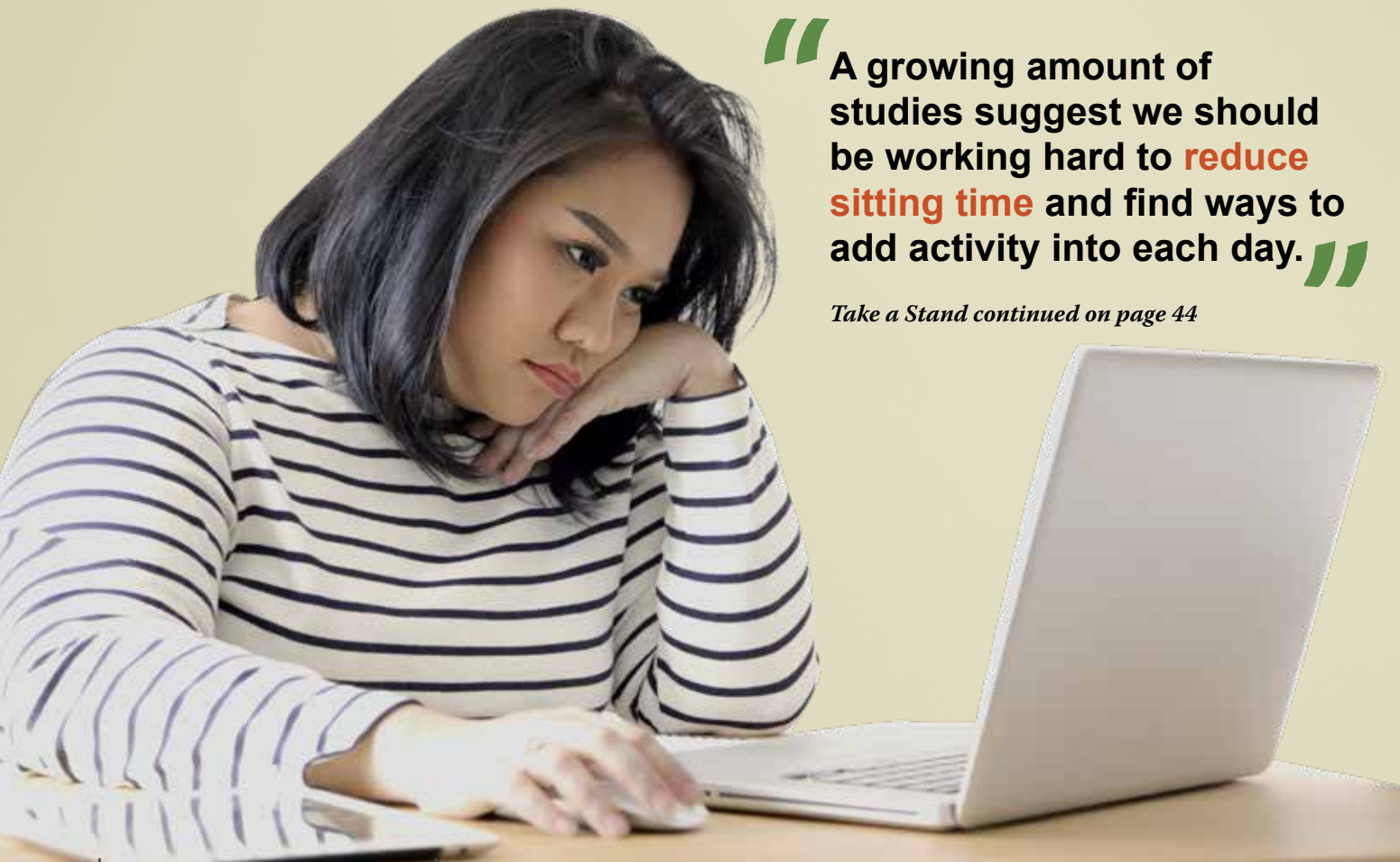
Today, convenience is all around us. Food and household items can arrive at your door within a matter of minutes to hours through companies like DoorDash and AmazonPrime Now. You can also hit the drive-thru for your dinner, your latest Target run and even your dry-cleaning items.

