

YOUR WEIGHT Matters

Summer 2018
MAGAZINE

FOR YOUR HEALTH

OAC LAUNCHES NEW COMMUNITY Be a Part of it!

p.16

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Less Stress p.10
at the Grocery Store

Dear Doctor: Can You Cure My Obesity? p.26

Realistic Advice p.44
for Life after Bariatric Surgery

KID'S corner Adventure Awaits at Summer Camp! p.32



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

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WEIGHTMatters
 FOR YOUR HEALTH MAGAZINE

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Message from the



**Chairwoman
of the Board**

Hello Everyone,

It's an exciting time for the Obesity Action Coalition! We now have a re-designed website and I would like to personally invite you (*after you've finished reading this issue of Your Weight Matters Magazine of course*) to log-in to **ObesityAction.org**, take a look around and explore what's new. It's now easier than ever to navigate your way around and find the latest information, evidence-based education and resources about obesity, weight, health and more!

For those wanting to have a positive conversation about their weight and how it might affect their health, you'll also find our new Obesity Care Provider Locator to be available. This new OAC resource allows you to easily search for healthcare providers in your area to help you care for and treat obesity. To view our new Obesity Care Provider Locator, please visit: **ObesityCareProviders.com**.

We also have several new features that will allow OAC Community members to connect, engage with and support each other in ways we've not been able to do before. You now have a place to return to again and again to gain inspiration from your fellow OAC Community members who bravely share their diverse stories of what it's like living with obesity. From the day-to-day experiences to the life-changing events which have shaped their world, these powerful stories will change the way people view obesity. We encourage you to add yours!

With all of these new and exciting changes, you'll also be able to focus on the advocacy issues you are most passionate about. Whether it's fighting weight bias and stigma, dispelling myths and misconceptions about obesity, fighting for access to care and treatment or other great efforts, there are a variety of ways we can take **#OACAction** together (*some without even leaving our homes!*) to help make the world a better place for people living with obesity. Truly, this quote is reflective of our Community and all there is to come:

*"Alone, we can do so little;
together, we can do so much" – Helen Keller*

It is our hope that more and more people will find and become part of the OAC Community as you all spread the word, because in order to make an impact and change the world, we'll need to have all of the members of our OAC Community working together!

See you around our Community,

Michelle Vicare

Join Us at Our 7th Annual Your Weight Matters National Convention!



If you haven't registered yet, make plans now to join us for our 7th Annual *Your Weight Matters* National Convention taking place **July 19-22 in Denver!** This four-day educational event brings together all people interested in their weight and health, as well as health professionals wanting to extend genuine care to individuals concerned with weight-related issues. With a timely theme of "Take Your Health to New Heights," this year's Convention features:

- General sessions with respected keynote speakers
- Breakfast/Lunch with the Experts, offering close-up interaction with leading professionals
- Breakout sessions for more in-depth discussion on weight-related topics
- Group exercise classes and walks/runs
- Networking opportunities to build connections, support and friendships
- EXPO Hall featuring products, samples, services and more

It's not too late to join us at **YWM2018!** Visit YWMConvention.org to register today! For inquiries, email Convention@obesityaction.org or call 800-717-3117.

Robust and Refreshed: The New OAC Website is Now Live!

To better serve the public and its Community, the OAC recently unveiled its new website developed with the best possible user experience in mind. Featuring a more up-to-date look and feel that aims to engage visitors, our new website offers:



- Improved navigation to easily find relevant content, news and updates
- Streamlined content which clearly expresses the OAC's story and mission
- A visually-driven design with bolder headings and captivating images
- Mobile compatibility for convenient multi-device access
- Interactive videos and news rolls to inform, engage and inspire online visitors

In addition, our new website features a member-exclusive OAC Community ENGAGE Platform which allows Community members to access health-related blog content, find support and connect with like-minded individuals, share and submit real stories and elevate conversations about weight and health in a safe and welcoming environment. Be sure to explore our updated website and experience all our new changes at ObesityAction.org.

OAC Launches New Public Resource: A Tool to Help Individuals Find the Right Obesity Care Provider!



Knowing that a lack of medical care access is among the top issues facing individuals affected by obesity, the OAC has officially launched **ObesityCareProviders.com** as its newest public resource – designed to help individuals find qualified healthcare providers with whom they can talk about their weight and health.

The OAC's Obesity Care Provider Locator allows you to:

- Search healthcare providers by zip code to find those nearest to you
- Search by specialty, offering the ability to find a provider who meets your individual needs – including bariatric surgeons, dietitians, nurse practitioners, physicians, etc.
- Explore valuable tips to help you prepare for your next medical appointment

Discussing weight and its impact on health is never easy, but with OAC's Obesity Care Provider Locator, we help you take that important first step toward taking charge of your health and having an honest conversation with your healthcare provider.

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Advocacy Matters
Support Matters

OAC MEMBERS
MATTER

EMPOWERING OTHERS THROUGH SUPPORT AND COMMUNITY



by Vu Pham



I get to work alongside a staff that genuinely cares about patients and celebrates their achievements, and I get to interact with the most amazing patient community.”

I work as an office manager at a bariatric surgery practice. My role is to support the staff, providers and the program that ultimately supports our patients who have chosen bariatric surgery as a tool in their fight against obesity.

While that statement seems to boast of my self-importance, let me translate what this really means. I've been responsible for vacuuming, mopping, doing dishes, running network cables through the ceiling, assembling furniture, taking out the trash, pushing patients' cars out of snow banks, taking phone calls and working with internet technology. Despite all of this, I love my job!

Every day as I head to our office, I look forward to being surrounded by like-minded co-workers who want the best for our patients. I get to work alongside physicians who insist on meeting with patients at the very first appointment (*not right before surgery*) to establish a relationship and work together toward goals of being healthier and happier. I get to work alongside a staff that genuinely cares about patients and celebrates their achievements, and I get to interact with the most amazing patient community.

My interaction with patients used to be quite limited. I helped when we were short-staffed or needed extra hands. Then, in early 2015, a staff member who was running our practice's monthly patient support group meetings retired and I decided to temporarily take on the role of Support Group Facilitator.

However, I felt far from qualified to be leading these sessions. I could relate to some of our patients' experiences, but I had not undergone bariatric surgery myself. Would patients be willing to accept a support group contributor who couldn't relate to this significant life change?

Despite my fear of being relatable to patients, I found the patient community to be accepting and inviting. Although my personal fight against obesity had not led to bariatric surgery like it had for my patients, it helped me connect in another way.

“ Although my personal fight against obesity had not led to bariatric surgery like it had for my patients, it helped me connect in another way. ”

My personal experiences with obesity included a childhood of using humor to mask my humility of being the “jolly fat kid.” I secretly tried to cheat my way to physical acceptance using very dangerous methods. I was reminded of how alone I felt sitting in a locked bathroom, thinking those methods would be the only way I could lose weight. I figured I was the only one who could get myself out of this body. Reaching out for help seemed to show weakness and that wasn't an option. This feeling of self-loathing, disgust and complete isolation was one I never wanted anyone else to feel, and as I spoke with each patient at the support groups, my goal was to make sure no one had to feel alone on this journey.

The strength of those patients inspired me to commit to being a support group facilitator long-term. I earned my Support Group Leader Certification from Bariatric Support Centers International and I was soon able to grow our newly-forming support groups to a highly-performing program!

The next evolution of our support groups came in 2016 when our medical director asked if I had any interest in attending the OAC's *Your Weight Matters* National Convention in Washington, DC. Having been very familiar with the incredible work of the OAC, I jumped at the opportunity. It was a blast! I learned so much from the incredible speakers, discovered new ways to stay healthy, connected with others who have always inspired me and became empowered to fight weight bias. I even got to meet other fascinating attendees from across the nation and hear their stories.

OAC Members Matter continued on following page

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



This is why OAC launched the OAC Community.

We believe we can make

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

WHY BECOME PART OF THE OAC COMMUNITY?

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

GET EDUCATED

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

FIND SUPPORT

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

TAKE ACTION THROUGH ADVOCACY

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

Experience the Power of Community.

Visit: ObesityAction.org/Join to join today!

Your Gift Helps People Like You!

Donate to the OAC

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

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

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



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“ **The strength of those patients inspired me to commit to being a support group facilitator long-term.** ”

After the Convention, I came back home to Buffalo so inspired and empowered to grow our support group even more. I incorporated elements from the conference into our meetings and I spent a year telling everyone how awesome it was! Then, I attended the 2017 conference in New Orleans with 12 of my closest friends and patients. I wasn't surprised that patients who attended came back empowered to help make changes as well.

We now have a patient volunteer committee that meets to decide on support group meeting topics and community events. Together, we've organized walks and other outings. We've taken line-dancing classes together. We've had patient volunteers do cooking demonstrations. Volunteers routinely come to "new patient" seminars to share their stories and answer questions that only a patient can answer. Patients have organized classes together. We've had patient celebrations for others to share their successes on stage in front of hundreds of people, friends and family. We've gone to an amusement park to celebrate being able to ride roller coasters again. A patient who, prior to surgery was humiliated for being asked to get off a roller coaster for her safety, was able to come back and ride that same roller coaster seated comfortably next to her surgeon!



Vu speaks aloud to his bariatric support group that meets at least three times a month.

Today, our patient support group meets at least three times a month. In the near future, we plan to expand with two additional remote meetings for patients coming from farther away. In 2017, we had 1,627 patients registered for support group meetings – not including family guests and friends that joined with us.

Before the support group meetings start, the room is already alive with energy. Friendships that have formed buzz with conversation and newcomers are invited to join-in. Folks are laying out clothes to donate which no longer fit them and can be helpful to others.

When the meetings start, we ask if anyone has any non-scale victories to share that we can celebrate together. It's one of my favorite parts of the meetings and we get to hear inspiring milestones that keep us motivated and empowered. In this room, with this patient community, we feel that triumph when we hear it – and we understand that non-scale victory for the success it truly is.

Throughout the meetings, patients bring recipes they've tried and offer feedback to the rest of the group. Other patients announce meet-ups for walks in the park or other venues. At the end of the meeting, I remind everyone of an unofficial rule we have: no one leaves the room before they meet someone new, as this is a great way for friendships to form outside of our support groups. Long after I've packed up to leave, folks are still hanging out, swapping tips and recipes, sharing advice on a concern, supporting one another and being an incredible patient community!

One of the greatest things I hear about our support groups is that they aren't what people expected. It isn't a tired room of the same four patients sharing complaints. Instead, it's an upbeat, fun and welcoming group of best friends you've never met before. It is an empowered patient community that cares for each other, and I believe this has been influenced by my involvement with the OAC.



Vu stands proudly beside his support group that he brought to the OAC's National Convention in 2017.

The members of the OAC continue to inspire me every day. They are fighters – fighting not just for their lives, but for each other and everyone who struggles with weight and/or obesity. This reminds me that the "C" in OAC stands for "Coalition," and it's this type of coalition, cooperation and community that will change the world. I've already seen them accomplish astounding things, and I know that through our local support group meetings and interactions with the OAC, our patients will be empowered to do even more. I know that not everyone out there is as fortunate as I am to have a local patient community like this, and I hope those who don't can someday join or even form one modeled after the OAC Community.

Until then, I hope these people realize they are not alone – that they have a nationwide patient community in OAC members. And if they make it out to the OAC's Annual *Your Weight Matters* National Convention, they'll be treated to a support group like no other and meet new friends that contribute to their lives in so many different ways.

“ **The members of the OAC continue to inspire me every day. They are fighters – fighting not just for their lives, but for each other and everyone who struggles with weight and/or obesity.** ”

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Tips for Success: Less Stress at the Grocery Store

by Kimberly Schorn, MS, RDN, CSSD, LDN, EP-C, EIM (2)

Here you are... you've decided you're going to live a healthier life. You have your goals and motivation in-hand as you head to the grocery store. You're eager and ready to pack your house full of nutritious foods to get you well on the way to crushing your wellness goals. You walk in the door with your list and cart... and then all of a sudden, you're more confused than when you're trying to do your taxes! You see food items labeled as low-carb, high-fiber, low-sodium, low-fat, fat-free, no preservatives... oh my! You feel your confidence drop – what happened? All you did was walk in the door!

