



PROVIDER COUNSELING GUIDES

CMWL Behavioral Modules (as of 06/01/17)

- #01 Better Health For Life (see Behavioral Counseling Video)
- #02 Taking Charge Of Your Bad Eating Habits
- #03 Managing Food Temptations
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This document contains training guides for participating medical providers in the CMWL network. It is to be used in conjunction with CMWL's patient behavioral counseling modules as part of the CMWL medical weight loss program.

About CMWL Behavioral Counseling

CMWL's behavioral counseling is a, if not the, critical component in helping patients achieve safe weight loss and long-term maintenance. When patients identify and overcome the pervasive behavioral challenges to their personal weight loss goals, their new habits and lifestyle choices will help them manage their weight for a lifetime.

How To Prescribe Behavioral Modules

The CMWL Provider Portal automatically creates a personalized behavioral treatment plan for each patient based upon a number of factors, such as answers to a profile questionnaire, biometric data, and health conditions. During each visit, just prescribe a module as recommended by the system, or one that you feel is relevant based upon new information learned during a session.

Patients complete the modules online and submit them to you before the next visit. You can view the answers to the modules in the CMWL Provider Portal, alongside the Provider Counseling Guide associated with the module submitted. When you've completed your session, record the behavioral module discussed, and prescribe a new one for the next visit.

Reimbursement for Behavioral Counseling

The CMWL Provider Portal provides all documentation necessary for insurance reimbursement for obesity behavioral counseling.

For more information on using the Provider Portal and ensuring proper insurance documentation, contact the Client Relations team at **914-332-4190**.

1) Preferable answer is D) Rarely

Emotional eating is one of the most common eating problems. There are many theories to its origin. This is the theory that I believe: When you were an infant and you were crying for whatever reason, you probably were comforted with a bottle most of the time rather than, or in addition to, a hug or warm affection. You may have always gotten the bottle combined with affection but never the affection without the bottle. As a result, your brain got “wired” in such a way that when you’re upset or emotional for whatever reason, you have intense cravings. Unfortunately, we are not going to be able to change these cravings. One of the best solutions, however, is to carry emergency food with you at all times. Emergency food is a piece of fruit, a vegetable, or a protein bar less than 200 calories. In a time of stress you should reach for these items only; since you will most likely still feel the same stress an hour later, you might as well eat the emergency food rather than the high-calorie comfort foods. It is a waste of calories to eat cake when you are stressed because you probably will not fully enjoy the cake anyway. It is better to plan to eat cake rather than to eat it when you are emotional. Please remember to have “emergency food” in your purse or briefcase at all times.

2) Preferable answer is D) Rarely

Fast eating is a habit that you should work hard to control. There is believed to be a 5-10 minute lag between your brain and your stomach. This means that the slow eater will feel satiated 5-10 minutes sooner than the fast eater. We need you to make a conscious effort to put your fork or spoon down, or the finger food down between bites. The next time that you are out to dinner, look around - half the world eats this way. As odd as it may feel to eat this way initially for you, you will not stand out in a crowd.

3) Preferable answer is D) Rarely

Picking when preparing meals is a common problem. There was a study done in which thin people who never had a weight problem were followed around with cameras for 24 hours. They had no idea why they were being followed around. At the end of the 24-hour period, they were asked to write down everything that they had eaten in the last 24 hours. Do you know that the average person forgot 40% of what they ate in a day? The food that was always forgotten was food that people ate when they were preparing or cleaning up meals. In your future life, we need to raise your level of awareness. You need to look at the food and recite it to yourself. So if you are tasting meatballs, you should say to yourself, “Okay, I just ate two meatballs”. This way, when you sit down for dinner you will remember that you already ate two meatballs. The same principle applies if you are at a cocktail party or a wedding. You should look at all of the hors d’oeuvres before you eat them and recite them to yourself for the same reason. Awareness is the key to consuming fewer calories.

4) Preferable answers are A) Almost Always and B) Often

Eating while watching television is a terrible habit. Having a rule not to, is a good habit. (Ask if the patient has a favorite program during which he or she likes to eat snacks while watching. Ask what those snacks are. Explain how the program becomes associated with those snacks.) If you ever took psychology 101 you may remember a famous Russian scientist named Pavlov who rang a bell every time he fed his dogs. Then he rang the bell without feeding his dogs. The dogs still salivated at the sound of the bell, anticipating food. Television works like the bell. The television programs that you watch become associated with the food/snacks that you eat. You need to make a house rule for yourself that you cannot eat or drink anything with calories while watching television. You should try to have only no-calorie beverages while watching television to try and break this vicious cycle.

5) Preferable answer is D) Rarely

Your parents may be partially to blame for this. Have you noticed the way small children eat around age two to four years? No matter what they are eating - for example, cake, cookies or candy- when they feel full, they stop eating. You cannot make a full child eat. This is believed to be a reflex that we are all born with - to stop eating when we are full. At around age 5, we learn how to rationalize. Our parents usually say one of two things. They say that there are starving people in the world or that we cannot have dessert if we do not clean our plate. Now we are praised for cleaning our plates and this conditioning usually makes this a difficult habit to break. The size of restaurant portions also has increased dramatically the last 40 years. If you keep cleaning your plate and you eat out in a restaurant even once a week then you will probably keep gaining weight. In your future life, we need you to always leave the last bite on your plate. Hopefully, with time, that natural reflex will come back to life and you will stop eating when you are full, leaving over half of a plate of food.

6) Preferable answer is D) Rarely

If most of your social life revolves around food, you need to try to decrease the eating-out events to once or twice weekly. You could try meeting for coffee or going to the movies, but of course, you do not want to have high calorie snacks at the movies. Pay attention to your eating-out patterns. If you overeat every time you go out with a particular group of people, the next time you plan to go out with these people, we want your plan to forecast overeating. Save most of your calories for when you go out that day. If you make better food choices, then you are ahead of the game that day. If you wind up overeating, at least you planned for it. This seems to work better in the long run because you will feel more in control of your eating habits.

7) Answer should reflect patient's actual lifestyle situation.

If your job requires you to eat out frequently, try to minimize your calories the other parts of the day. Try to always "waste" food when you eat out in a restaurant. Be sure to exercise, preferably daily if you must eat out frequently.

(The “preferred” answer for all questions is “Not At All Difficult” but patients’ answers should reflect their actual level of difficulty.)

1) It is recommended that you don’t go to the movie theater hungry. You may want to bring healthy snacks, like a piece of fruit or cut-up vegetables, with you. If you must order a snack try to share it with someone. The best beverage to drink would be bottled water.

2) At office parties, when cake is served, try to do your best to waste most of the slice. Usually your co-workers are only concerned with the people who do not take any cake. They typically give these people some sort of peer pressure to participate in the party. Once you take a small slice, people will probably not notice if you throw most of it into the garbage pail.