Convenience is nice! It can help reduce stress as well as the time it takes to run errands or have a dinner to feed your family. But, it can also make it hard to get your steps in each day. Add in the ease of binge watching shows on Hulu and Netflix or gaming with friends on Xbox, and there is hardly a need to move from your living room couch!

We do need to get up and go out to work to pay for all of that convenience, but many of our jobs involve sitting in meetings or behind a desk for another 40 hours a week. If we add together work time, screen time and time spent sleeping, we can see that time spent moving is on the decline. That's not good.

“A growing amount of studies suggest we should be working hard to **reduce sitting time** and find ways to add activity into each day.”

Take a Stand continued on page 44





What if your brain couldn't tune out your hunger?

Insatiable hunger can make it hard for you to focus, and it feels like no matter what you do, you continue to gain weight. That could be because a rare genetic disorder of obesity is preventing your brain from telling you that you're full.

To learn more and receive updates, visit [LEADforRareObesity.com](https://www.LEADforRareObesity.com).



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

Rhythm
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The Real Dangers of Being Sedentary

Simply put, excessive sitting is bad for our health.

Here is what happens when we sit too much:

- The activity in our muscles greatly decreases. Among other things, it can slow our metabolism.
- Our calorie-burning rate drops to about one calorie per minute. This is a third of what it would be if you walked.
- The insulin in our bodies becomes less effective even after a single day, and our risk of developing type 2 diabetes rises.
- Our ability to break down lipids and triglycerides drops. This causes our levels of good cholesterol (HDL) to fall.

Being Sedentary is Bad for Everyone

Prolonged amounts of uninterrupted sitting negatively impacts our overall health, even in relatively healthy adults. A growing number of studies suggest we should be working hard to reduce sitting time and find ways to add activity into each day.

Even healthy young adults show a decrease in their insulin's ability to work after only 24 hours of sedentary time. While we know that exercise is NOT the perfect cure for wiping out the effects of sedentary behavior, movement throughout the day is the best option to keep these effects at bay. This does not mean you need to run a marathon, but you do have to move more. Movement matters!

A few Lessons Learned over Time

I've worked with clients for more than 20 years on increasing exercise and activity levels to improve health. Over time, I have found that the best way to make new habits is to find simple and easy ways to mix more activity into what you already do each day. We can't all spend hours each day in the gym, but we can all find ways to move more.

“Over time, I have found that the best way to make new habits is to find **simple and easy ways** to mix more activity into what you already do each day.”

Movement Matters

Movement is the key word here, so simply standing will not repair the effects of sitting. I encourage my clients to follow the 6/60 rule: walk for six minutes every 60 minutes during otherwise sedentary time. Research tells us that moving 10% more improves how glucose and insulin work in our bodies and can also lower our risk of heart disease and diabetes.

Another easy way to increase movement is by adding simple stretches into your day. Stretching throughout the day—both at work and at home—increases muscle activity and metabolism.

Additional benefits of stretching include:

- Improved circulation
- Reduced muscle tension
- Reduced anxiety, stress and fatigue
- Greater mental alertness
- Decreased risk of injury
- Improved mind and body connection



Any stretch that gets you out of your chair and activates your body will help.

A few simple stretches you can easily add to your day include:

- Stand and reach your arms as high overhead as possible, holding for 15-20 seconds.
- While standing behind your chair, hold the back of it and grab your foot or ankle and bring it to your backside. Hold this position for 15-20 seconds and repeat with your other leg.
- Try standing side bends to loosen up a tight lower back and boost the energy-burning compounds in your muscles.
- For a more aggressive stretch, do a few simple yoga poses such as upward and downward dogs.

These stretches will work wonders for your well-being and your health.

Don't overthink it! Small, simple changes can create big results. Just look around for inspiration to sneak activity into your day:

- Take the stairs on short trips instead of the elevator.
- Park farther away and increase your step count.
- Walk over and talk with your co-workers.
- Use electronic reminders to increase your activity.

Once you have mastered the 6/60 rule and have added stretches and small changes into your daily routine, it may be time to add some equipment such as:

- A standing desk
- A treadmill or stationary bike desk
- Membership at your office gym or at a health club close to work or home
- A stability ball at your desk to improve muscle activation

Key Points to Remember

More than 60 years of research shows a link between physical activity and health. More recently, research has been done on the effects of sedentary behavior. Public health recommendations on limiting sedentary time are needed, as they account for almost 60% of an American's typical day.