Grocery shopping can be overwhelming, especially when it comes to marketing vs. reality. You should be able to feel confident at the grocery store. I have to tell you... I do love grocery shopping. But to be honest, the marketing ploys out there make it more comical than chore-like! It's funny though... the healthier and more basic items we choose, the easier grocery shopping becomes.

Step One: Begin at Home

First things first, effective and successful grocery shopping starts at home. Sit down and map out what you're shopping for. If I'm shopping for two weeks (*associated with pay days*), I need to write out what my plan is for two weeks' worth of meals. That's 14 breakfasts, 14 lunches, 14 dinners and anywhere from 14-28 snacks. Then, take that number and multiply it by the number of people in your house.

Many people are not successful with sticking to their nutritional goals due to "running out" of meal options at home and feeling the need to eat out at a restaurant. However, we can beat that stress by getting a good list together so that doesn't happen! Once you have your list together, organize the content by section of the grocery store so you don't waste time wandering around. Your goal is to get in, get out and get on with your goals!

Grocery Store continued on page 12



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- LOMAIRA is for adults with an initial BMI* of 30 or more (obesity) or 27 or more (overweight) 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 (anorectics), including LOMAIRA, should be measured against possible risk factors inherent in their use.

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. The LOMAIRA tablet is scored to facilitate administering one half of the usual dosage for patients not requiring the full dose. Phentermine HCl 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.



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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. (Cont. on next page)

¹ LOMAIRA package insert

*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m².

Lomaira™ (phentermine hydrochloride USP) 8mg tablets, CIV

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 Full Prescribing Information, visit www.lomaira.com.

*Body Mass Index (BMI) measures the amount of fat in the body based on height and weight. BMI is measured in kg/m².

¹Lomaira Package Insert



Step Two: Consider Whole Foods – Starting with Produce



When it comes to living a healthy and fit life, you want to consume mostly whole foods. This means eating less from a box and choosing more whole fruits and veggies rather than juices and pre-packaged options. For example, consume more fresh fruits and snacks (*like apples and peaches*) rather than boxed juices or snack packs. Similarly, choose more fresh meats and dairy options rather than pre-packaged ravioli and “cheese-like” products.

Shopping the perimeter of your grocery store will get you in the right areas. Think about it for a moment – what’s along the walls of your grocery store? Typically, right when you walk in the door, you’re welcomed with the beauty of all colors of the season – with fresh fruits and vegetables! What an excellent place to start!

You should also be adventurous when shopping for fruits and veggies. Try something new – that’s how we find new foods we love and increase our vitamin, antioxidant and phytochemical intake! For example, many people think of oranges as a great source of Vitamin C. This is true, but did you know that bell peppers have more Vitamin C than oranges?

The same is true with many fruits and veggies, so venture out and try something different! Roasted fennel is amazing; whipped cauliflower and zucchini noodles are fantastic! And Brussels sprouts in your air fryer are almost magical. Don’t be afraid to get creative with your new healthy lifestyle. If you get frustrated with fresh foods going bad, just head to the freezer section. Choose veggies without sauces and fruits without added sugar and they will last for months!

Quick Tip: Choosing the Right Avocado



Most of the questions I receive are about avocados, so here’s some information to make sure you choose the right ones. When picking out an avocado, you want it to feel like a tennis ball. It should have a slight give but not be mushy.

However, if all your grocery store has is under-ripe avocados (*green and really hard*), that’s okay! Take them home and leave them on the counter until they have the slight tennis ball give. Once they do, place them in your refrigerator and you’ll be good to go!

Grains & Deli



“Shopping the perimeter of your grocery store will get you in the right areas.”

Step Three: Grains and the Deli Section

Next in the grocery store, you're greeted with fresh breads, deli items and natural cheeses. But for now, let's talk grains. Whole grains are key! This beautiful bounty of fiber-rich food keeps us fuller during meal times to aid in weight-loss. Fiber-rich foods also help with managing diabetes, cholesterol and decreasing your risk for cancer.

An easy way to identify whether a whole grain is a good source of fiber is to look at the food label. First, always look at the serving size (*one slice, etc.*). Next, cruise on down to where the nutrition label says "fiber." You'll see grams, but you'll also see a percentage. Use that percentage! If the number is five percent or less, that's not a lot of fiber. If it's 20 percent or greater, that's a lot more. So, if you want more fiber in your diet for the above-listed reasons, try to find foods having as close to 20 percent of fiber as possible – or higher!

Vice versa, if you're at the Deli and you're comparing items, look at the sodium percentages – especially if you have hypertension or salt concerns. Here, you'd want the number to be five percent or less because that's a relatively small amount.



Step Four: Finding Fresh Meat

Continuing through the grocery store, you come up next on fresh meat. For many people, this can be a confusing location. Please don't let it be this way!

When choosing ground meats, you want the highest percentage of lean meat (*94-96 percent for ground beef, 99 percent for ground poultry*). I know it appears to be more expensive, but in reality, it's not. If a product is 80 percent lean, that means it's 20 percent fat – which will turn to liquid and pour off. This leaves you with less than a pound of product! But, if you get the higher percentage, you have more lean product at the end.

For steaks, look for the words "round" or "loin." These will be your leaner cuts. For poultry, you should choose boneless, skinless chicken breast. Remember that saturated fat is located in the skin of poultry and the marbling of steaks.



Meats & Seafood

Grocery Store continued on page 14

Grocery Store continued from page 13

Step Five: The Dairy Section

Next, you find yourself staring at fresh dairy options. Choosing cheeses that are natural is your best choice. If you're watching your fat intake, consider the light versions. I do not recommend fat-free versions though, as once the fat is removed, salt and sugars are typically added in its place. This is common in cream cheese, sour cream, salad dressings and mayonnaise. So read those labels!



Sometimes, it's better to go with the light or regular versions of products and simply watch your portion sizes. The exception to this rule is milk. In skim milk, all that was done was the removal of fat.

Step Six: The Freezer Aisles



This is my favorite area of the grocery store! Granted, there are some tempting products all throughout this area. But head to where the frozen fruits and veggies are and you've hit cost savings heaven! If you're anything like me, you hate throwing food away. I literally feel like I'm just throwing my money out, and I am!

That's why the frozen food section is my friend. I will always buy fresh romaine (*darker greens hold more nutritional value*), tomatoes and other salad products. But more often than not, I'll purchase broccoli, cauliflower, Brussels sprouts, green beans and pepper/onion blends from the frozen food section. As long as they aren't doused in gravies, butter and flavorings, they are a great nutritional choice... and they're *cheaper* – especially when sales are in place!

Step Seven: Post-grocery Store

Now that you've gotten all your goodies, it's time to put them all away. If you've purchased large containers of snack-like products (*nuts, pretzels, etc.*), I recommend you immediately proportion them out. This will keep us all out of trouble. If you grab one little baggie, you're good! Since they are pre-portioned, you will be more mindful of your food consumption. If you grab a second baggie, you know you may have overdone it.

“If you’ve purchased large containers of snack-like products (nuts, pretzels etc.), I recommend you immediately proportion them out.”



Next, wash all fruits and veggies so you can snack when needed. To increase your odds of eating healthy snacks, put the nuts next to the apples (*balanced snacking*), non-caloric water flavoring next to the water and veggies next to the hummus. Another example would be to leave a bowl of tangerines next to some cheese sticks. Putting your healthy foods in plain sight will increase your odds of success. If you're craving a snack and looking in the fridge, you have perfect snacks staring right back at you.

Also, put a list on your fridge of all the foods you've mapped out. This way, the night before, you can pull everything you need from the freezer to the fridge. Now you're prepared!

Conclusion

Prepare and plan as much as you can the day you come home from the grocery store. Remember that plans are only as good as your execution, so increase your odds of success by putting your amazing plan in action! Granted, there are a million other topics, details and shopping tips I could get into when you're at the store, but the ones I've listed will get you on the right path! So don't overthink it. Keep your foods whole, simple and delicious.

About the Author:

Kimberly Schorn, MS, RDN, CSSD, LDN, EP-C, EIM (2), is the owner of a private practice located in North Carolina which specializes in weight management. As an individual who has struggled with weight her entire life, weight management is truly a passion of hers. This passion and motivation has created quite a following for Kimberly on social media and throughout the country. She provides services in-person and virtually all across the country. She is known for her infectious personality and motivation. For more on Kimberly, visit www.DefyNutrition.com.

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OAC LAUNCHES NEW COMMUNITY *Be a Part of it!*

*by Mckinzie Step, OAC's Community Outreach
Engagement Specialist*



At the heart of the OAC, you will find people. Every day, individuals affected by obesity face numerous challenges – from those in their personal health journeys to larger scale issues with weight bias and access to medical care. These people and their stories have not only built our voice as an organization, but have inspired our vision for a stronger future!

With that said, we know that there has never been a more crucial time to unite individuals affected by obesity through ongoing education, advocacy and support. Connections are important. People engaging with people... it's a simple but powerful concept! Our past has shown us the tremendous impact that connections can have, and our future challenges us to do more together.

BIG NEWS!

IT IS WITH GREAT EXCITEMENT
that the OAC has reaffirmed its
commitment to changing the
world for people living
with obesity through the launch
of our **NEW Community!**

WHAT YOU CAN EXPECT AS AN OAC COMMUNITY MEMBER

The OAC's Community offers a more enriching member experience than we've ever offered before. Our new structure allows people to explore their interests, discover their passions and engage with the OAC in a more organized and easier format! See below for just a handful of our exciting new updates.



AN IMMERSIVE EXPERIENCE	EXCLUSIVE FEATURES
<p>A True Community – Built of people from all backgrounds, circumstances and experiences</p>	<p>No-cost Entry – Anyone can be a part of the OAC Community at NO cost, as there are no fees to join and no fees to remain connected</p>
<p>Improved Communication – To keep you connected and updated in a more timely fashion</p>	<p>NEW OAC Community ENGAGE Platform – A central, online space where ongoing education, connection and action opportunities live. It's your own Community "hub" you can visit all the time!</p>
<p>Greater Knowledge and Support – To keep you grounded on your weight management journey with information to help you make the best decisions for your health</p>	<p>Weight of the World Story-sharing Platform – A platform that connects individuals through powerful story-telling while providing support and amplifying the voices of individuals affected by obesity</p>
<p>Stronger Connections – Get to know other members, hear their stories and build lifelong friendships online or in-person</p>	<p>Obesity Care Provider Locator – An online tool to help you take the next step in your health journey and search for a qualified healthcare provider who deals specifically with weight management</p>
<p>Story-sharing Opportunities – Share your personal story with the OAC and with others to help inspire, encourage and ignite change</p>	<p>OAC Action Center – A dynamic, central location where you can go to take action on issues that matter to you and help the OAC grow its impact</p>

WHAT YOU NEED TO KNOW

The OAC's Membership has Transformed... What Does this Mean?

The needs our members face, as well as the needs of *all* people affected by obesity, continue to grow and change. This very fact challenged us to re-think the way we "do" membership and grow our organizational voice as well as our impact. To do this, we completely redesigned our membership model to be more inclusive, integrated and accessible for those who want to be connected and involved with what we do. That's how the new OAC Community was born!

What has Changed with the Launch of the New OAC Community?

Now more than ever before, it is easy to access high-quality weight and health education, support for your weight management journey, meaningful connections with other people and opportunities to engage with the OAC. We have removed significant barriers to traditional OAC membership to welcome anyone and everyone who wants to be a part of what we do. This includes a no-cost entry point and no cost to stay connected with us. Once you're an OAC Community Member, you remain one!

What IS the New OAC Community?