3) All-you-can-eat buffet restaurants are the “kiss of death” for the individual suffering from binge-eating disorder or obsessive-compulsive eating disorder. You should try to avoid buffet restaurants at all costs; numerous studies have demonstrated that people tend to overeat when they are presented with multiple food options. If you have to eat at a buffet, the following strategies may be helpful:

- a)** Do not arrive hungry. Make sure that you have had a healthy snack prior to arriving.
- b)** Try to fill up with a huge salad of greens and vegetables with a light dressing first.
- c)** Only make one trip to the buffet and try to limit your carbohydrate consumption; that is, potatoes, pasta, bread, rice, cakes and cookies.
- d)** Keep your hands and mouth busy with a glass of ice water or seltzer.

4) Let’s say that you already ate lunch an hour ago and you were tempted by the pretzel stand in the mall food court. We recommend that you wait to get in line for the pretzel and purchase the largest water or no-calorie beverage that they sell. Next, drink the water as quickly as you can in 10 minutes. Wait 10 minutes; if you still want the pretzel, go back on line and purchase it. 50% of the time, drinking the water quickly will control the psychological urge to eat. 90% of the time, people eat for psychological reasons. Examples of psychological eating include always eating at lunch time, or eating popcorn every time that you walk into a movie theater. Only 10% of the time do we eat to satisfy actual physical hunger. Your stomach rumbling is an example of actual physical hunger. You should always eat something when your stomach is rumbling. Even on this diet, be sure to have a meal replacement item if your stomach is rumbling. Theoretically, not eating when your stomach is rumbling could slow your metabolism because your brain thinks that food is not plentiful. Try to use your diet experience to get in touch with what real physiological hunger feels like.

5) Try to not go over to the family member’s house too hungry. Have a piece of fruit an hour before arriving. If a family member “pushes food on you” insistently, one strategy is to take the food but not to eat all of it. “Food pushers” usually only care that you take the food because they associate food with love. Try to do your best to eat a small portion and waste as much as possible if you know that the meal is a high fat/calorie food choice. In the future, you could try to schedule visits more with those family members whose visits do not revolve around eating a meal, or invite family members to your home where you can control what is prepared.

1) Discuss the patient's obstacles and make a notation in the patient's record for areas that may need to be addressed in future visits.

The best way to handle work functions with excess food is to spend more of the time talking and pushing the food around rather than eating it. If at a restaurant, order items that are not trigger foods for you to prevent overeating, or eat only half and ask for a doggy-bag.

- If fear of sexual intimacy is a barrier, it is important that you ask about childhood sexual abuse. Childhood sexual abuse is very common in morbidly obese women. You should refer all of these patients to a psychologist for counseling. They will be able to control their weight much better once they receive appropriate counseling for the sexual abuse.
- If food is a person's only source of pleasure, he or she is probably a binge-eater or an obsessive-compulsive eater -see Module #5 for more info). In order to successfully treat any addictive behavior, you must create a substitute addiction as an outlet. The substitute addictions we prefer are exercise and/or spirituality. (Encourage your patients to exercise and feel guilty if they miss a workout.) This is a healthy addiction. Most successfully recovered alcoholics and drug addicts are now addicted to exercise or religion.
- Eating to relieve boredom or stress is a common obstacle — see Modules 10, 11 and 39 for more info.

2) We ask this question to see if an individual values his/her health enough to place it in the top three values. With failing health, almost all of the other values are less achievable or important. It is important to realize that the most important reason to care about our weight is because it is unhealthy to be overweight. Unfortunately, many people do not realize how important their health is, until they lose it. We would like to prevent this. If you were a diabetic and, as your physician, I told you that you must use insulin injections two times daily, you would probably follow my instructions. As your physician, I am telling you that it's important to follow the food program we have prescribed for you so that you can achieve and maintain a healthy weight. As your physician, I am also telling you that you must exercise for 30 minutes or more four times weekly or the weight will surely come back and you will be less healthy as a result. I hope that you listen to this advice and never forget the importance that sensible eating and exercise will have on your future health and life.

Notes to Provider:

The introductory questions in this module were derived and excerpted from the Yale Food Addiction Scale (YFAS) instrument (authors: Ashley N. Gearhardt, William R. Corbin, Kelly D. Brownell). The YFAS is a measure that has been developed to identify those who are most likely to be exhibiting markers of substance dependence with the consumption of high fat/high sugar foods. The questions in this module, however, are meant only as an initial screener for the provider to detect the possibility of a food addiction, and do not represent a standardized diagnostic instrument. Addresses for accessing the actual YFAS are provided at the end of this module.

If the patient indicated 3 or more “Yes” answers in Questions 1-10, AND answered “Yes” to both Question 11 and 12, there is evidence of food addiction behaviors. The greater the number of “Yes” answers, the greater the possibility of a food addiction. If you suspect your patient is suffering from a serious food addiction, you can contact the resources listed at the end of this Guide for additional diagnostic and treatment support. In the meantime, the counseling discussions in this guide may help your patient to cope and learn to control any food addiction behaviors. (If the patient does not meet all the above criteria, but still is challenged by some unhealthy eating behaviors, assess whether the following discussions might still be helpful.)

Introduction to patient:

Since you answered “Yes” to a certain number and type of questions, you might have food addiction behaviors that need to be addressed.

(Assess patient’s reaction and readiness to agree with these indications. Assure patient that you will provide support and direction, and if necessary, there are additional resources you can provide. Discuss any of the following guidelines that seem most relevant as indicated by their answers to the diagnostic criteria. Use several sessions if necessary to discuss the relevant topics)

1) Identify Trigger Foods: It’s essential to become conscious of the trigger foods that are most difficult for you to stop eating once you start. Make a list of these foods. Learn to distinguish between addictive cravings and physical hunger. Many people do not realize it, but every time they eat one cookie, for instance, they often consume the whole bag. When eating ice cream, they consume whatever is in the house in one sitting. In both these examples, a possible treatment strategy is to not allow your trigger foods into your home. If you were an alcoholic, you probably would not allow alcohol to be stored in the house. For some people, “moderation” may work, but for those with a true addiction to certain foods, it’s better not to eat these foods at all. Manage your food environment at home and at the office. Always go grocery shopping with a list, stick to the list, and try to avoid impulse buys. Be sure to stock your fridge, at home and at work, with healthy alternatives so that when you have a craving for a trigger food, you have something else to reach for. Abstaining from trigger foods should be one of your primary goals.

2) Avoid temptations after mealtime. As soon as you finish your meal, brush your teeth or chew on some sugarless gum. This helps some people resist cravings for a sweet dessert after meals. Any leftover food is much better off in the garbage pail and out of your house than in your stomach. Having a weight problem is unhealthy and overeating usually causes the weight problem. If you host a dinner party or holiday party, pack up any leftover trigger food and send it home with your guests. You need to feel good about throwing food away or giving it away while you are learning to eat in a healthy way. With time and practice, you will learn to exercise more constraint in how much food, and what types of food, you bring into your home.