We must explore new and simple ways to reduce our sedentary behaviors, as the potential health benefits to be gained are substantial. Following the 6/60 rule at work and home, leading a workplace walking group, or walking your dog each evening will have you on the right path to better health and transform you into a moving picture of health!

About the Author:

Roger Adams, PhD, CISSN, ACE-CPT, is the owner of *eatrightfitness* – an evidence-based private practice focusing on weight-loss, disease prevention/management and sports performance nutrition, located in Spring, Texas. He has more than 19 years of experience working with clients to achieve better health and wellness. Dr. Adams is a certified personal fitness trainer by the American Council on Exercise (ACE) and is also a certified sports nutritionist by the International Society of Sports Nutrition (ISSN). He is also an active member in the Sports, Cardiovascular, and Wellness Nutrition, Nutrition Entrepreneurs and the Weight Management dietetic practice groups of the Academy of Nutrition and Dietetics. More information about Dr. Adams is available at EatRightFitness.com.



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Navigating Health • Changing Tides • Taking Action

YWM2019

AUG. 1-3, TAMPA, FL.

YWM2019: A Weekend of Education, Empowerment and Advocacy

"The energy and impact of the entire weekend from the speakers, exhibitors and the OAC Community was simply inspiring," said Joe Nadglowski, OAC President and CEO.



The Obesity Action Coalition is proud to have hosted our 8th Annual *Your Weight Matters* Convention & EXPO from August 1-3 in Tampa, FL. Together, passionate health advocates from five different countries and 34 states were empowered in their own health journeys and energized to continue changing the world for people living with obesity. With a fitting theme of "Changing Tides, Navigating Health and Taking Action," attendees gathered for an inspirational weekend packed with top-notch education, tools, resources and support as fuel for their unique journeys with weight and health.



“From the first moment I walked into the conference area and saw the ObesityAction registration booth on Thursday until Saturday night lights out, every minute brought me something to appreciate.” – Jeanine M. Sherman



CHANGING TIDES

“It is exceptional to be in a place that truly honors and holds space for our stories of life with obesity.” – Liz Paul

YWM2019 brought-in incredible leaders with different backgrounds, passionate advocates and attendees eager to gain practical tools to apply to their journeys with weight and to create an impact and make a difference in their lives and for those affected by obesity.



“I am a hiker, a friend, and advocate, an uncle, a bariatric patient, and so much more. I also happen to be a person with obesity.” – Rob Portinga

During this electrifying weekend, attendees had the opportunity to share their stories, experiences and journeys with weight. Throughout different sessions and trainings, many discovered how important and powerful our stories are and how the scale does not define who we are.

“We are not defined by our weight. We are defined by who we are as individuals. We are powerful, self-knowing and strong.” – Melinda J. Watman

NAVIGATING HEALTH

“I went in knowing I had a great foundation from the bariatric program and years of research but still learned more than I could have imagined.” – Beth Kapi

Upwards of 400 attendees had the opportunity to gain further understanding about the complex, chronic disease of obesity during the more than 52 educational sessions and panels lead by National experts on topics such as nutrition, weight maintenance, obesity-related conditions and much more.

“Hearing integral members of healthcare teams emphasize quality of life and the patient’s goals instead of consistently pushing weight-loss is incredibly refreshing and releases some of the intense pressure I was putting on myself to will those numbers on the scale down.” – Faith Anne

In addition to quality education and resources, attendees found a supportive and understanding community that just gets it. The ups and downs, the challenges and small victories, all of it.

“I enjoyed meeting so many people from everywhere who have gone through a lot of the same issues as me. The sessions were informational and uplifting. I loved it all. I can’t wait to see everyone next year.” – Tonya Ham



TAKING ACTION

“Together, we will change tides and take action for all patients battling the disease of obesity.” – Kristal Hartman

YWM2019 generated a momentum that empowered each attendee to do more and take action. OAC is honored to have trained over 50 new advocates that are ready to take action in their own communities and apply their passion to create change.