Keeping our new membership model in mind, the OAC's new Community is a group of diverse individuals who are interested in connecting more with their health, with each other and ultimately changing the world for ALL people living with obesity. It's every single one of us! Through ongoing connections, the OAC Community is dedicated to providing active, meaningful opportunities to:

- **Get Educated** on the latest evidence-based information about obesity
- **Find Support** through ongoing education about weight and health
- **Connect** with others who share similar concerns and journeys
- **Take Action** to help the OAC make a difference for people with obesity

OAC Community continued on page 21

Ask your Healthcare Provider about BELVIQ® or BELVIQ XR®

What is BELVIQ®/BELVIQ XR®?

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

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

Important Safety Information

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

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

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

Get Ongoing Savings

You've got your goals!

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

FDA approved for *weight loss*

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

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

 **BELVIQ**®
(lorcaserin HCl) ^{IV}

Also Available:

 **BELVIQ XR**®
(lorcaserin HCl) ^{IV} 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 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)

PROMO CODE: OC

†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 (disassociation)
- **Depression or thoughts of suicide.** You should pay attention to any mental changes, especially sudden changes, in your mood, behaviors, thoughts, or feelings. Call your Healthcare Provider right away if you have any mental changes that are new, worse, or worry you.
- **Low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus (such as insulin or sulfonylureas). You should check your blood sugar before you start taking BELVIQ and while you take BELVIQ.

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

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

How should I store BELVIQ?

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

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

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

General information about the safe and effective use of BELVIQ.

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

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

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

BELVIQ XR extended-release tablets

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

BELVIQ® is a registered trademark of Arena Pharmaceuticals GmbH, Zofingen, Switzerland. Manufactured by Arena Pharmaceuticals GmbH, Untere Brühlstrasse 4, CH-4800, Zofingen, Switzerland. Distributed by Eisai Inc., Woodcliff Lake, NJ 07677. This Patient Information has been approved by the U.S. Food and Drug Administration.

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

Revision: May 2017



What if I Was Already an OAC Member?

If you find yourself asking, “What happened to the OAC membership for which I have paid?” don’t worry. You won’t notice any changes – only added value! We’ve automatically transitioned you into the new OAC Community with welcoming arms – all you have to do is stay connected!

Still Have Questions?

Email us at:

membership@obesityaction.org

THE STORY BEHIND Our NEW Community Logo

READY...SET...ENGAGE!

With the launch of the OAC’s new Community, we can’t wait to get to know our Community members in a more impactful way. Are you ready to explore all the exciting changes for yourself?

1. Visit ObesityAction.org/Community to catch a glimpse at our brand new website as well as the OAC Community ENGAGE Platform – or in other words, your Community “home!”
2. Take a look around, see what piques your interest and dive right in! It’s that simple. Your OAC Community experience is what you make of it.
3. Like what you see? Spread the word and invite others to join the OAC Community too! Share the news with your friends, family, personal connections and social media channels.

Not yet a member of the OAC Community?

We invite you to be a part of it all!

Visit: ObesityAction.org/Join
to get started.



Have you noticed the new OAC Community logo floating around?

We’ve stamped our commitment to people because people remain at the heart of what we do!

The pieces of the spinning wheel are drawn from the arcs of the OAC’s traditional logo and represent all of our Community members joined together. We believe that giving people the education and support they want will equip them with the tools they need to make a difference in the world for people living with obesity. By coming together as a Community, the pieces of the wheel continue to spin. That’s how we continue moving, growing and driving change!

WHEN PARENTAL “HELP” CAUSES HARM

by Ted Kyle, RPh, MBA; and Gwyn Cready, MBA



Parents play a critical role in the emotional and physical well-being of children. We are the coaches who help them develop critical skills, the cheerleaders who encourage them to try new things and the counselors who guide them through life's bumps and rough spots. We are the advocates who help them overcome challenges that are beyond their ability to move on their own. Most importantly, we are also role models whose actions offer lessons beyond our words. In short, we hold incredible power to shape our children into happy, healthy, compassionate and capable adults.

Most parents use this power for good. We make mistakes, but we acknowledge them and try to do better. None of us wish to do our children harm. Yet a new study suggests that many parents aren't aware things they are saying and doing are increasing the chances of their child facing health issues as they grow older – health issues that can be passed on to their children's children as well. What's even more concerning is that we are doing this harm while we think we are doing good.

WHAT THE RESEARCH SAYS

A long-range study of 556 children aged 10 to 19, which appeared in the March 2018 issue of *Pediatrics*, showed that people who are encouraged to diet by their parents as a young adult had a much higher risk of being overweight or having obesity 15 years later than adolescents who weren't encouraged to diet. In addition, those who had been encouraged to diet engaged in more unhealthy weight control habits and had lower body satisfaction 15 years later. The effect was also worse for girls as well as Hispanic and non-white adolescents. This research suggests that well-meaning parents who believe they are helping their children by encouraging them to diet are likely harming their health.

The study also found that encouragement to diet was passed on to the next generation. When the adolescents who had been encouraged to diet grew up and started their own families, they were likely to model the same diet-encouraging behavior to their children.

Parental Help continued on page 24





FIND A HEALTHCARE PROVIDER TO TALK ABOUT YOUR WEIGHT AND HEALTH

With Obesity Action Coalition's new resource, www.ObesityCareProviders.com, finding the right obesity care provider is a click away. How easy is it to use?



SEARCH BY SPECIALTY

- Bariatric Surgeon
- Dietitian
- Nurse Practitioner
- Physician
- Physician Assistant



GET HELPFUL TIPS

Prepare for your next appointment with:

- Valuable tips on what to bring during your consultation
- Questions to ask your healthcare provider in order to have an honest conversation about your weight and health



FILTER BY LOCATION

Convenience is key.

- Use your zip code to do a quick search.
- Find healthcare providers near you.



**Obesity
Care
Providers**

Powered by the Obesity Action Coalition



Obesity Action Coalition

Visit www.ObesityCareProviders.com today!

A SHIFT IN PERCEPTION

The word “diet” itself is problematic. As a verb, people generally see “diet” as a bad thing – something to be avoided if possible. As a noun, we all have a diet that we follow day-in and day-out over the course of our life. It’s best for that diet to be a healthy, pleasurable pattern of eating. How do we rethink the way we look at the word “diet?”

Childhood obesity is a reality for one in five children. Five million young people are living with severe obesity and half a million teens are living with an eating disorder. Those of us with family members affected by this disease do want a solution.

SO WHAT CAN WE DO?

Let’s start by continuing to do what we do best – serving as our children’s coaches, cheerleaders, counselors, advocates and role models. Here are six ways the American Academy of Pediatrics (AAP) says we can leverage those roles to help prevent both obesity and eating disorders in teens:

✓ Discourage Dieting.

Model a sustainable healthy pattern for eating and steer teens away from diets that are short-term and restrictive. If you talk about food at all, talk about eating for a lifetime of health and happiness. Encourage your teen to have fun being active. Start by having fun and being active *with* them. Be the designer of healthy habits for your family that can last for the rest of their lives.

✓ Promote a Positive Body Image.

Every body, every size and every shape needs love and respect. Don’t ever refer negatively to your child’s weight, body size or the amount of food they eat. If other members of the family refer to these things, stop them.

If you’re worried about your child, find a qualified healthcare provider and speak with them privately at first so that a later discussion in front of your child can remain positive and health-based. In addition, consider your relationship with your own body. If you focus on your physical imperfections, you are modeling behavior that harms your children.

✓ Plan for Family Meals.

Make time and take time to enjoy family meals together. Fill your kitchen with wholesome, satisfying food – not food that is over-processed.

Share the joy of cooking with your children. A study published in *Public Health Nutrition* showed that when people cook most of their meals at home, they consume fewer carbohydrates, less sugar and less fat than those who cook fewer meals at home.

✓ Talk Health, Not Weight.

Talking about weight can lead to body dissatisfaction, which may reinforce the idea that dieting is a permanent solution. Discussing healthy patterns and habits for living offers a more positive conversation, but remember not to overwhelm kids with this issue. Show the same concern for your own patterns and habits and take steps that move you in a healthy direction as well!

“ Even with the best intentions, “diet” encouragement can backfire. A healthy lifelong diet mindset can help. ”



✓ Pay Attention to Bullying and Mistreatment.

If you see clues that something is wrong, pay attention, listen and follow-up. Potential signs of being bullied include avoiding school, withdrawing from activities and relationships, earning lower grades and eating less or more.

Approach the subject of bullying gently. Children are often reluctant to admit they are being bullied. When you talk, try to listen more than you speak. If you hear something that concerns you, know that school and teachers have an obligation to help.

✓ Seek Out Real Help for Obesity.

If your teen has a real medical issue with obesity, find qualified medical care. Self-help approaches can do more harm than good. Talk to your pediatrician. Find a qualified program that offers evidence-based treatment and specialists who understand that obesity is a biological issue – not a character flaw or the product of bad parenting. Currently, 140 pediatricians are board certified in obesity medicine across the country.

CONCLUSION

Even with the best intentions, “diet” encouragement can backfire. A healthy lifelong diet mindset can help. In fact, most of the tools we use as parents (*encouragement, support, advocacy and unconditional love*) serve our children very well. Just as we must continue to look for evidence-based options for the treatment of obesity and eating disorders, we need to look at evidence-based outcomes when it comes to the messages we send our children.

About the Authors:

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Dear Doctor



Answer Provided by
Sunil Daniel, MD, FTOS

Can You Cure My Obesity?

In 2013, the American Medical Association (AMA) recognized obesity as a chronic disease. This means overweight and obesity are medical diagnoses and should be treated as such. To diagnose overweight and obesity in adults, healthcare providers often measure body mass index (BMI) and classify individuals using the following guidelines¹:

Overweight: BMI = 25.0 – 29.9
Obesity: BMI > 30

So, what does this mean? A chronic disease such as obesity, diabetes, heart disease or arthritis lasts for a long time. It can't be prevented by vaccines or cured by medications, and it actually becomes more common with age. In 2014, 61 percent (*approximately 189 million*) of Americans ages two and above were either classified as having overweight or obesity. The rate of obesity continues to increase!

Obesity over Time

Over time, the human body has evolved to save excess energy (*or calories*) as fat. Excess fat results in obesity, which often produces the following consequences:

- Elevated blood pressure, bad cholesterol and triglycerides
- Lowered good cholesterol, increased risk for type 2 diabetes, liver disease, joint pain and sleep apnea, and increased risk for a variety of cancers (*more than 50 are associated with obesity*)

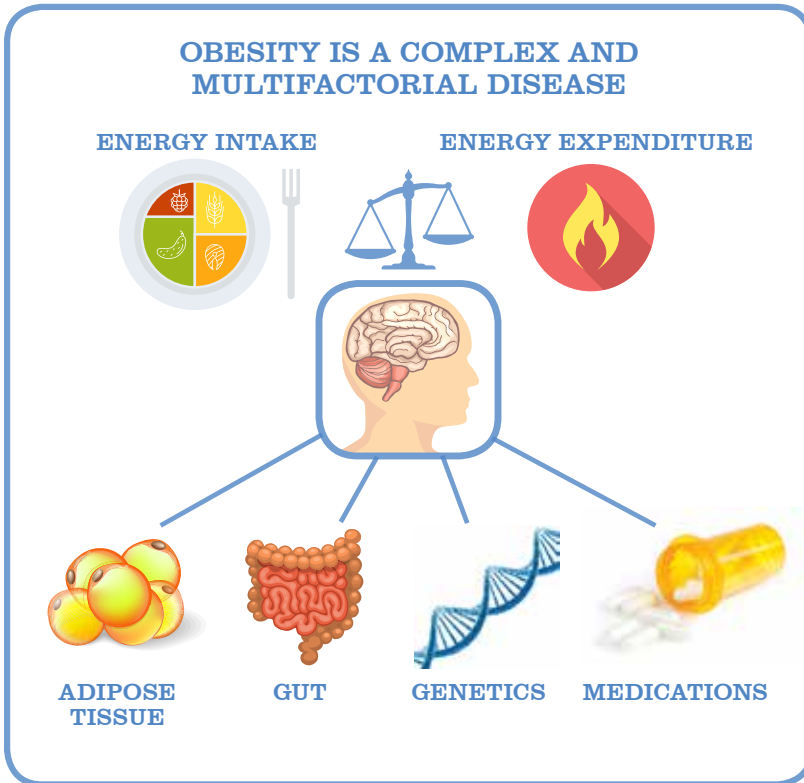
Thankfully, within the last 20 years, there has been significant improvement in our understanding of obesity, its causes and why it's so difficult to lose and maintain weight⁵. Treatment options for obesity include:

- Lifestyle modification (*with nutrition, physical activity and behavior components*)
- Medications
- Bariatric surgery

Lifestyle modification and medications are successful at delivering 5-10 percent weight-loss, which helps to prevent or manage obesity's associated conditions. However, maintaining this weight-loss can be challenging over the long-term. It's often reported that people who initially lose weight will regain some of it, or all, within a few years.