3) Manage Social and Emotional Trigger Situations: It's also important to identify situations — social, environmental, and internal — that usually trigger your addictive eating behaviors. Identify food environments that are challenging for you — buffets, food courts, vending machines, etc. Avoid them when possible, or have a pre-planned strategy for exactly what you will eat in moderation. Self-monitoring your eating behaviors is a first step toward controlling binge triggers. Also identify and avoid social situations that are high-risk ones for you. Identify any people who are “toxic” for you — people who lead to feelings of inadequacy or depression or anger — and vow to avoid them when possible. Learn to control the “food pushers” in your life by a simple assertiveness technique: “I need you to (e.g. please not bring dessert into the house) so that I can eat in a healthy way”. Feelings of low self-esteem and poor body image can also be potent triggers for some people. Your value as a person does not depend on your weight. Learn to recognize your feelings — what's going on inside of you — so that you can address real issues without turning to food. Keep a diary of feelings or events that usually precede food addiction binges. Learn to identify these feelings and plan ahead with preventative coping strategies: non-food related activities such as exercise or going for a walk, telephoning a supportive friend, engaging in relaxation breathing techniques.

4) Develop a support system: As your health care provider, I can play a primary role in helping you get control of your addictive eating behaviors. It's important to schedule regular appointments so that we can monitor your progress and discuss important coping strategies. It's also important, however, to develop a social support network — people who can help you abstain from your trigger foods. For some people, it's helpful to elicit support from friends who either share the same challenges, or perhaps are already healthy eaters. For other people, anonymous strangers in support groups or online chats who share the same struggles can be very helpful. Choose people who will support you in your goals to stop addictive eating and lose weight by sharing advice, lending an empathetic but objective ear, or being a buddy for non-food related activities like exercise, movies, book clubs, religious groups, etc.

5) Control “all-or-nothing” thinking: Recognize that “perfection” can be your enemy. It's important that you identify and try to eliminate any “all-or-nothing” thinking so that you can more effectively prevent relapses of poor eating habits and bingeing. Perhaps a candy bar was not in your eating plan for the day, but stopping at that one bar is better than throwing in the towel and eating several more. Recognize any improvement in your eating habits — no matter how small. Set a goal for yourself to reduce the frequency of your food addiction binges. Count each day without a lapse as a small victory. Recognize that while you are learning how to get in control of your eating habits, you may have lapses. What's most important is that you get back on track right away after a lapse and not let it turn into an extended period of unhealthy eating patterns.

7) Increase Exercise: It is crucial that you reduce sedentary behavior and increase physical activity. Exercise will don't only help you expend more energy and control your weight, but more importantly for you, it will improve your sense of control and your well-being. Time spent exercising is time that you cannot spend bingeing. Set activity goals for yourself and work on increasing the duration of the activity over time. Try new physical activities and sports to reduce boredom and increase fitness. Exercise is one of the best weapons in your arsenal against BED.

Depending on your discussion with the patient, prescribe the modules that you feel most relevant. Let the patient know which modules you will be covering and even consider their input in prioritizing them. The following modules may be especially helpful for patients struggling with food addiction behaviors:

- Accepting Responsibility (#4)
- Managing Stress (#10 and #11)
- Improving Self-Esteem (#26)
- Dealing with Trigger Foods and Situations (#30)
- Staying on Track and Recovering from Setbacks (#36)
- Positive Thinking (#37)
- Recognizing and Controlling Emotional Eating (#40)
- Is Binge Eating Affecting Your Weight loss? (#43)

If additional professional help is indicated, the following are additional resources that you can access or provide to the patient:

Alliance for Eating Disorders Awareness

www.allianceforeatingdisorders.com

1-866-662-1235

American Psychiatric Association

www.psychiatry.org

1-888-357-7924

American Psychological Association

www.apa.org

1-800-374-2721

National Eating Disorders Association

www.nationaleatingdisorders.org

1-800-931-2237

FAI Food Addiction Institute

www.foodaddictioninstitute.org

1-941-747-1972

To Access the Yale Food Addiction Scale and Scoring Instructions:

http://www.midss.org/sites/default/files/yale_food_addiction_scale.pdf

http://www.midss.org/sites/default/files/yfas_instruction_sheet.pdf

1) False - We should avoid trans fats and saturated fats. It is recommended that we try to eat the recommended daily amounts of omega-3 fatty acids found in marine life, and unsaturated fats found in olive oil, avocado and nuts. Many food manufacturers add sodium and additional calories to products in place of fat, letting them keep “low fat” or “reduced fat” labels. Read the nutrition label and look closely at the calorie count and serving-size when deciding if the food item is a good choice.

2) False - It is only bad to lose weight quickly if you are losing predominately muscle and water, or if your fat percentage is worsening with the weight loss. This is why it is so important that we work together during your sessions to establish an effective exercise routine to lower your fat percentage. It is also necessary to eat enough protein to maintain your muscle mass during weight loss.

3) True - Nuts such as almonds, pecans and walnuts are high in unsaturated fat and fiber. These are both healthy. Keep in mind, though, that nuts are high-calorie. An ounce of most nuts (about 1/3 cup: 20 almonds, 15 cashews or 10 walnut halves) has about 170 calories.

4) False - Most are packed with calories, sugar and fat. Bars with less than 200 calories make good snacks if they have less than 2 grams of saturated fat, no trans fat (“partially hydrogenated oils” on the ingredient list) and less than 15 grams of sugar. Bars high in protein and fiber are more desirable, but they need to be less than 200 calories a serving.

5) False - Each individual is different. Skipping a meal for some people causes them to get too hungry and they then overeat at their next meal. For some people, skipping meals may also cause a slowing of the metabolism. For both these types, it may work best to have four to six small meals a day (or eating less per meal) with meals every 3-4 hours. Other people do not feel hungry until lunch time and actually consume fewer calories in the twenty four hour time period when they skip breakfast. For patients with diabetes, their blood sugars are more easily managed by having frequent small meals rather than large infrequent meals. From a diabetes control perspective, the worst offender for blood sugar control would be having one large meal daily. (Discuss your patient’s individual needs and medical condition to determine the best approach.)

6) False - There are no foods with magic fat-burning ingredients. Fad diets involving grapefruit or cabbage are based on the low caloric value of these foods, which when eaten alone, are nutritionally disastrous. The only way to effectively burn fat is with exercise and by eating fewer calories than your basal metabolic rate.

7) False - There are numerous effective ways to get your daily intake of protein. We recommend >60 grams daily if you are exercising to build muscle. 2 ounces of almonds or two hard boiled eggs will give you 46 grams of protein. 60 grams of protein is provided by 1 cup of cooked soybeans, kidney beans or black beans, or 6 ounces of steak, chicken or seafood.