“We are real people with real lives. We are not statistics. We are people first.” – Michelle Vicari

By the end of Saturday night, attendees discovered that we all have it in us to become our own advocate. Many realized the potential impact of getting involved and the different types of actions that we can take on a daily basis to educate others in the topic of obesity. YWM2019 empowered us all with new knowledge and tools to advocate for a better world for people living with obesity.

“I have a year under my belt with fire and demand to get out and ramp up the advocacy. Thank you, thank you, thank you.” – Shenesa Colwell



YWM2019 continued on page 48

YWM2019 HIGHLIGHTS

WE HAD ATTENDEES REPRESENTING



50+ Topics

31 Speakers

30 Exhibitors

52 Newly trained advocates

16 Scholarships

"As a first timer, the entire experience was wonderfully overwhelming! Highlights for me were the breakout sessions and the expo hall! All of the speakers rocked it, too! And the STAFF! ALL OF IT was awesome." – Sheneese Colwell

"As a newbie, it is impossible to choose one favorite part of #YWM2019. I felt a sense of belonging & community which I have not experienced before. Learned a lot & met some pretty great people!" – Anita Saah



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Buzzwords at #YWM2019

Incredible, Amazing, Friends, Home, Incredible, Education, Advocacy, Thankful, Family, Amazing, Fabulous, Inspired, Beautiful, Fabulous, Support, Community, Friends, Motivational

"I can't help but totally recommend this Convention. I attended for the first time in Denver, Colorado and it was an absolutely amazing experience." - Marty Enokson



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Navigating the **Ups AND Downs**

of the First Year after **Bariatric Surgery**

by Kristal Hartman

I want to be honest. My journey to bariatric surgery was a bumpy one. For 20 years I had tried to lose weight. I followed the advice of “eat a little less and walk a little more,” along with every fad diet you can imagine. I wanted to lose the weight on my own.

When I was 35, my doctor suggested I have bariatric surgery. I felt so much shame for needing surgery to manage my weight. But I struggled to lose even a few pounds, so how on earth was I going to lose 100 pounds with my body fighting me every step of the way?

It took me a full year to call the bariatric surgery office. With tears running down my cheeks and feeling like an immense failure, I made my first appointment. I didn't know it then, but I would soon learn that surgery was the best gift I could have ever given myself and my loved ones.

“ I’m here to tell you to buckle your seatbelt and hang on to your hat because **in spite of the ups and downs**, you too can survive and thrive in the first year after bariatric surgery! ”

A Look at Getting to Surgery and beyond

Whether you are:

- Considering bariatric surgery
- Or have already had bariatric surgery
- Or are supporting someone else on their bariatric surgery journey
- Or are purely interested in bariatric surgery from a scientific or humanistic point of view...

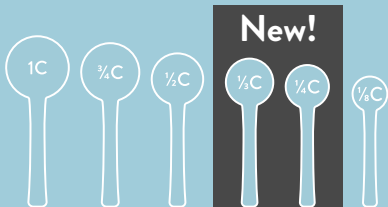
It's important to know that the first year following bariatric surgery will be a roller coaster of emotions.

It will be full of changes both big and small. I'm here to tell you to buckle your seatbelt and hang on to your hat because in spite of the ups and downs, you too can survive and thrive in the first year after bariatric surgery!

Ups and Downs continued on page 52

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mindful eating

My pre-surgery program prepared me well, but everyone's journey is unique. To be truthful, it is hard to know how major life changes will affect you until you are experiencing them.

Following is a very honest and real look ahead about both the positives and the challenges you can face in your first year after bariatric surgery. These topics aren't spoken about enough in our bariatric community. The more you know about what may be ahead of you, the better prepared you will be to face them head on!

I am now five years post-bariatric surgery and when I look back, that first year was a complete blur. It was the slowest and fastest, hardest and easiest, worst and best year of my life. It makes no sense that one single year can be ALL of those things, right?!

So, let's break the first year down a bit with a few examples:

Slowest

This seems like an odd concept. You may have spent the majority of your life experiencing weight bias and weight stigma, so why on earth is everyone so slow to notice that you are losing weight? You see and feel the changes occurring daily, weekly and monthly, but others may not be as quick to see some of them. I was more than six months post-surgery and had lost nearly 50 pounds before people started to say, "Have you lost weight?"