So, What Causes Obesity?

Obesity is a complex disease and body weight is affected by many factors. Some of the greatest factors include energy balance (*calories in, calories out*), environment, biology, genetics, medications and behavior. Let's briefly discuss each of these below.



“Obesity is a complex disease and body weight is affected by many factors.”

Energy Balance:

In the past, poor habits, unhealthy eating and large portions were considered to be the main causes of gaining excess fat². We now understand the concept of energy balance within the body which is controlled mostly by the brain. When energy (*food*) intake is matched to energy output (*metabolism and exercise*), the size of the body's energy stores (*fat mass*) is stable and no excess body fat is created.

When we eat more than we need, extra energy is stored as excess body fat. Over time, overeating can lead to weight gain and obesity. However, energy balance is not just eating and movement. It is also influenced by other factors such as environment, genetics, biology, medications and eating for reward or pleasure. Therefore, to lose weight, we need to reduce the amount of calories we consume and address other factors that may be influencing weight gain.

Dear Doctor continued on page 30

Platinum

Novo Nordisk

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

Silver

Eisai Inc.
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Billings Clinic
BMI of Texas
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ConscienHealth
Creative Cognitions
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Jaime Fivecoat
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IU Health Bariatric & Medical Weight Loss
Livliga/Elegant Portion Control
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Platinum: \$100,000 and up Bronze: \$5,000 - \$9,999
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Silver: \$10,000 - \$49,999

List as of 6/22/18



NEED HELP TAKING OFF EXCESS WEIGHT AND KEEPING IT OFF?

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

- **Some people lost 2.5 times more weight with Saxenda®** vs placebo (17.3 lb vs 7 lb) in a medical study. Study participants had an average starting weight of 234 lb and an average body mass index (BMI) of 38^a
- **Weight loss was maintained with Saxenda®** in another 1-year medical study,^{b,c} in which 8 out of 10 people were able to lose 5% or more of their weight within 4 to 12 weeks with a low-calorie meal plan and increased physical activity. In addition, at the end of this study, on average, people who were on Saxenda® were able to achieve an additional 6.8% weight loss vs placebo (0.0%)

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

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

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

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

What is Saxenda®?

Saxenda® (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 you will take Saxenda® or breastfeed. You should not do both without talking with your healthcare provider first

Please see brief summary of Information about Saxenda® on adjacent page.

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



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Saxenda®
liraglutide injection 3mg

Saxenda[®]
liraglutide injection 3mg

Brief Summary of Information about Saxenda[®] (liraglutide) injection 3 mg

Rx Only

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

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/saxenda.pdf to obtain the FDA-approved product labeling
- Call 1-844-363-4448

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

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

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

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

What is Saxenda[®]?

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

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

Who should not use Saxenda[®]?

Do not use Saxenda[®] if:

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

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

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

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

- have any of the conditions listed in the section "What is the most important information I should know about Saxenda[®]?"
- are taking certain medications called GLP-1 receptor agonists.
- are allergic to liraglutide or any of the other ingredients in Saxenda[®].
- have severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems with digesting food.
- have or have had problems with your pancreas, kidneys or liver.
- have or have had depression or suicidal thoughts.
- are pregnant or plan to become pregnant. Saxenda[®] may harm your unborn baby. Tell your healthcare provider if you become pregnant while taking Saxenda[®]. If you are pregnant you should stop using Saxenda[®].
- are breastfeeding or plan to breastfeed. It is not known if Saxenda[®] passes into your breast milk. You and your healthcare provider should decide if you will take Saxenda[®] or breastfeed. You should not do both without talking with your healthcare provider first.

Tell your healthcare provider about all the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements. Saxenda[®] slows stomach emptying and can affect medicines that need to pass through the stomach quickly. Saxenda[®] may affect the way some medicines work and some other medicines may affect the way Saxenda[®] works. Tell your healthcare provider if you take diabetes medicines, especially sulfonylurea medicines or insulin.

How should I use Saxenda[®]?

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

- If you take too much Saxenda[®], call your healthcare provider right away. Too much Saxenda[®] may cause severe nausea and vomiting.
- Never share your Saxenda[®] pen or needles with another person. You may give an infection to them, or get an infection from them.

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

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

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

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

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

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

The most common side effects of Saxenda[®] include:

- 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

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

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

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

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

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

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

More detailed information is available upon request.

Available by prescription only.

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

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PATENT Information:

<http://novonordisk-us.com/patients/products/product-patents.html>

Revised: SEPTEMBER 2016, VERSION 2

Environment:

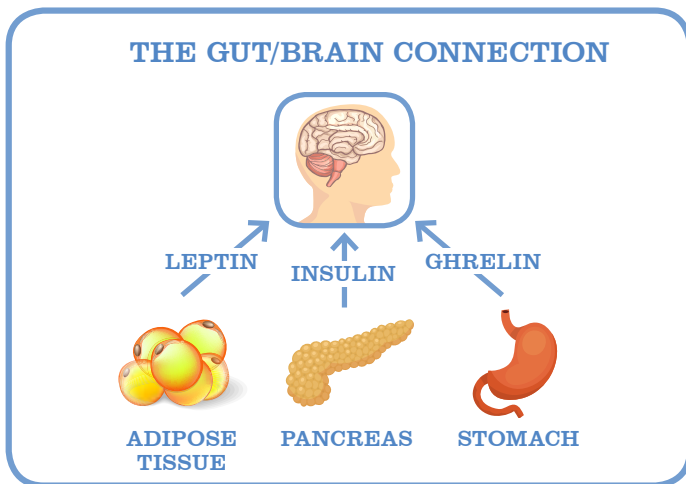
In nations like the United States, food has become plentiful and is available around the clock. Food has also become social. We not only eat for survival, but also for enjoyment and amusement⁴. In addition, activity levels have decreased over time. As a result, we need fewer calories today than people needed 50 to 100 years ago. However, as a society, we've increased our caloric intake.

Existing public policies concerning food and health were developed decades ago and need to change in order to adapt to our current environment. Also, the food industry offers what consumers generally eat and drink but is overrun with options high in fat and calories and low in nutritional value. Active transportation such as walking and biking are helpful in weight regulation, but our most common mode of transportation is by automobile and safe walking and biking paths can be hard to find.

Finally, culture, bias and discrimination all play an important role that can't be ignored! Bias and discrimination affect a large number of people in all areas of life – including employment, education and healthcare.

Biology:

Our body weight, energy balance and drive to eat form complex communication between our brain, gastrointestinal (GI) tract and other organs⁴.



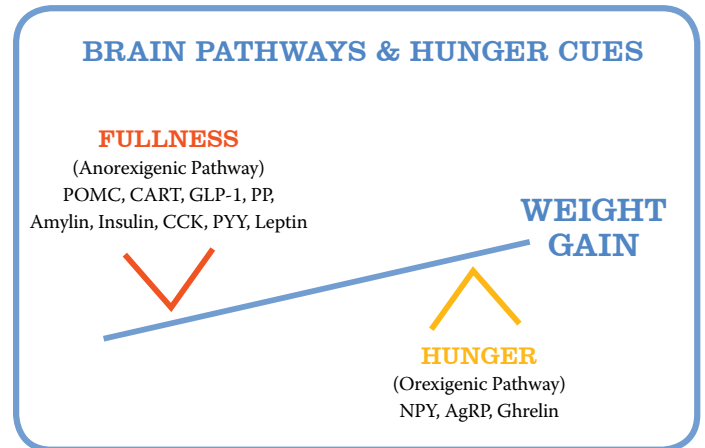
There are two brain pathways we need to consider:

- One that drives hunger
- One that drives fullness

Each pathway is also associated with hormones. When our weight is stable, our brain and stomach communicate effectively to determine food availability, hunger and fullness from meal to meal in order to maintain that weight. When these systems aren't working correctly, this can lead to overeating and result in weight gain.

Genetics:

A gene is a trait (*hair color, height, etc.*) passed from parents to children. We have more than 20,000 genes in our body – some of which can determine if you are at greater risk for having excess weight or obesity. Like all causes of obesity, how genetics affects obesity is complex. Factors such as environment, biology and lifestyle affect genetics as well.



Many studies confirm that genetics affects BMI within a family. But it's not just about genetics! Studies show a 55 percent difference in genes that affect body fat (*passed from parents to children*), while there is a 35 percent additional difference from factors (*like environment*) that affect body fat³. Current knowledge supports a strong genetic link between BMI, body fat and obesity, but we need additional research to clearly show the link between genetics and biology as well as behavior and lifestyle.

Medications:

When these systems aren't working correctly, this can lead to overeating and result in weight gain. Some of those include medications to treat type 2 diabetes, steroid hormones, antidepressants, antipsychotics and medications for reducing hypertension. While this is not a reason to stop taking these medications, it's important to be aware of potential side effects.

Behavior:

Food provides us with more energy to get through the day. It also gives us pleasure and reward. Part of our brain is sensory; it controls sight, smell and taste. It tells us when we eat something we like. We are conditioned to eat our trigger foods (*chocolate, salty/crunchy snacks and sweets*) by cues, triggers and even memory! Humans have the ability to make conscious choices, but powerful chemicals in our brain can heavily influence those decisions and make us feel good after eating foods high in fat and sugar. When we crave and eat these foods frequently, we gain weight.

What Happens When We Lose Weight?

Average weight-loss of 5-10 percent is generally set as a goal because that amount has been shown to produce clinically significant health improvements⁵. Despite current advances in treatment, weight regain after weight-loss remains a difficult problem. Weight management is a life-long process for nearly all Americans no matter their current weight.

Behavioral or lifestyle modifications (*a combination of diet, exercise and mental strategies*) are usually needed for permanent weight-loss – either alone or combined with anti-obesity medications⁵. However, challenges with this approach exist, including sticking to the plan long-term and figuring out how each individual responds to treatment. Biological or physiological challenges include changes in our body which encourage weight gain – including lowered metabolism, increased hunger and decreased fullness. Finally, our general preference for tasty, high-energy foods plays a role in weight management.

A major clinical study which examined long-term weight management found that hormone changes encourage weight regain after weight-loss that has been achieved through diet. It also found that changes don't return to normal values even 12 months after the initial weight-loss⁶.

Another study that followed contestants from the television show “The Biggest Loser” found that almost all participants regained a substantial amount of weight within the first six years after the competition. However, they were overall quite successful with long-term weight-loss compared to other lifestyle interventions. But even with weight regain, a large decrease in metabolic rate was seen – and those with greater long-term weight-loss also had greater slowing of the metabolism over time. Therefore, long-term weight-loss requires us to be constantly alert in order to combat these types of changes⁷.

Conclusion

What does all of this mean? Obesity cannot be cured or defeated because it's a chronic disease. However, *there is* hope for sustained weight-loss. The National Weight Control Registry (NWCR) has provided evidence and specific strategies for achieving and maintaining weight-loss. They've also identified lifestyle modifications practiced by successful individuals which we have listed on this page⁸.