8) True - The calories in food matter more than anything else in regard to weight gain or weight loss. Weight loss is 100% contingent on one’s achieving a calorie deficit. Also, our bodies rely on carbohydrates as the basic building blocks for many hormones and neurotransmitters, like cortisol and serotonin. With all of that said, some people with diabetes and insulin-resistance are more carbohydrate-sensitive. These people will consume more calories when they eat carbohydrates because they wind up feeling hungrier a few hours after having eaten them.

9) False - Yes, olive oil is high in unsaturated fat which is healthier than other fats and so it is good for your cardio-vascular system. Like all oils, however, it is also 100% fat. All oils are 120 calories per tablespoon, so it is best to try to avoid them when dieting. CMWL meal replacements provide all the nutrients necessary for a healthy diet.

10) False - Not even close. Fat is the highest with 9 calories per gram. Alcohol has 7 calories per gram. Protein and carbohydrates each have just 4 calories per gram. Learn to choose your calories wisely!

1) False - In order to lower your fat percentage with aerobic activity, it is important that you work out to keep your heart rate at 60-75% of maximum. The maximum heart rate is determined by subtracting the person's age from 220.

For example, a 35-year-old would have a maximum heart rate of $220 - 35 = 185$. 60% of $185 = 111$, 75% of $185 = 139$.

The 35-year-old would be advised that it is best to keep the heart rate around $(111 + 139) / 2 = 125$ beats per minute for as much of the workout as possible to maximize fat loss.

Monitoring the heart rate is important as a person becomes physically fit. This is the only way an individual can gauge if a workout is effective in helping to lower the fat percentage.

Keep in mind that any medications with a negative inotropic effect like B-blockers and some calcium channel blockers will make it impossible to use the heart rate as a guide during workouts.

(Help the patient calculate his or her target heart rate for exercise.)

2) False - The best types of workouts to lower a person's fat percentage are definitely individualized. An individual's genetic make-up contributes to how he or she responds to physical activity. It is important to monitor your lipid cells' reaction to different types of exercise. We hope to determine what type of exercise is best for you to lower and maintain a decreased fat-percentage by doing periodic body composition analyses while you are exercising and losing weight.

3) True - As a general rule, people under 30 years of age have better results with anaerobic activity. An individual determination using BCA technology is the only way for an individual to know where he or she stands.

4) True - As a general rule, people over 50 years of age have better results with aerobic activity. This is also good for maintaining cardiovascular health. An individual determination using BCA technology is the only way to know where you stand.

5) False - The National Weight Control Registry data determined that it is almost impossible to keep 100 pounds off for longer than 10 years without at least 30 minutes of exercise at least three times weekly. This does not include people who have had bariatric surgery, although we are seeing weight regain in people who have had bariatric surgery and are not exercising. Weight regain becomes most significant two years or more after surgery.

- 1) **False** - When lifting weights for weight management, good form in lifting and breathing is much more important than the amount of weight lifted. In fact, lifting heavy weights increases the risk of causing muscle, tendon or ligament injury, especially in the novice. Light weights with large sets (14-20 repetitions) is the best way for the novice to start lifting weights.
- 2) **True** - It is highly recommended that you receive proper instruction on how to lift weights properly before starting a weight-lifting program. Safety is always important. A trainer should be present the first time you perform any new weight-lifting activity.
- 3) **False** - There is no validity to that statement. Both men and woman benefit from aerobic and anaerobic workouts.
- 4) **False** - Diet is usually necessary to lose weight. Exercise alone will usually get a person to lose inches by toning their bodies to be more muscular and less fat. A person needs to be on a net calorie deficit to lose weight. By using your BMR data, we can determine the amount of calories that would be most effective in helping you to lose weight.
- 5) **False** - Exercise does not need to be performed daily to be effective for weight management. The more days a week an individual works out, the better it is for weight maintenance. People can be successful exercising three times a week for more than 30 minutes per session.

Any vacation and business travel can challenge even our best intentions to maintain a healthy eating plan. If you checked any (b) or (c) responses, however, your travel routine puts you at a moderate or high risk for undermining your weight-loss efforts. It is crucial that we make some changes in your vacation/business travel habits to increase your odds of actually keeping weight off. Many people start to gain weight back after they alter their exercise and eating habits on a vacation or a business trip.

If you are an obsessive compulsive/binge eater you should avoid “over-eating vacations,” like cruises or all-inclusive resorts. This is analogous to an alcoholic going to happy hour and being told to have only one drink. Unlimited free food is usually a difficult situation if you have a weight management problem. It is much better to pay a-la-carte for food and beverages while on vacation. It is recommended that you try to eat spa cuisine if the ship offers this option. Try to avoid getting intoxicated in the presence of unlimited free food. People tend to lose their inhibitions when they drink, and if you have a weight problem, you will probably overeat if the food is good and readily available.

If you are on an extended vacation, try to stick to your dieting program at least during the weekdays. If you must indulge yourself, limit it to the weekends only.

If you are overeating on vacation be sure to continue to exercise. You should make a conscious effort to walk or go to the gym for at least 30 minutes daily. You have no excuse on vacation for not exercising. You should be able to find the time. If you are exercising, there is less of a chance that you will gain fat weight when you overeat.

It is crucial that you find time to exercise while traveling, even on business trips. Many destinations have fitness facilities available to the guests. Consistent exercise needs to become a priority in your life while you are traveling. If the food/snacks in the in-room refrigerator are a temptation, call the hotel beforehand and tell them that you do not want this food to be stocked in your room. Most hotels will honor this request.

It is also a good idea to bring Center for Medical Weight Loss protein bars or shakes with you on vacation. These could be especially useful as healthy snacks in the airport or on the airplane. It is important that you still make managing your weight a priority whether you are away for business or pleasure. Your health should be your highest priority. Do your best to remain motivated to make healthy food choices and to exercise while traveling.

If you answered “Yes” to more than 7 of these questions, there is a very high likelihood that your weight is affected by stress.

5-7 “Yes” answers: stress may be contributing to your weight.

Fewer than 5 “Yes” answers: it is less likely that your weight problem is related to stress.

It is very important that you find positive ways to deal with the stressors of everyday life. Many people do not have good coping skills for everyday stressors and experience tension headaches, chronic fatigue, diarrhea, constipation, joint pains, chronic pain and numerous other physical symptoms as a result. Exercising daily is very helpful as a stress reliever. It is recommended that you think about the problems in your life while exercising. Exercise stimulates the “super conscious” mind: you may find valuable solutions to problems while you exercise. Keep a pen or phone handy to record your ideas when possible.