Fastest

Since most of your focus is on all that is changing in your life after bariatric surgery, the rest of the year somehow zooms by. After years of fighting with the scale and rarely seeing it move, suddenly your weight, your body and your life are all transforming rapidly.



I had surgery just before my 36th birthday and before I knew it, I was 37 and wondering where the year had gone! While each change feels HUGE during this first year, you won't believe how quickly these lifestyle changes become regular habits and will just seem normal! You'll be at your big one-year post-op appointment and you'll likely feel like it was just a few months ago that you were nervously waiting to be taken back to surgery. Time flies when you are busy transforming your health and your life!

Hardest

There was one major adjustment that was both the most surprising and most difficult for me. It was how I felt about myself as I was losing weight and how others treated me as I was losing that weight.



I had a hard time adjusting to my new body. I lacked self-confidence as the weight left, but loose skin remained. At the same time—after feeling invisible for so many years—people began to notice me and interact with me in ways I had never experienced before. This made me very uncomfortable. I had spent years making eye contact, but not being "seen." Now I found myself unable to make eye contact when I was finally being "seen." To this day, I struggle with this deeply hurtful societal issue. And I know that people with obesity face it every day as well.

When others did eventually notice that I had lost weight, they would say, "Wow, you LOOK so good!" I know they meant well, but I couldn't help but think, "They must have thought I looked awful before I lost weight!" I would always reply with, "Thank you, I FEEL so good!" That way I could focus on my health and not my weight.

It is kind of like being stuck between a rock and a hard place. After years of battling your weight, you want people to notice and to finally shed the stigma and bias around obesity. But at the same time, you don't want them to notice at all. Simply put, you shouldn't be treated differently just because you weigh less!

This mental/emotional/social component following bariatric surgery will be unwelcome for some and non-existent for others while the rest will fall somewhere in the middle. I want you to be prepared for it—no matter how you feel about it when it hits.

Easiest

I have never been more organized, disciplined or prepared in my whole life than I was during the year following bariatric surgery. Planning ahead for snacks and meals was a key to my success. It also made planning for everything from short adventures to long vacations easier to mentally prepare for because I was sticking to my plan exactly. I prepped my snacks and meals ahead of time and tracked all of my food and physical activity. When in doubt, go back to these basics. Habits such as these make life easier and weight management after surgery a success!



Worst

During the first few months after surgery, I ate separately from my family. It might seem odd to you, but I did it because it was extremely hard for me to see and smell the food my family was eating. I was on a bland liquid and soft diet and I wanted to stick to my post-op plan. It took several more months before I felt comfortable attending social events that revolved around food.



Depending on your relationship with food, you may mourn the loss of your previous way of life. Even if you were always dieting, you had choice and flexibility. Once you have chosen bariatric surgery, it is very important to stick to your plan. If you don't, you could become seriously ill. During the first year after surgery, doing everything (*birthdays, holidays, summer BBQ's, etc.*) for the first time without being able to eat the same food as everyone else may take some adjustment.

Best

There are SO MANY "bests" in the journey with bariatric surgery that I don't even know where to start!



Best moments and milestones are deeply individual and personal to everyone. Yes, seeing the number on the scale change after so many years of not being able to impact that number feels incredibly amazing! However, it's really the Non-Scale Victories (NSV's) that feel the best! If you have chosen bariatric surgery, there is probably a list of things you hope to see change along your journey.

For me, I had two big bests. One of them was no longer taking the 14 prescription medications for my many obesity-related conditions. The other was being able to play and hang out with my kids instead of sleeping every free moment due to illness and exhaustion.

Hold on to those NSV's – they will get you through the tough times in your first year following bariatric surgery.

Ups and Downs continued on page 54



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*Plus recommended foods

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

Healthy Transformation.
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Along with these examples of potential ups and downs that you'll face, there are **three major themes** to prepare for during the first year after bariatric surgery:

- 1. Nutrition:** Follow every detail of your surgeon's post-surgery plan. While it can feel extremely restrictive, it is designed for your health, safety and well-being. It will also jumpstart your progress toward successful weight-loss.



Your body will tell you what you can and can't handle. Stop and really listen to it. If you get off-track one day, jump back on the next. Don't let one meal choice or one difficult day derail you entirely. Every day is a new day!