These are key characteristics of those who have successfully maintained weight-loss:

- ✓ A continued low-calorie diet with high levels of physical activity
- ✓ Regular self-monitoring of food intake and exercise
- ✓ Eating breakfast every day
- ✓ Regular self-monitoring of weight (*once a week or more frequently*)
- ✓ Watching less than 10 hours of television per week
- ✓ Exercising an average of one hour per day
- ✓ Consuming low or no-calorie sweetened beverages

It is important that both healthcare providers and patients are aware of this information. Being knowledgeable and receiving appropriate support during their long-term weight management journey can make them more successful!

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About the Author:

Sunil Daniel, MD, FTOS, is a board certified obesity medicine physician with fellowship training in clinical nutrition and obesity management. He is a fellow of The Obesity Society and has authored several scientific papers on obesity and its medical management. He also serves on the OAC Education Committee.

Adventure Awaits at SUMMER CAMP

by Sarah Muntel, RD

Picture this... It's a chilly mid-March afternoon. Moms across the country are scouring Web sites and newsletters as they search for summer camp activities their kids can participate in. Many of them perfectly time online sign-ups just to ensure their kids get in to the right session of the right camp. Others put funds away all year to make sure their kids have a great summer experience. Sound bizarre? What is all the hype surrounding summer camp? What is the benefit to kids and what do summer camps have to offer?

DIVERSITY IS OUT THERE

First, know that there are many types of summer camps your kids can take part in. It's amazing to see the variety of camps which kids can experience in just one summer, and there really is a camp for every kid out there! In this article, you'll find a variety of camp choices that are likely offered in your area, along with the types of activities often provided. You just need to look for them! However... it will probably make you want to be a kid again!

“It’s amazing to see the variety of camps which kids can experience in just one summer, and there really is a camp for every kid out there!”

DIFFERENT TYPES OF SUMMER CAMPS

- **Nature Camp:** Rowing, canoeing, hiking, sailing, park day camp
- **Camps with Animals:** Horse camp, zoo camp, outdoor animal camp
- **Life Skills Camp:** Cooking camp, sewing camp, computer camp
- **The Arts:** Drama camp, music camp, painting camp, sculpting camp
- **Sports Camp:** Basketball, volleyball, baseball, soccer
- **Enrichment:** Science camp, STEM camp, grade-level learning camp
- **Activity Camps:** Outdoor game camp, water camp, fitness camp
- **Overnight Camps:** Outdoor sleep-away camp, overnight sports camps, church camps

Truthfully, there are so many different camps to choose from and the process can be a little overwhelming. Take a moment to talk with your child and decide what some of their interests might be. A camp listing can be a great starting point for what may be options available for the summer. You may be surprised by what your child wants to try! Encourage a variety of experiences this summer.



THE BENEFITS OF ATTENDING SUMMER CAMP

With so many different types of camps out there, what are the benefits of signing your kids up for a variety of summer sessions this year?

Greater Social Skills

Many times, kids enter a camp without knowing anyone at all. That can be tough, but that’s also life. Kids stick with their friends during the school year. Camp can be an opportunity for them to mix with kids they never would have otherwise! Who knows? This could lead to a lifelong friendship.

New Activities

During the school year, things are often very routine. The day is filled with school, homework and an occasional activity. Then it’s time for a redo the next day. Have you ever wanted your child to try a new activity, but just can’t seem to squeeze it in? Camps are a great way to try things out. Is your child interested in drama, but not sure if he or she is ready to try out for a production? Try a one-week camp to see if this is something they might enjoy.

Opportunities to Explore Nature

Let’s face it. Many of our kids are “inside kids.” They spend a lot of time indoors attending school, doing homework and watching television. This leaves little time for the great outdoors. Summer is a chance to integrate some nature into the schedule. Hiking, playing in a creek or going on an animal scavenger hunt are all great ideas for outdoor fun. Many local parks offer just that to get kids interested in and familiar with nature.

More Exercise

For some, summer can lead to sitting inside, watching television or playing video games. An inactive summer is not a great summer. Think about booking a sports camp for a few weeks during the summer. Many camps are only a few hours and can provide fun activity while incorporating movement into the day. Take the summer to test out a new sport and see if this is something your child enjoys. Who knows? You may have the next star basketball player in your house!

Kid’s Corner continued on page 34

“Make sure your child has a summer to remember by giving them the opportunity to try something new and engaging before school starts again.”



Venturing Outside the Comfort Zone

We tend to stick with what we know. It is hard to break out and try something new! Camp is a perfect chance to break this habit and it's also a great life lesson: try something new. You never know if you will like it or not. If your child is not a fan of the camp, don't worry! It only lasts for a small amount of time.

Decreased Screen Time

As television, video games and tablets sneak into your summer routine, find a way to break kids from this routine by scheduling a few new camps to keep them occupied. This is a great idea to keep the fun going and encourage independent thinking, physical activity and more!

Friends with Similar Interests

Does your child struggle with a friend group? Are social situations hard? Sometimes a camp can bring together people with similar interests. If your child is interested in dance, a dance camp will surround him or her with friends who have similar interests. Lifelong friendships can begin... starting at summer camp!

Leadership Building

Believe it or not, camps can also help kids build leadership skills. Group tasks and challenging activities require teamwork. As your child works with others on a project, you may see a leader emerge within them.

A Change of Pace

When summer starts, we are thrilled to have no schedules and a little well-deserved relaxation. As the summer rolls on, moms sometimes get frantic looking for new ways to ease the boredom and offer activities their children will enjoy. A camp can easily break up the monotony of the endless summer with some extra fun!

Learned Independence

Sometimes we have no idea what our kids are capable of. During camp, they learn to do things on their own. For example, take a sleep-away camp. Who would have thought your child was capable of being on their own, making their own decisions and getting along just fine without you? Independence is such a valuable trait to have!

Boosted Self-confidence

Trying new experiences can be tricky... but guess what? When your kids accomplish a new task, their self-confidence soars. Riding a horse for the first time, sleeping away from home or learning to shoot a perfect lay-up are all great ways to build confidence in all areas of life.

Fun, Fun, Fun!

Camps are fun...really fun! Make sure your child has a summer to remember by giving them the opportunity to try something new and engaging before school starts again.



CONCLUSION

Now you've read about the different types of summer camps available, and you know about the astounding benefits they offer. It's time to get going! Fire-up your laptop and begin searching for camps in your area. Don't be afraid to involve your child in the process either. They may have their own ideas for what types of activities and opportunities they'd like to try this summer. With so many options for kids of all ages, you truly can't go wrong. Here's to a great summer with memories to last a lifetime!

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, serves on the OAC Education Committee and frequently contributes to Your Weight Matters Magazine and 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.



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*What is
disordered
eating?*

*Do I have
disordered
eating?*

*Can something
be done about it?*

*If I have it,
do I really want
to let go?*

Obesity and Disordered Eating: Separating Fact from Fiction

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

Many people believe they are familiar with the subjects of food addiction and obesity, and they throw the terms around quite loosely. However, this pattern clumps together and falsely depicts the severity and reality of a wide variety of very different issues – including societal norms, financial limitations, mood disorders or learned behaviors surrounding food consumption.

There are so many buzz words and blanket statements that are used, so it's really hard to know if you truly have something that requires behavior modification, therapy or basic education. Many seek information to understand the “what” and the “why.” Some are looking for an explanation and others are looking for justification.

Getting the Facts Together

Let us clear our minds for a minute and upgrade our knowledge about what is now called Feeding and Eating Disorders (FEDs). Does it impact individuals with obesity? If it does, how?

The facts are very real and relevant, for a reported 70 million people currently suffer from a disordered eating behavior. The National Eating Disorder Association (NEDA) reports that about 30 million are diagnosed nationwide, with 10 million of them male. Although this number is not small, it also means more than half of those affected (*40 million*) fall into the non-clinical realm or have not been officially diagnosed.

However, if you fall into that 40 million who have not received an official diagnosis, or you don't meet the full criteria of a FED, this does not mean your struggle is any less real. If a health provider was unequipped or uninterested in tackling the complexity of your situation, your struggle is no less severe to your health. A part of society does not want to understand or acknowledge psychological disorders in people with obesity. While this makes it more difficult to treat, it's not untreatable!

First... Let's Appreciate the Work of Advocates

Many of my patients have been told in the past that, "You're just lazy. If you eat right and exercise, this will get better." Unfortunately, these types of comments are frequently made. These comments and other factors often lead people to wonder, "Why should it matter if it's diagnosable or not? That does not change the fact that I am affected." I agree! But I *have* seen improvement in the way eating disorders are perceived.

I believe that perception can begin in Washington, DC. Have you seen OAC members walking on Capitol Hill and asking you to sign petitions? I can vouch that they are not just fun-filled trips or great photo ops! This is where the whispers of educational information get started and seeds of knowledge are released in the laps of decision makers. This work ripples into the roaring voices of obesity advocacy and creates a new construction site for the vineyards of change. It is because of these changes we have some good news.

Things have improved within the last few years. I believe this is due to advocates. I see them as the dedicated few who are willing to stand-up for the many people who cannot stand-up for themselves.

FACTS

You may not be aware that in your lifetime, the recognition of, and attention to, obesity and eating disorders have undergone a makeover. In the past, what was written off as "symptoms" or "concerns needing further research" was redefined. In 2013, two major changes occurred in the fields of medicine and psychology. You can read more about them next.

Changing Landscapes in Obesity and Eating Disorders

In June of 2013, the American Medical Association (AMA) classified obesity as a disease. A simple but important statement was made when someone stated, "Recognizing obesity as a disease will help change the way the medical community tackles this complex issue that affects approximately one in three Americans." It was not just words. It meant Americans could receive insurance coverage on billable services for preventive care, intervention, treatment and maintenance.

There was another major change in 2013. The Diagnostic Statistical Manual 5th addition (DSM-V) section on eating disorders recognized five new and specific diagnosable behaviors. This information was published in June 2013 and put into effect October of 2017. What does this mean? These new eating disorders are medically treatable and intervention can be covered by insurance. For many, this may not seem like much to get excited about. But for a psychotherapist like me who specializes in medical and emotional health, it's fantastic!

Listed below, you'll find the eight clinical categories of Feeding and Eating Disorders (FEDs). However, until a new publication of the DSM is released, these categories are referred to as FEDs:

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding or Eating Disorder
- Unspecified Feeding or Eating Disorder

Obesity & Disordered Eating continued on page 38

Recognizing the Effects of Disordered Eating

These disorders do not exist in isolation among individuals. For instance, it has been shown in many articles and proven through 68 independent studies that about 25 percent of bariatric patients have a mood disorder – with depression being the most common. These studies also concluded that 17 percent suffer from binge eating. That number may sound pretty low; however, the general population average is under three percent.

It is important to note that FEDs have the highest mortality rate among psychiatric diagnoses. Major Depressive Disorder is the leading cause for disability in the United States. This is why preventative care, early detection and immediate interventions are so important. The changes listed previously have opened new pathways for professionals to bridge the gap and significantly reduce these statistics.

Now, let's talk about Binge Eating Disorder (BED) specifically, because I see it often in my line of work. BED is both physically and emotionally harmful. In addition, it is the most-discussed term among the bariatric population after food addiction. Why not start with food addiction, you ask? It's not a medical or measurable psychiatric diagnosis as of today. However, much is being studied on the effects of food in the brain and how they resemble other addictions including drug abuse.

One thing that is widely known is many suffer with BED alone. Individuals tend to isolate themselves when symptoms occur. They don't want others to see them. Many times, patients first learn there is an official disorder to the chaos they are suffering from while going through pre-op psychological evaluation. It is quickly followed by relief in knowing treatment is available.

During this time, a therapist can identify problems and start an immediate therapy plan. It should not be identified, documented and then ignored. Unfortunately, this occurs too often when found in the pre-surgical process. Immediate education, behavior modification and ongoing intervention are vital to lifelong success. I do not have the numbers, but about one out of three of my bariatric patients ask to come back and work through traumas, abuse and other treatable conditions that have been suppressed. These evaluations do so much more than clear a person for surgery. They provide an additional tool for patients to lose excess weight – both emotionally and physically.