If you believe in Darwinian evolution, you would agree that over time, humans evolved within the animal kingdom. Many people believe that our brains are still primitive in regard to how we deal with conflict or stress. Animals either fight the things that threaten them or run away from them. When we become angry or stressed, the brain produces two hormones designed to arouse a fight-or-flight response in our bodies: cortisol and adrenaline. These hormones increase our heart rate, respiratory rate, and blood pressure, and make us more alert and focused so that we can fight the stressor more effectively. Unfortunately, as humans we can very rarely fight (i.e. get physical with our problems) or run away from them. It is for this reason that we recommend thinking about your problems while exercising. Sometimes we can fool the mind into believing that we are being physical with the stressors. Many times, your problems will seem much easier to deal with after a good workout.

Spirituality is also helpful for some people in dealing with the problems of everyday life. Getting involved with your religion -attending frequent prayer sessions and functions offered by a house of worship- is sometimes helpful in dealing with stress. It is crucial that you work hard to find adaptive strategies that do not depend on food for comfort and stress relief.

Is Stress Affecting Your Weight And Health? Part II



MEDICALLY SUPERVISED WEIGHT LOSS PROGRAMS

If you answered “Yes” to more than 7 of the above, there is a very high likelihood that your weight is affected by stress.

5-7 “Yes” answers: stress may be contributing to your weight.

Fewer than 5 “Yes” answers: it is less likely that your weight problem is related to stress.

Your body’s reaction to stress starts with your mind. If you perceive something as a stressor, then your body will react accordingly. In order to stop the stress reaction in its tracks, you need to relax. Take some deep breaths; learn to bounce with the unexpected and take life less seriously. Don’t sit around stewing; let it go.

Do your best to try to avoid eating as a way to relieve stress. Let’s discuss some relaxation techniques that can better prepare you to have a calmer reaction the next time you are under stress:

Try deep breathing exercises. Close your eyes, and then consciously relax your body and focus on your breath. While breathing deeply, remove all other thoughts from your mind. If a troublesome thought or worry crops up, consciously ignore it by re-focusing again on your breathing. It helps some people to count to 4 slowly as you breathe in and as you breathe out. Do this for 5 to 15 minutes each day.

Try writing your thoughts down in a journal to reduce anxieties. Having an outlet for your anger, fears and frustrations can help you overcome them.

Use audio tapes or discs with guided relaxation exercises. Check your local library or book store and relax to the soothing sounds and guided instruction.

Get rid of negative thoughts. One technique is to place a rubber band loosely around your wrist. Then, whenever you have a negative thought, snap it. This technique will help you to become more aware of negative thoughts and could put you on the path to a more positive attitude.

Use affirmations. Every time you have a negative or stressful thought, repeat a positive affirmation such as: “I choose to release all stress and build a happy, healthy mind and body.”

Get yourself into a regular exercise routine each day to reduce stress. If you cannot get your mind off of a stressful situation, get moving, go for a walk, or stretch. If nothing else, moving serves as a distraction that can diffuse the stress. A brisk 30-minute walk at lunch could help. Consider yoga, Pilates, T’ai chi or even karate to help in controlling your stress response.

It is very important to make your patients aware that obesity is a chronic disease. Let your patients know that in the future they may have a setback and start to gain some of the weight back. Reassure them that recognizing a setback and getting back in control right away is a skill they can learn for life!

You should encourage patients to weigh themselves a minimum of once a week. If more than five pounds has been gained back, the patient should be encouraged to make a follow-up appointment.

If it is safe for a patient to resume a low-calorie diet on his/her own at any time, the patient should be given instructions on how to pick up shakes and/or bars and administer their own diet to return to goal weight.

Make sure your patients are aware that the recidivism rate is high with weight problems and that there is nothing to be ashamed of if they start to gain weight back. Let them know that your office has an open door policy and that you will always make time to see a patient who is starting to gain back weight.

Motivate your patients to remain vigilant in monitoring their weight on a daily and weekly basis. Encourage them to “never turn a blind eye” on their weight and allow it to creep back up to their starting weight. It is always easier to deal with a small amount of weight gain than a larger amount.

When appropriate, appetite-suppressants are useful to help your patient transition back to a full food diet.

Encourage all of your patients to exercise for a minimum of 30 minutes daily or one hour every other day.

For patients who seem to need accountability, make them schedule a follow-up appointment in one month. If they are doing well at follow-up, increase the time until the next follow-up appointment.

1) True - Sleep apnea is relatively common in patients with weight problems. Generalized fatigue, loud snoring, a large neck, and morbid obesity all increase the likelihood that sleep apnea is present. Sleep apnea is characterized by loud snoring followed by periods in which breathing actually stops for 10 seconds or longer. A sleep study is the best way to diagnose this condition. Frequent apnea episodes seem also to be correlated with a diagnosis of hypertension.

2) False - Weight changes can significantly affect the incidence of sleep apnea. A recent study tracked nearly 700 women over a four-year period to determine the effects of weight gain or loss on sleep apnea. A 10% gain in weight was associated with a 32% increase in the apnea index. A 10% weight loss predicted a 26% decrease in the apnea index according to a University of Wisconsin study.¹

3) True - Another study followed 281 men over the course of 30 years and found that as the BMI and waist circumference increased, the severity of sleep-disordered breathing also increased, as shown by the respiratory disturbances measured during sleep.²

4) False - It can be easily diagnosed with an overnight sleep study. It is recommended that practitioners have a low threshold to send a patient for a sleep study. Treating sleep apnea with a CPAP mask or a mouthpiece usually helps patients to lose weight.

5) True - Among adults ages 30-69, it is estimated that 5.7% have moderate or worse sleep apnea, of whom 58% have sleep-disordered breathing due to excess weight.

6) True - Sleep Apnea can lead to serious medical conditions.

7) True - A drop in body temperature near bedtime triggers the subjective sense that it is time to go to sleep.³ Sleep specialists have long debated whether the nighttime drop in temperature induces sleep or follows it. One theory is that it is simply the result of lying down and curtailing physical activity. One could also theorize that it is easier to fall asleep in a cold room than in a warm room.

8) False - Adults need to sleep an average of 6-9 hours per night. ⁴ Many Americans are getting less sleep than this because of our hurried lifestyles. We should encourage a minimum of 6 hours' sleep in most of our weight-loss patients. High-quality sleep would maximize an individual's ability to lose weight and keep it off. The daily cortisol cycle is believed to contribute to our circadian rhythm. Frequent sleep interruptions or lack of sleep increases cortisol levels while awake and is hypothesized to contribute to weight gain, hypertension and impaired glucose tolerance.