- 2. Exercise:** Make sure you follow your surgeon's recommendations for exercise. After being told my whole life to "exercise more," it felt odd to be told to focus on the nutritional adjustments first and to only walk and move my body as I was able.



The most amazing part of that first year after surgery was transforming from a person that was in too much physical pain to be active to a person that was able to become active for the first time in years! And instead of dreading it, I began to crave movement, even if it was a short walk down the street and back. Find something fun (*horseback riding, tai chi, curling, whatever!*) that you never would have been able to do prior to weight-loss and celebrate that you are now able to do it!

- 3. Emotions:** The mental, emotional and social changes after bariatric surgery aren't talked about as often as the physical and daily functional changes are. But they are just as REAL and equally important to be aware of.



Your body is going through a huge transformation, but the transformation occurring in your brain is just as big and just as important. Grant yourself grace, flexibility and patience to adjust to these changes. Be kind to yourself while you adjust to your evolving mental, emotional and physical states. Know that relationships with friends and family can and will change, some for the better and some for the worse. There will be people who support you and that you can lean on and there will be people that don't like that your focus and priorities have changed. Find your village—whether it be at home, at school, at church, at bariatric support group meetings or with your fellow Obesity Action Coalition members who are experiencing the same things you are. We are your people and you are not alone!

Some Final Thoughts

I know, that was a lot! Are you still wondering:

- Is the first year after bariatric surgery easy? **NO.**
- Is it worth it? **YOU BET IT IS.**

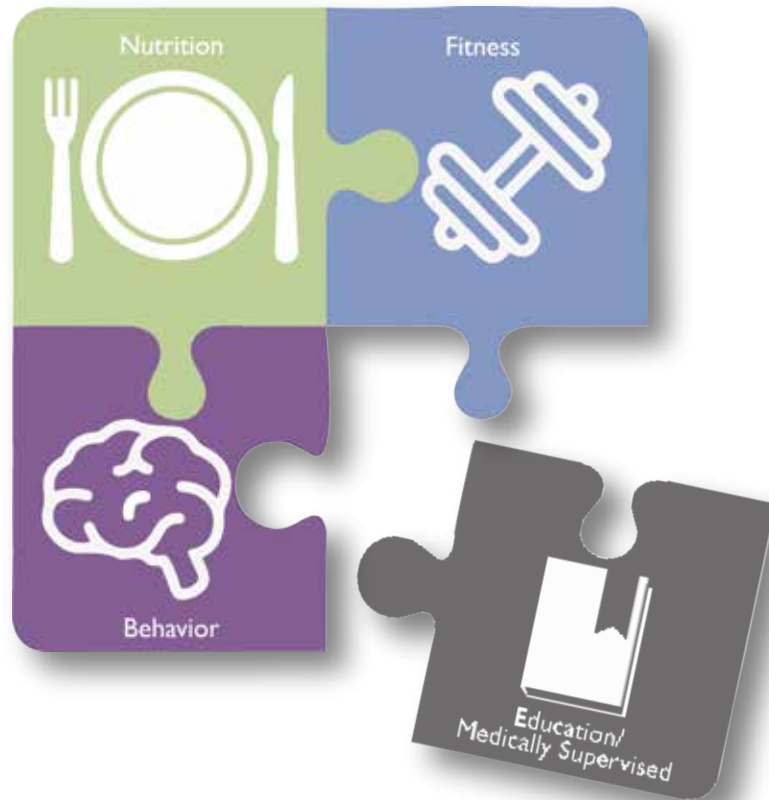
If I could go back, I'd make the same decision over and over again. It will feel like your life has separated into two distinct periods: BBS vs ABS. That is, Before Bariatric Surgery versus After Bariatric Surgery. Or, as my good friend Dr. Walt Medlin calls it, his "Bonus Life."

It will take adjustments and you may have to re-learn how you experience some aspects of life ABS. During the first year, all of these changes are SO BIG and have HUGE IMPACTS. But after that first year, everything sorts itself out and this will become second nature and your normal way of life. Embrace the ups and the downs and enjoy the roller coaster ride. We have a short time on this earth, so enjoy every moment!

About the Author:

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

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