Identifying Disordered Eating

The following is an example of BED. What is considered an episode and how is one diagnosed? The key indicator is that an individual must feel the loss of control over how much to eat or what to eat. The occurrence usually happens with large amounts of food within a two-hour time frame. This behavior can be distressing and it is repeated at least once per week for three months. In addition, three of the following criteria must apply:

- Eating until uncomfortable
- Eating faster than normal
- Eating large amounts without the feeling of hunger
- Doing these behaviors in isolation

Two other disorders are restrictive and purging disorders, and although not healthy, they are in a constant battle within an individual with a strong desire to be thin. Individuals often feel that the disorder helps them achieve this goal. Binge eating does the opposite. A notable difference among these eating disorders is that a bingeing behavior increases shame, blame and feelings of being unworthy. Individuals tend to believe they are at fault for not having control and for being the cause for their struggle with weight.

“It is important to note that Feeding and Eating Disorders (FEDs) have the highest mortality rate among psychiatric diagnoses.”

It is just as likely for BED to have other related psychological conditions as that of someone with bulimia or anorexia. It is reported in the DSM-V that having more than one disorder is NOT linked to obesity, but to the severity of the binge eating disorder. The most common disorders related to binge eating are bipolar disorder, depression, anxiety and substance abuse.

Eating Disorders and the Post Weight-loss Journey

I think it's important for patients who have lost weight to understand that anorexic-like systems can develop. It can become concerning if friends and family keep referring to you as having anorexia nervosa or eating in a way that reflects that disorder.

There are very similar behaviors that a post-bariatric patient may experience which resemble anorexia nervosa. These can include:

- Fear of regain
- Quick and significant weight-loss
- Dramatic dietary changes
- Having what others may see as rigorous restriction
- Focusing on newfound imperfections about shape, skin changes and weight ranges

However, there is a big difference between a patient trying to follow their prescribed nutritional plan after surgery and the harsh rituals of a patient suffering from an eating disorder. Unfortunately, successful post-bariatric patients may be ridiculed for doing what is medically recommended. This alone can be counterproductive for anyone and cause a person to go back to “unacceptable environmental behaviors” just to avoid ridicule and blend in.

Where Do We Go from Here?

There are many opinions concerning disordered eating. This information can cause you to self-diagnose or compare your life to someone else's. Many people even get wrapped up in social media groups looking for help. Typically, it's one made up of non-medical, self-diagnosing, crisis-focusing, non-compliant, worse-case scenario rings of fire! I have seen this cause far more fear and problems than solutions. Don't give up if these things have happened to you. There are people out there who can help and truly desire to. The OAC is a great place to start!



What Else Can be Done?

- Call your insurance company and find a local provider that specializes in disordered eating
- See if you have an Employee Assistance Program
- Ask your primary care provider for a referral
- Connect with like-minded individuals
- Avoid the “screw it” principle and be proactive with your health
- Pre-plan, log and review your nutritional facts often
- Ask yourself how you're feeling emotionally/physically and journal those feelings

CONCLUSION

We all have a reason for why we eat, although we may not always be conscious of it. It can be for fuel, fun or to fill an empty space. Listen to both your head and your heart. Now is the time to get your behavior in line with where you want to be.

Sometimes it can begin with reflection and projection. What did you do yesterday to make yourself happier and healthier today? What will you do today to make yourself happier and healthier tomorrow?

About the Author:

Merrill Littleberry, LCSW, LCDC, CCM, CI-CPT, aka “Vitamin M” as many know her, is a motivator and healthcare professional specializing in the area of mental, emotional and physical well-being through balance. As a motivational speaker, psychotherapist, personal trainer, friend, mother and many other roles she lives, one thing always remains the same in her world. She believes that mental and physical healthcare are equally important, stating that “One cannot function optimally without the other.”

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Reset for Success with Therapeutic Movement

by Mira Rasmussen, ACSMEP-C, NASM-CES, SMFA, FMS; and Angelie Juaneza, MS.Ed., NASM-CES

Therapeutic movement engages our bodies to heal physically and mentally. Stress, trauma and physical injury influence our nervous system and affect our entire body. For that reason, the most effective healing strategies combine physical movement with emotional coping strategies. Therapeutic movement relates to emotional wellness by signaling our body to process negative events rather than bury them. This restores our body and our entire well-being!

The body is an interdependent system. What you do in one part affects your whole body. Physical injury affects your thoughts, feelings and behaviors. This includes your emotional health! Alternatively, stress, fear, anxiety, trauma, frustration and anger commonly result in physical problems as our body tries to adapt to these emotions. To understand the physical and emotional aspects of therapeutic movement, it's best to look at them separately and then show how they work together.

The Domino Effect of Pain and Injury

Many different pain treatments teach patients how to compensate and distract themselves from pain or discomfort, but not how to address the cause. This is like treating a wound with a Band Aid but not treating the splinter deep within! Treating the symptoms vs. the cause may provide some relief at first, but the issue remains and can return as pains that seem unrelated.

Can you relate to this scenario? You're going about your daily routine and become aware of pain, tension or discomfort somewhere in your body. You're busy, so you push through and naturally compensate for that pain by adapting the way you move. Without realizing it, this causes some of your muscles to overwork, shorten or tighten. The pain may not be intense, but it's nagging enough to make you avoid movements which cause it. Therefore, you continue to develop different movement patterns over time.



These changed patterns happened little by little, so each progression feels normal. However, they affect joint alignment and the function of your muscles. Fast forward to a day where a seemingly simple movement requires a joint or muscle to work in full function, but it can't because the limits you've set for months or years have caused injury. This is the moment when demand on the body is greater than it can give due to the joint's range of motion or the stability of the supporting tissue. Progressing pain or injury can start with simple shoulder tension that slowly impacts your mobility in the mid-back and then your shoulders – eventually misaligning the shoulder joint and resulting in a much more serious injury like the one mentioned in the diagram below.

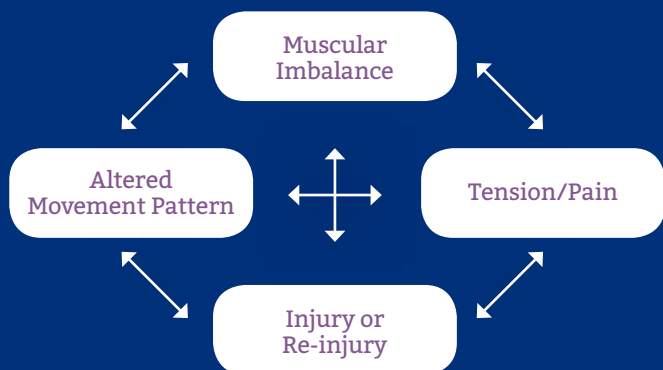


“ Corrective exercise drives the right kind of movement and resets the body to perform daily tasks easier than before! ”

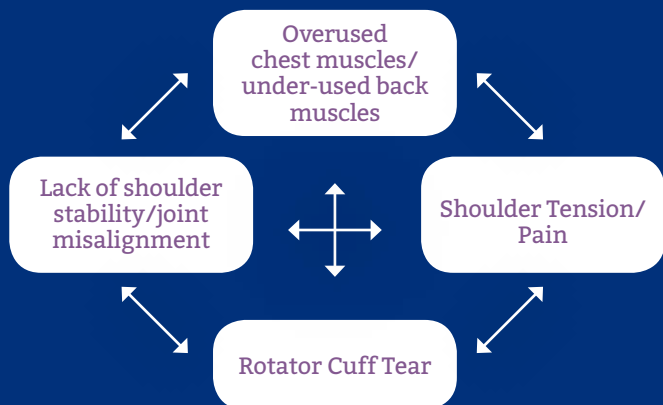
Image courtesy of Canadian Obesity Network

Our Body's Reaction to Physical Problems

Pain/Injury Pathway:



Example:



Changing Our Perception

In our modern, Western society, we tend to sit too much – at our desks, in front of the television and in our cars. Too much sitting shortens the muscles in front of our body and extends the muscles in the back of our body. Our hips often become restricted by tightness in other parts of the body. Our shoulders can be restricted by tightness in our chest, shoulders, biceps and neck.

Do these areas of pain sound familiar? What if you knew these areas of tightness usually start problematic movement patterns which result in knee, ankle, feet, neck and back issues? When certain places in our body hurt or ache, it's natural to think the cause is located where it hurts. However, it's more productive to address the true cause of pain and accept that it may not be where we think it is.

Reset for Success continued on page 42



Image courtesy of Canadian Obesity Network

Therapeutic Movement – The Physical Approach:

Treating movement problems that cause pain or injury completely changes the way forward-thinking healthcare professionals work with injury and pain. The biggest predictor of injury is previous injury.

A preventative approach to injury stops movement problems in their tracks – just like monitoring blood pressure for heart health or preventing cavities with regular teeth cleanings. The most beneficial approach to any exercise program is one that uses corrective exercise as its foundation. Doing this on your own requires slow and progressive steps that allow you to work through pain and strain rather than ignoring them. Try to understand which muscles you need to work rather than simply mimicking how another person moves.

For example, many people feel strain in their arms when exercising their back. This is because they are actually using the muscles in their arms instead of the muscles in their back. When you use the correct muscle to perform a specific movement, you reach success sooner with little to no pain. Muscles should burn, but joints shouldn't hurt. Corrective exercise drives the right kind of movement and resets the body to perform daily tasks easier than before!

Corrective exercise takes time. During this time, your mind and body work together as a team to build a solid foundation. If you were to participate in HIIT (*High Intensity Interval Training*) before your mind and body were prepared, it would hurt more than it can help! This wouldn't help your fitness level. HIIT is beneficial as most workouts tend to last anywhere between 10-15 minutes, whereas traditional workouts typically last an hour. This type of training has its time and place, depending on your physical and emotional experience. If you do not have experience with high-intensity exercise such as HIIT, you could risk muscle and joint problems instead of reaping the benefits.

Before you begin an exercise, take time to evaluate its physical and emotional demands. You should push yourself physically to reach a stronger sense of accomplishment with the challenges you take on. This happens layer by layer – not all at once.

“With increased strength and balance in each small movement, you can achieve higher levels of fitness and find greater success with weight management.”



Therapeutic Movement – The Emotional Approach:

A healthy emotional foundation is essential to corrective exercise and therapeutic movement. It can help you recover in a variety of ways!

Fear, anxiety, frustration, sadness and anger tell muscles to round the shoulder, push the head forward and down and draw the knees in from the hips. This is our body's most protective position. However, it does not give our bodies the chance to release these tense muscles, so they become tightly clenched. This creates both muscle and emotional tension.

Think about actions such as clenching your fist when you're angry or grinding your jaw when you're stressed. This emotional/physical response can start from one single negative experience or multiple small ones. Our body reacts to the environment we put it in. If you want to move and perform successfully, take the time to create a supportive environment. It's a large portion of your success!

Create the Optimal Emotional Environment

A private atmosphere such as a training studio can offer individualized focus for both you and the health and wellness professional! More private, client-focused locations tend to be free of pressure and competition. This lets your body connect with your mind in a way it hasn't necessarily done before.

When you move, most of the work you do is through coordination and cues from your nervous system. If your nervous system is emotionally clouded, your ability to exercise will be too. Nerves tell your body how, when and with what force to respond. In therapeutic movement, the body needs to be free from distractions so it can focus on a new way of programming. Your goal should be to move well in an environment that gives you focus and then move well in an environment you feel motivated in. Take time to discover what facilities near you offer for restorative exercise and determine what factors will meet your emotional needs so you can focus on movement.

We can't deny our emotional needs, even in a workout. If we do, we will develop negative coping strategies that affect our goals. For example, when we chronically tense our bodies into a fetal position, it negatively affects our physical progress.



Image courtesy of Canadian Obesity Network

When we are faced with situations in which we've experienced failure before, subconscious coping strategies may develop to avoid those experiences. If you have tried movement in a gym before, new plans for the gym may lose their priority if an opportunity arises to replace that time with something else that's positive.