9) False - People tend to sleep about 30 minutes longer on weekends, indicating that they may be accumulating a sleep debt during the week. It is important to understand that you cannot "catch up" on lost sleep or store sleep for the future by getting more on weekends.⁴ Lost sleep on any given night has immediate consequences for the very next day (e.g., driving, work performance, memory and learning). Research indicates that sleep loss impairs response time, motor ability, visual acuity, memory and attention.⁴

10) True - Later in life, sleep becomes shorter in duration: about 6 hours on average.⁴ There is less time spent in deep sleep, and arousals during the night are more frequent and for longer periods. There is also a tendency to nap during the day.⁴

1. Longitudinal Study of moderate weight changes and sleep-disordered breathing, Peppard Pe, Young T, Palta M, Dempsey J, Skatrud J
2. Relationships of 30-year changes in obesity to sleep-disordered breathing in the Western Collaborative Group Study, Carmelli D, Swan GE, Bliwise DL
3. Patricia Murphy and Scott Campbell. Nighttime drop in body temperature: a physiological trigger for sleep onset? Sleep, 1997; 20 (6): 505-511.
4. Canadian Sleep Society 2003; Kimberly Cote, PhD, Department of Psychology, Brock University

1) A - Two eggs with light cheese is the better choice because it does not contain carbohydrates. People who suffer from type II diabetes by definition are insulin resistant. When a meal containing a large amount of carbohydrates is eaten, the type II diabetic will require more insulin to digest that meal. A few hours later, that extra insulin in the blood stream usually leads to a decrease in the blood sugar, which in turn makes the individual feel hungry and more likely to consume more calories at the next snack or meal.

2) B - A bag of peanuts would be the better choice for the following two reasons:

- a) Nuts are high in unsaturated fat, which is considered heart healthy.
- b) Nuts do not have any carbohydrates.

3) B - It is better to eat the salad because the sandwich bread contains carbohydrates. (See answer to question #1)

4) B - Grapes would be the better choice. A researcher named Barbara Rolls from Pennsylvania State University did a study that proved that higher-volume foods will fill an individual much better than lower-volume foods. This means that food that takes up more space will be more satisfying. Regular fruit is always a better choice compared to dried fruit. The regular fruit will fill you up more. (Barbara Rolls explained this concept in her book titled The Volumetrics Weight Control Plan)

5) A - The grilled salmon is a better choice because it contains heart-healthier fat compared to the grilled steak (omega-3 fatty acids). Fish is always a better choice than meat when diabetes is a concern.

6) False - Diabetes is caused by a combination of genetic and lifestyle factors. However, being overweight does increase your risk for developing type II diabetes. If you have a history of diabetes in your family, sticking to a healthy meal plan (like the ones outlined in this module) and exercising regularly are recommended to manage your weight.

7) False - A healthy meal plan for people with diabetes is the same for everyone. It should be low in fat (especially saturated and trans-fat), moderate in salt and sugar, and based on whole-grain foods, vegetables and fruit. Sweet potatoes are better than regular potatoes. Whole-wheat bread and whole-wheat pasta are better choices than white bread or regular pasta. Diabetic and “dietetic” versions of sugar-containing foods offer no special benefit. They still raise blood glucose levels, are usually more costly and can have a laxative effect if they contain sugar alcohols.

8) False - Fruit is a healthy food because it contains fiber and plenty of vitamins and minerals. Fruit, however, also contains carbohydrates; some fruit may cause your blood sugar to fluctuate more than others. Fruit, like all foods, contains calories. It is very important that you are always aware of the number of calories you are eating in a day when trying to manage your weight. Keep in mind, eating too much fruit could actually cause weight gain.

¹ Rolls, Barbara, PH.D & Barnett, Robert A., The Volumetrics Weight Control Plan. 2000. Harper Collins, NY

According to the DASH (Dietary Approaches to Stop Hypertension), people trying to control hypertension are often advised to decrease sodium intake, increase potassium intake, increase calcium intake, watch calories and maintain a reasonable weight.²

1) A - The egg option is higher in sodium and lower in potassium and calcium.

Food	Calories	Na mg	K mg	Ca mg
2 eggs	156	118	62	26
Tbsp. of butter	108	116	4	4
Total:	264	234	66	30
Cream of Wheat	100	3	17	10
Cup of yogurt	152	105	323	272
10 raisins	12	-	32	3
Total:	264	108	372	285

2) B - Note: Bananas are high in potassium.

Food	Calories	Na mg	K mg	Ca mg
Medium English muffin	131	293	-	80
1 Tbsp. of margarine	108	140	3	3
Total:	239	433	3	83
1 small banana	100	2	440	10
1 cup of plain yogurt	152	105	323	27
Total:	252	107	763	37

3) B - Note: Without the pickle, they are equally good choices. The extra sodium the pickle adds makes the hamburger a worse choice.

Food	Calories	Na mg	K mg	Ca mg
Lean hamburger	140	55	480	14
Hamburger bun	120	228	48	40
1 large dill pickle	11	928	200	26
Total:	271	1211	728	80

² "A clinical trial of the effects of dietary patterns on blood pressure". New England Journal of Medicine. 1997.336:1117-1124'

Food	Calories	Na mg	K mg	Ca mg
3 oz. can of tuna	108	288	237	14
2 slices of bread	120	228	48	40
1 cup of iceberg lettuce	7	4	96	11
1 medium tomato	33	14	366	20
Total:	268	534	747	85

4) A - Note: Canned shrimp are very high in sodium.

Food	Calories	Na mg	K mg	Ca mg
3.5 oz. of turkey w skin	189	67	289	21
2 slices of whole wheat bread	112	264	126	46
1 cup of iceberg lettuce	7	4	96	11
1 medium tomato	33	14	366	20
2 Tbsp. of mayonnaise	122	156	2	4
1 tsp. of mustard	4	65	7	4
Total:	467	570	886	106
3 oz. of canned shrimp	324	1955	122	9
2 cup of iceberg lettuce	14	8	192	22
1 medium tomato	33	14	366	20
1 Tbsp. of Italian dressing	77	116	2	2
Total:	448	2093	682	53

5) B - Note: Ham is high in sodium.

Food	Calories	Na mg	K mg	Ca mg
3 oz. of baked ham	298	1114	284	4
1 cup of brown rice	178	10	105	18
1 small sweet potato	141	20	300	40
Total:	617	1144	689	62
1 roasted chicken breast	284	126	440	26
1 cup of brown rice	178	10	105	18
1 small sweet potato	141	20	300	40
Total:	603	156	845	84

6) A - Note: Tomato sauce is very high in sodium.