When faced with previous failures, consider the emotions which reinforce those failures and then re-structure your next workout to be positive, even if it's short. You can build from small successes. Other coping mechanisms go much deeper as they are involved with emotional trauma. Finding a health professional to work with can help you heal emotionally and open your body to movement.

As your mind builds mental confidence, your body builds confidence in movement. When you exercise in a way that decreases pain and discomfort, your joints, tendons, ligaments and muscles will work together as a team. Start by learning how the body should move without compensations. You will create a solid foundation for greater successes later in your health and fitness journey. With increased strength and balance in each small movement, you can achieve higher levels of fitness and find greater success with weight management.

Conclusion

Our emotional and physical selves are more deeply connected than we assume. They must work as a team to create overall well-being. When we allow this to happen during movement and exercise, we tend to find bursts of motivation, physical ability and productivity. Combined, this leads to a life of success in your fitness journey!

About the Authors:

Mira Rasmussen, ACSM EP-C, NASM-CES, SMFA, FMS, is an exercise physiologist and founder of Fitness Beyond Training studios in central Texas. Her passion is helping people redefine exercise so they thrive in it rather than suffer from it. She specializes in functional and corrective exercise as a foundation for athletic performance, general fitness and weight management. Using these methods, everyone can overcome their weakness and achieve their goals. To learn more about Fitness Beyond Training, visit www.fitnessbeyondtraining.com.

Angelie Juaneza, MS.Ed., NASM-CES, earned her Masters of Science in Exercise Physiology from the University of Mary Hardin-Baylor in Texas. She is an Exercise Physiologist and Health Fitness Professional with a Corrective Exercise Specialist certification. Angelie specializes in functional training for the general population, athletes, those handling diseases or any other physical limitations. She has a background in exercise testing and supplement research studies which has fueled her passion for educating others through their health and fitness journey. For more information on the author, visit: www.fitnessbeyondtraining.com.



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Realistic Advice for Life after Bariatric Surgery

by Pam Davis, RN, CBN, MBA

LET'S GET REAL

Can we talk? I mean seriously talk about realistic expectations and your responsibility as a bariatric surgery patient? Okay, good.

Now, go grab your favorite beverage of choice: iced tea (*unsweet of course*), a cup of coffee (*sure, if it's decaf*), or everyone's plain favorite... water (*insert eye roll*). Find your favorite reading spot and let's have a chat.

As a bariatric surgery patient, you've likely heard the following phrase: "Surgery is a tool." It's also very likely that, much like me, you have a love/hate relationship with this phrase. As a nurse who has worked with thousands of bariatric surgery patients over the last decade, I whole-heartedly agree with the concept that bariatric surgery does not in and of itself result in your ideal body weight, resolve all of your health conditions and eliminate every problem you've ever had. Instead, my dear reader, you have been given the surgically-altered anatomic tool of reduced stomach capacity. This allows you to:

- Eat a smaller amount of food
- Feel more full with a smaller amount of food

Reduced stomach capacity through bariatric surgery addresses only one of many factors that come together to affect weight.

A Quick Look at the Facts

As a gastric bypass patient who is 17 years post-surgery, this is what I know from experience:

- The “tool” still works when I work it. It’s not as new and shiny as it once was. The manual is a little worn and frayed. It needs to be given proper care to stay in top form.
- No one – not my surgeon, dietitian nor my primary care provider – is with me 24 hours a day, seven days a week, 365 days a year.
- I alone am responsible for the choices I make every day. This extends far beyond my simple food choices.
- Health is a relative term. It ebbs and flows along a continuum (*we’ll chat more about this concept later on*).

I want you to have some realistic expectations for your life after bariatric surgery. I’m not talking about the first few months or even at the one-year mark. I’m talking about two years, 10 years and even 20 years after you’ve had surgery.

Examining Common Expectations

Let’s begin with weight-loss expectations. I frequently hear patients share concerns about not having “lost enough.” The question I throw back to you is, “What is enough?”

While you were likely given a goal weight before surgery – a number on the scale – you have to realize that number is based on height and weight tables which are decades old. It’s a number that very few bariatric surgery patients will actually reach. So I ask again, “What is enough?”

If your goals are centered on improving or resolving health conditions such as diabetes and high blood pressure, you can focus on real, broader aspirations that don’t concentrate on a number on a scale. That number is a guide, but not the whole story of your weight and health. A better approach may be to set goals to become more mobile, play on the floor with your children or grandchildren or simply get through the day feeling better physically and mentally. Keep these goals front and center as a reminder of why you make the choices you do every single day.

Realistic Goals: Yours and Mine

These are some of my own personal (*and I feel realistic*) daily goals:

- To move just as much – or more – than I did the day before
- To drink more water than coffee
- To give support whenever I seek support
- To encourage others whenever I feel discouraged

Notice that not a single one of those goals included a number on the scale. Now, take a few moments and write-out your own goals. Your goals should be SMART. In other words, they need to be specific, measurable, achievable, relevant and timely. Mine meet all of these requirements. They are not fancy, but they’re realistic for *me*. Yours should be realistic for *you*.

Now that you’ve set some realistic goals, let’s get real about things you can do every day to make these goals become reality.

Check out some tips on page 48!



“Your goals should be **SMART**. In other words, they need to be specific, measurable, achievable, relevant and timely.”

Life after Bariatric Surgery continued on page 48

CONTRAVE IS THE #1 PRESCRIBED WEIGHT-LOSS BRAND

Struggling to lose weight?

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

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



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

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

Ask your doctor about CONTRAVE®

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

Important Safety Information

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

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

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

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

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

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

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

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

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

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

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

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



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

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

CONTRAVE can cause serious side effects, including:

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

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

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

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

What is CONTRAVE?

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

Limitations of Use

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

Who should not take CONTRAVE?

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

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

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

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

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

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

How should I take CONTRAVE?

Take CONTRAVE exactly as your healthcare provider tells you to.

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

What should I avoid while taking CONTRAVE?

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

What are the possible side effects of CONTRAVE?

CONTRAVE may cause serious side effects, including:

- **See “What is the most important information I should know about CONTRAVE?”**
- **Seizures.** There is a risk of having a seizure when you take CONTRAVE. The risk of seizure is higher in people who: take higher doses of CONTRAVE; have certain medical conditions; or take CONTRAVE with certain other medicines. If you have a seizure while taking CONTRAVE, stop taking CONTRAVE and call your healthcare provider right away. You should not take CONTRAVE again if you have a seizure.
- **Risk of opioid overdose.** One of the ingredients in CONTRAVE (naltrexone) can increase your chance of having an opioid overdose if you take opioid medicines while taking CONTRAVE. You or someone close to you should get emergency medical help right away if you: have trouble breathing or become very drowsy with slowed, shallow breathing; or feel faint, very dizzy, confused, or have unusual symptoms.
- **Sudden opioid withdrawal.** People who take CONTRAVE must not use any type of opioid for at least 7 to 10 days before starting CONTRAVE. Sudden opioid withdrawal can be severe, and you may need to go to the hospital. Tell your healthcare provider you are taking CONTRAVE before undergoing a medical procedure or surgery.
- **Severe allergic reactions.** Some people have had a severe allergic reaction to bupropion, one of the ingredients in CONTRAVE. Stop taking CONTRAVE and call your healthcare provider or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms of an allergic reaction:
 - rash, itching, hives, or fever
 - painful sores in your mouth or around your eyes
 - swelling of your lips or tongue
 - swollen lymph glands
 - chest pain or trouble breathing
- **Increases in blood pressure or heart rate.** Some people may get high blood pressure or have a higher heart rate when taking CONTRAVE. Your healthcare provider should check your blood pressure and heart rate before you start taking and while you take CONTRAVE.
- **Liver damage or hepatitis.** One of the ingredients in CONTRAVE (naltrexone) can cause liver damage or hepatitis. Stop taking CONTRAVE and tell your healthcare provider if you have any of the following symptoms of liver problems:
 - stomach area pain lasting more than a few days
 - dark urine
 - yellowing of the whites of your eyes
 - tiredness
- **Manic episodes.** One of the ingredients in CONTRAVE (bupropion) can cause some people who were manic or depressed in the past to become manic or depressed again.
- **Visual problems (angle-closure glaucoma).** Signs and symptoms of angle-closure glaucoma may include eye pain, changes in vision, and/or swelling or redness in or around the eye.
- **Increased risk of low blood sugar (hypoglycemia) in people with type 2 diabetes mellitus who also take medicines such as insulin or sulfonylureas to treat their diabetes.** Weight loss can cause low blood sugar in people with type 2 diabetes mellitus who also take medicines used to treat type 2 diabetes mellitus. You should check your blood sugar before you start taking CONTRAVE and while you take CONTRAVE.

What are common side effects?

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

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

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

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

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

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

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“Enjoy your journey, because the destination will always be just out of reach.”

- Take Your Vitamins.** These are real, grown-up, bariatric vitamins. Yes, back in 2001 when I had surgery, I too was told to just take two Flintstones Complete chewables. Guess what? Times have changed. Studies have been done. Multiple societies (*American Association of Clinical Endocrinologists, The Obesity Society, American Society for Metabolic and Bariatric Surgery*^{1,2}) have made recommendations regarding the need for long-term vitamin and mineral supplementation after bariatric surgery. Please don't mess around with this one.
- Have Your Labs Drawn at Least Once a Year.** These include bariatric labs which are reviewed by someone who knows what the results really mean. Ideally, this should be done by your bariatric surgeon or a bariatrician. At a minimum, the following labs should be checked annually: CMP, Hematocrit, Ferritin, B12, Folic Acid, PTH and Vitamin D 25-Hydroxy Intact.
- Drink Tons of Fluids Every Day.** Yes, tons – to the point where your urine is barely yellow. This not only prevents dehydration, but keeps you feeling full, flushes out toxins, prevents urinary and bladder infections and makes nearly everything in your body work better. No, they don't have to be decaffeinated – unless your healthcare provider says so. And no, they don't have to be non-carbonated – unless your healthcare provider says so.
- Avoid Liquid Calories.** I love Starbucks and I know many of you do, too. Can you have a venti white mocha every day and expect not to struggle with weight maintenance? Probably not. Can you have an occasional short or tall latte? Sure. The same scenario goes for other liquid calories such as milk, juice, etc.
- Continue to Separate Eating from Drinking.** Once you're a year or more out from surgery, you can drink pretty much up to the time of eating. However, drinking with your meals at any point after surgery will flush food through your pouch quicker. This can affect calorie intake by allowing you to eat more and to not feel full for as long after a meal. Wait at least 30 minutes (*ideally an hour*) after eating to resume drinking so your feeling of fullness stays with you for as long as possible.
- Track Your Behavior.** You can't see where you're going if you don't know where you've been. Please keep some type of food journal. Use an app, a sticky note or even your phone camera. Even if you only do it a few days every month, it really does help! I promise.
- Stop Beating Yourself Up.** We only get one life. It's time to start living it to the fullest every day. Whatever you did or didn't do yesterday or this morning, it's over, gone and finished. What matters is this moment right now. Make the best decision for you in this moment and then make another best decision for you in the next moment. Then keep repeating.
- Stop Trying to Meet Someone Else's Ideal.** Wear your Spanx if it makes you feel better, or don't. Put on makeup if it makes you feel more fierce, or don't. Be selfish. Take 10-15 minutes for yourself every day. You deserve that and it's not really being selfish.
- Figure Your Mental and Emotional Stuff Out.** Will all of the emotional reasons we eat ever be fully resolved? Probably not. Will continuing to stay involved with support groups (*true support groups, where you actually find the help you're seeking*) and working with a therapist or counselor help you find alternatives to eating your emotions? Probably so.

Conclusion

Please take note: we're nearly to the end of our chat and I've not given you a list of foods to avoid, a number of calories to eat or a specific meal plan to follow. There are a couple of reasons why. First, if you work on setting those realistic goals that are specific to you and focus on numbers one through nine on the previous page, the food situation tends to take care of itself. However, I still believe in (*and more often than not, follow*) the recommendation to eat protein first and for half of every meal, and to keep my carb count low.