Food	Calories	Na mg	K mg	Ca mg
12 ounces of boiled lobster	320	848	612	220
1 Tbsp. of regular butter	108	116	4	4
Total:	428	964	616	224
2 cups of cooked macaroni	302	4	170	22
1 cup of tomato sauce	97	1498	1060	32
Total:	399	1502	1230	54

- 1) **A** - 1 cup of Raisin Bran with fat-free milk is a better choice than scrambled eggs. It does not contain any cholesterol. Each hard-boiled egg has 424 mg of cholesterol per 100 g.
- 2) **A** - Non-fat yogurt is a better choice than French toast because it does not contain any cholesterol. Remember that cholesterol comes from animal fat. French toast contains cholesterol because it is made with egg yolks. Egg yolks contain a large amount of cholesterol.
- 3) **B** - Whole-wheat pasta is a better choice than turkey because it does not contain any animal fat. In fact, the pasta does not contain any fat. All animal meats contain cholesterol. The more fatty the meat, the more cholesterol it contains.
- 4) **A** - Peanut butter and jelly is a better choice than grilled chicken because it does not contain any cholesterol. Peanuts also contain unsaturated fats, which help decrease LDL cholesterol. All meat contains cholesterol. The leaner the meat, the better it is for hyperlipidemia.
- 5) **B** - Grilled salmon is a better dinner choice than grilled shrimp because fish like salmon, tuna, swordfish and trout contain omega-3 fatty acids. Omega-3 fatty acids are believed to have a beneficial effect on triglyceride and possibly cholesterol levels.¹
- 6) **B** - Tofu is the better choice as it is made from soy protein and does not contain any cholesterol. Chicken, like all animal meats, contains cholesterol.
- 7) **B** - Nuts would be the better choice because they contain unsaturated fats, which help lower LDL cholesterol. Cheese is usually made from whole milk. Whole milk contains cholesterol.

¹.Balk E, Chung M, Lichtenstein A, et al., Effects of Omega 3 fatty acids on cardiovascular risk factors and intermediate markers of cardiovascular disease. Summary- Evidence report/ technology assessment: number93. AHRQ publication number 04-e0110-1, March 2004.

1) False - “Low calorie” by definition is less than 40 calories per serving. This was a result of the Nutrition Education and Labeling Act that mandated uniform definitions on food labels.

2) True - Items present in the “largest amount” are listed first. This is important to keep in mind when you are deciding if a food is healthy. If the first ingredient is high-fructose corn syrup, it may not be the best choice.

3) False - If a nutrient is to be labeled “high in content,” one serving must contain more than 20% of the recommended daily allowance of that particular nutrient.

4) True - Always check serving size and calories first. It is very important that our patients understand the concept of serving size. For example, a frozen-burrito label may say only 225 calories per serving, but when you look at the label more closely, the burrito was supposed to be eaten as two servings, bringing the total to 450 calories if the whole burrito were consumed.

5) False - To be labeled “low fat,” the item must contain less than 3 grams of fat per serving.

6) False - Light olive oil is not lower in fat than regular olive oil. All olive oil (and any other food classified as an oil) is 100% fat. “Light” only refers to the color of the olive oil. All oils are 120 calories per tablespoon, making them “high calorie.” Olive oil is healthier than most oils because it contains the more cardiovascular-desirable unsaturated fats.

7) False - To be labeled as a “good source,” a product only needs to contain 10-19% of the daily value for a particular nutrient. Marketers frequently use this terminology to exaggerate the nutritional value of food items.

8) True - It is much better to buy foods in smaller portions or individual-size serving bags. If you suffer from binge-eating disorder, having large bags of chips or cookies could be very detrimental to your diet. Many people on binges will consume the entire bag. We recommend that you try to buy snacks in individual serving-size bags so that you have to open a new bag each time you consume a serving size of the food.

9) True - It is much better to shop in the periphery of the supermarket, where the produce, dairy and meat items are usually located. You should encourage your patients to shop from a list to help avoid many of the impulse purchases that may occur if they walked down every aisle.

10) True - If you shop with a cart when you need only a basket, it is much more tempting to make impulse purchases. Encourage all patients to shop with a list and a basket.

- 1) **False** - Most people who are overweight by 100 pounds (morbidly obese) actually have too little water in their bodies as a result of having a higher than normal fat percentage.
- 2) **True** - Normal body water percentage is 40-60%. This is considered the standard value in medical physiology text books.
- 3) **True** - The calculation is correct: $\text{Water percentage} = \frac{\text{total body water}}{\text{total weight}} \times 100$. Olympic athletes usually have > 60% of their weight as water. Morbidly obese individuals usually have < 40% of their weight as water. If people are losing weight correctly the water percentage should be increasing.
- 4) **False** - Gaining water on the Body Composition Analyzer usually has nothing to do with an over-consumption of water. When people are losing weight properly they see their fat percentage decrease in the process. When a person's body composition shifts to more water this helps lower the fat percentage. We usually see an increase in water percentage when an individual is exercising while losing weight.
- 5) **True** - Fat cells have been found to exert a hormonal influence on the hypothalamus, the stomach and the large and small bowel. An example of a hormone secreted by lipid cells is leptin. It is hypothesized that when an individual lowers his fat percentage, he is improving the hormonal imbalance created by having larger lipid cells. This is why we are so concerned about lowering the fat percentage with weight loss.
- 6) **True** - It is possible to lose muscle when losing weight. We use body composition technology to educate all of our patients on the importance of maintaining muscle as they lose weight. Exercise in some degree is usually required to maintain muscle mass.
- 7) **False** - Muscle is more metabolically active than fat. Muscle is believed to burn as much as 10 times the amount of calories that fat burns on a daily basis. We try to use the BCA to educate our patients on the importance of maintaining muscle mass with weight loss. Body Composition Analysis is a great tool to help educate patients on the importance of physical activity with initial weight loss as well as maintenance.
- 8) **False** - We do NOT expect the fat percentage to decrease in week one. The fat percentage normally increases at the end of the first week. This is a result of the large diuresis that occurs the first week. We usually see an overall increase in the fat percentage as a result of losing this initial body water. With time, proper exercise and weight loss, the fat percentage should start decreasing after 7-10 days.
- 9) **True** - Body Composition Analysis can be used to determine the most effective type of physical activity to lower the fat percentage for your body. This is one of the greatest advantages of using BCA technology. Individuals should be encouraged to do whatever type of exercise that they like best when they begin any program. At each session, a determination will be made to see if there has been an improvement in the fat percentage. We are willing to accept an increasing fat percentage in the first 10 days on the program. After 10 days, the fat percentage should be decreasing with proper weight loss.

10) False - Fat percentage is a better predictor of health than BMI (weight in kilograms/ height in meters squared). Many elite athletes have a BMI > 30, which is defined as obesity, but have a lower-than-normal fat percentage. Fat percentage is the better predictor of health. It is important that our patients understand the importance of the fat percentage value.

11) False - Most home scales are accurate only to within 1%-3% on any individual measurement. Home scales may be useful in detecting trends but are not useful for making actual measurements. CMWL's BCA technology is accurate to within .1% on any individual measurement. This enables the doctor to create effective fitness programs, customized for each individual.