This is my last suggestion: don't forget who you are and where you started from. Be a source of support and strength for others. Enjoy your journey because the destination will always be just out of reach. That's what keeps us moving forward.

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2. <https://asmbs.org/wp/uploads/2008/09/ASMBS-Nutritional-Guidelines-2016-Update.pdf>

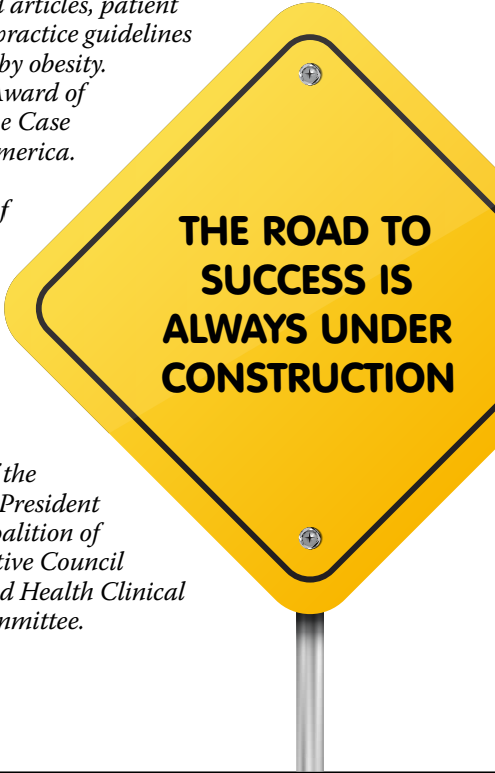
About the Author:

Pam Davis, RN, CBN, MBA, is a Certified Bariatric Nurse and a bariatric surgery patient. Pam has 15 years of experience working with those affected by obesity. Pam has authored articles, patient education materials and practice guidelines for treating those affected by obesity.

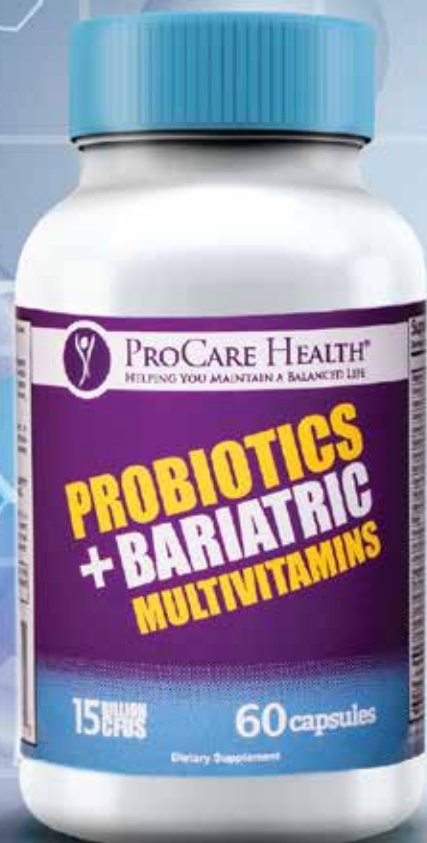
In 2007, she received the Award of Service Excellence from the Case Management Society of America.

In 2015, she received the Integrated Health Circle of Excellence Award from the American Society for Metabolic and Bariatric Surgery (ASMBS).

Pam has also served in various leadership roles including Chairwoman of the Obesity Action Coalition, President of the Eating Disorders Coalition of Tennessee, ASMBS Executive Council and Chair of the Integrated Health Clinical Issues and Guidelines Committee.



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HOW TO SPOT AND AVOID FAD DIETS

by Katie Chapmon, MS, RD; and Becca Wright

Do you want to lose weight quickly without dieting or exercising? Have scientists just discovered a new way to shed pounds and keep them off? Can you boost your metabolism and burn fat without even trying? It seems that everywhere we look, there is a new miracle diet or weight-loss supplement that has changed someone's life.

So what is a fad diet and how is it different than a healthy eating pattern that may also be called a "diet?" A fad diet typically makes promises of weight-loss or other health benefits without solid scientific evidence. While fashion trends may leave little impact on our lives, a fad diet can have harmful consequences. Understanding how to spot a fad diet can help us avoid wasting time, throwing away money and even compromising our health!

“A FAD DIET TYPICALLY MAKES PROMISES OF WEIGHT-LOSS OR OTHER HEALTH BENEFITS WITHOUT SOLID SCIENTIFIC EVIDENCE.”

WHAT ARE FAD DIETS?

For the most part, fad diets share some common characteristics:

- Unrealistic promises are made
- No solid research is presented to back-up claims
- Major food groups are restricted
- Less than three meals are eaten per day
- Short-term plans are set that may involve stages
- A celebrity or someone else without credentials is promoted
- Something exotic or unusual is consumed, often in large amounts
- Certain products must be purchased from limited sources

Fad diets may show some temporary results, but can also start a pattern of “yo-yo” dieting and losing weight only to regain it. These patterns can be damaging both physically and mentally to your long-term health. According to the Academy of Nutrition and Dietetics, dieters who lose weight too quickly will usually gain back the weight they lost – plus some extra pounds. Additionally, these patterns may contribute to feelings of failure and create a negative cycle of trying one fad diet after another.

WHY ARE WE SO ATTRACTED TO FAD DIETS?

- We like black and white thinking such as “eat this, never that.” Moderation is harder
- We like a challenge and the feeling of accomplishment we get from “sticking to” a diet
- We want to make a drastic change and we want to see results right away
- We want to keep up with the latest trends
- We may not feel confident in our ability to make healthy lifestyle changes

When you're trying to lose weight, it's normal to be curious about any new breakthrough that might help. Exercising and eating healthy foods in small portions may seem difficult and boring at times. The thought of instant gratification can be tempting. Why not give the latest diet a try?

Some fad diets include elements of a healthful diet like avoiding added sugar, processed foods and eating plenty of fruits and vegetables. However, fad diets have an added component that is unnecessary, not based in research and is potentially harmful. For example: being allowed to eat an unlimited amount of protein. We all need protein. However, consuming far too much of it places strain on the kidneys. In addition, marketed supplements can cause side effects or interactions with medications and not the advertised results.

Adhering to any strict diet can be isolating. Fad dieters may have difficulty dining with others – either at home or dining out with family and friends. Eating can become a chore and cravings can become unbearable. There are ways to think about what we eat in a more practical and sustainable way.

BETTER WEIGHT-LOSS OPTIONS

Weight-loss can be achieved through healthy lifestyle changes. For alternative ways to benefit from weight-loss, consider the healthier options listed further in this article. These tools can be used to keep you on-track when faced with the temptation of fad diets.

Fad Diets continued on page 52

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FAD DIET SUBSTITUTES

FAD

HEALTHIER OPTION

JUICING

Juicing can spike your blood sugar and remove fiber that is needed for fullness and digestion. Chewing solid food helps you feel fuller longer.

SMOOTHIES

Whether you make them at home or purchase them, smoothies can contain a surprising amount of calories and simple sugars. Opt for solid foods when you have a choice.

BROTHS

Broth can be high in saturated fat and low in some vitamins. Eat a variety of foods including all the major food groups, especially fruits and vegetables.

GLUTEN-FREE

Gluten is the main protein found in whole-wheat products. Unless you have celiac disease, a wheat allergy or gluten intolerance, there is no reason to avoid gluten. Gluten-free foods aren't always healthier and can contain more fat and sugar.

"CRASH DIETS" TO LOSE A LOT OF WEIGHT QUICKLY

Healthy lifestyle changes can result in one to two pounds of weight-loss per week on average. When you crash diet, you lose water and sometimes muscle.

GOING FOR LONG PERIODS OF TIME AND NOT EATING

Your metabolism may slow down if your body thinks it's starving. Eating three meals a day, including breakfast, is a healthy pattern. If you get hungry between meals, make sure you have healthy snacks on hand.



FAD DIET SUBSTITUTES CONTINUED...



HIGHLY RESTRICTIVE DIETS

Flexible eating patterns are more effective for weight-loss than strict ones. Denying yourself certain foods may lead to cravings and a loss of some important nutrients.



CLEANSSES

Your body naturally eliminates toxins using the kidneys, liver and skin. It's best to shift your focus to what you put in rather than what you can "get out."



“WHAT IS KNOWN TO BE EFFECTIVE FOR WEIGHT-LOSS IS CHOOSING TO MAKE SMALL ADJUSTMENTS IN OUR DAILY LIVES THAT WE CAN STICK TO.”

Fad Diets continued on page 54



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What is *known* to be effective for weight-loss is choosing to make small adjustments in our daily lives that we can stick to. Certain dietary patterns have consistently shown health benefits and may be recommended by your healthcare provider or dietitian. For instance, the Mediterranean Diet or the DASH Diet both include lean protein, fruits, vegetables, whole grains and low-fat dairy products. They focus on whole foods and are low in saturated fat, added sugars and sodium.

Adjusting your portion sizes, cutting back on high-calorie foods and getting more physical activity can lead to healthy weight-loss. Remember that people lose weight in different ways and at different rates. Men have more lean muscle than women, so weight-loss may seem more rapid for them at first. Also, “weight plateaus,” or times when your weight doesn’t change, are very common. It may help to think of your path more like a staircase than a straight line, with alternating times off weight-loss and weight maintenance – even when you’re doing exactly the same things. Try to focus on other measures of success such as dropping a clothing size, feeling increased energy or just feeling better overall.

If you’re frustrated with your weight-loss progress, there are some strategies that can help you regain your motivation. Ask for support from a friend or join a group to assist you with your goals. Look for healthy recipes online or try a new food. If you’ve been doing everything you think you should do, but you aren’t seeing results, reach out to your healthcare provider or dietitian. They may discuss new options to help you.



HERE ARE SOME OVERALL TIPS TO KEEP IN MIND:

- **Aim for Balance** – Fill half your plate with non-starchy vegetables and choose lean proteins, low-fat dairy options, whole grains and fresh fruits.
- **Go for Nutrients** – Choose nutrient-dense foods over foods high in calories but low in nutrients.
- **Don’t Starve Yourself** – Start with a basic plan of three meals a day and add healthy snacks if you get hungry in-between.
- **Start the Day Right** – Have a hearty breakfast that includes protein in the morning.
- **Limit Processed Foods** – This is especially true for those high in added sugar, sodium and saturated fat.
- **Moderation is Key** – Be wary of all-or-nothing thinking.

CONCLUSION

When something sounds too good to be true... it usually is. There is no quick fix to help you maintain a healthy body weight. The good news is that your team of healthcare providers and dietitians are available to help you figure out what works for you – an individual plan that fits your schedule and life.

Trust your instincts when you hear new information. Be skeptical of un-credentialed individuals who make big promises. Do their claims sound realistic? Are they just trying to sell you something? A healthy diet shouldn’t cost a lot or make you miserable. Find a great support team to guide you, and remember that small changes can make a big impact in the long-run!

About the Authors:

Katie Chapmon, MS, RD, is a Los Angeles-based Registered Dietitian specializing in the field of metabolic surgery and weight management since 2008. She currently serves as the Bariatric Nutrition Lead for Kaiser Permanente as well as Department Manager for the West Los Angeles Bariatric Medicine Department. Additionally, Ms. Chapmon serves as the Co-chair for the American Society for Metabolic and Bariatric Surgery (ASMBS) Integrated Health Clinical Guidelines and Issues Committee Chair as well as Co-chair of the American Academy of Nutrition and Dietetics (AND) Weight Management Dietetic Practice Group (WM DPG) Networks Committee.

Becca Wright recently finished her dietetics internship at California State University, Los Angeles and will soon complete her Master’s degree in Nutritional Science. When she becomes a dietitian, she would like to work in obesity medicine, helping people to live healthier lives and attain their goals. She has great respect for those struggling with their weight and facing stigma.

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1. National Institutes of Health: Office of Dietary Supplements. Health Professional Fact Sheet: Iron. Available at: <https://ods.od.nih.gov/factsheets/Iron-HealthProfessional/>. Accessed: April 2, 2018.

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