- 1) **B** - Very Berry Strawberry is the best choice among the Baskin-Robbins choices because it has the lowest number of calories at 220. Vanilla has 260 calories. Peanut Butter 'n Chocolate has 320 calories. Rocky Road has 290 calories.
- 2) **C** - Unbelievably, at Dunkin' Donuts, the French Cruller is a much better choice, at only 150 calories. You could eat two French Crullers and consume almost the same number of calories as any of the other donut choices. You could eat almost four French Crullers for the amount of calories in one Coffee Cake Muffin. The Coffee Cake Muffin has 580 calories, the Chocolate Glazed has 340 calories, and the Jelly Filled has 270 calories.
- 3) **A** - At Krispy Crème, the Original Glazed is only 200 calories. The Apple Fritter contains 380 calories, the Chocolate Iced custard-filled donut has 300 calories, and the Chocolate Iced Glazed has 250 calories.
- 4) **C** - At Starbucks, the Cappuccino with nonfat milk contains only 90 calories and represents the best choice of the drinks listed. The plain Caffé' Americano has only 20 calories and would definitely be the best choice. The Caffé' Latte with nonfat milk is 135 calories. Caffé' Mocha with nonfat milk is 225 calories. White Chocolate Mocha with nonfat milk is the worst choice, at 360 calories.
- 5) **D** - Surprisingly, at McDonald's, the Cinnamon Roll is the best choice, at 440 calories. The Hotcakes with margarine and syrup contain 610 calories. The Sausage Egg McMuffin has 450 calories. The Sausage Egg and Cheese McGriddle has 560 calories. Hash Browns would add an additional 140 calories to the breakfast meal.
- 6) **B** - At Subway, the Veggie Delight has only 230 calories. Turkey Breast contains 280 calories, Roast Beef has 290 calories, and Sweet Onion Chicken Teriyaki contains 370 calories. Adding cheese to a 6" sub adds 50 calories to the total, regular mayonnaise adds 110 calories, and light mayonnaise adds 50 calories. Subway is an excellent choice for a person who needs to eat out on-the-run. Most of the 6" subs with cheese and mayonnaise contain less than 600 calories.
- 7) **B** - People often do not order a hamburger because they feel that it is the worst choice. In this scenario at Wendy's, the Double Stacked Hamburger and fries is the lowest-calorie option, with 420 calories for the Hamburger and 415 calories for the fries, bringing the total to 835 calories. The Mandarin Chicken Salad has 520 calories, the medium fries 415 calories, bringing the total to 935 calories. The Caesar Chicken Salad has 530 calories, the broccoli and cheddar potato 330 calories, bringing this option up to a total of 860 calories. The Homestyle Chicken Filet contains 430 calories, medium fries 415 calories, for a total of 845 calories. The Homestyle Chicken Filet would be the second-best option in the Wendy's example. This question demonstrates that a salad is not always the lowest-calorie option at many fast food restaurants. People should always read the nutrition menu before ordering.
- 8) **C** - At Burger King, the Double Hamburger contains 410 calories, and the medium fries 360 calories, making this the best choice at 770 calories. The Fish Sandwich contains 640 calories, and the medium fries 360 calories, making this a 1000-calorie choice. The Whopper contains 670 calories, and the medium fries has 360 calories; this is the worst meal choice, at 1030 calories. The Grilled Chicken Salad would have been a good choice until the Honey Mustard dressing was added with 270 calories. The Grilled Chicken Salad has 240 calories, the medium fries 360 calories. This is the second best option at 870 calories.

9) C - In this McDonald's scenario, all of these meals are poor choices, with each around 1000 calories. Choices b and d, the two Hamburgers with fries and the McRib with fries, contain the same amount of calories at 1070. Choice c, the 10-piece Chicken McNugget, is the best answer; with the 10 McNuggets at 420 calories and the large fries at 570 calories, the total comes to 990 calories. The Big Mac has 540 calories, and the large fries 570 calories, making this the worst choice at 1110 calories. Each hamburger is 250 calories and the large fries 570 calories, making this choice 1070 calories. The McRib sandwich has 500 calories, and the large fries have 570 calories, bringing the total to 1070 calories, which is the same amount of calories as in two hamburgers with fries.

10) B - The Panera Bread question demonstrates that it is not possible to guess the best choice without asking the restaurant for its nutrition menu. All franchise restaurants are required to have this information readily available for anyone who asks. The Chicken Salad on Whole Grain Bread is only 580 calories. This turns out to be a much better choice than the other options. The Sierra Turkey sandwich has 960 calories. The Italian Combo Sandwich was a surprisingly high 1100 calories; the Tuna Salad on Honey Wheat was the second-best choice, at 720 calories.

It is important to help your patients learn the importance of the calories in each meal choice. This exercise, combined with a food journal, should help patients to become better at learning which foods will add up to a daily total of 1500 calories. Allow your patients to improvise and substitute items according to their food preferences. Ask to see or discuss the journal at their next session. If we help our patients to eat smaller meal portions daily, over time these smaller-portioned meals will become a habit. Developing these types of skills will become most important for weight maintenance. Be sure to have this discussion with your patient.

Breakfast: Choose one daily

Meal	Total Calories
2 large eggs (160 cal) Light bread (40 cal) 1 tsp of jelly (18 cal)	218
1 Lender's plain bagel (230 cal) 2 Tbsp cream cheese (100 cal)	330
1 whole-wheat pancake (200 cal) 2 Tbsp of regular syrup (110 cal) 1 tsp regular butter (35 cal)	345
2 buttermilk waffles (200 cal) 2 Tbsp of regular syrup (110 cal) 1 tsp of regular butter (35 cal)	345

Lunch: Choose one daily

Meal	Total Calories
3 oz of grilled chicken (130 cal) 1/3 Caesar Salad Supreme (170 cal) 1 large apple (110 cal)	410
3 oz of tuna in water (110 cal) 2 whole-wheat slices (140 cal) 1 large banana (120 cal)	370

3.6 oz of turkey breast (120 cal) 2 slices of wheat bread (140 cal) 1 Tbsp of mayonnaise (100 cal) 1 tsp of mustard (5 cal) 1-oz bag of potato chips (150 cal)	515
12 large shrimp (90 cal) 8 oz of lettuce (28 cal) 2 Tbsp of dressing (45 cal) 3 chocolate chip cookies (160 cal)	323

Dinner: Choose one daily

Meal	Total Calories
6-oz salad (50 cal) 2 Tbsp of dressing (65 cal) 4 oz of salmon (210 cal) 1 cup of whole-wheat pasta (175 cal) ½ cup of tomato sauce (50 cal) 1 Raspberry Sorbet Bar (90 cal)	640
6-oz salad (50 cal) 2 Tbsp of dressing (65 cal) 4 oz of ground beef (200 cal) 1 regular bun (110 cal) 7-oz baked potato (180 cal) 1 tsp of regular butter (35 cal)	640
13 oz of spaghetti (225 cal) 1 cup of marinara sauce (140 cal) 4 oz of 90% lean ground beef (200 cal) 1 cup of melon (50 cal)	615
Frozen meal chicken parmigiana (370 cal) 8-oz salad (70 cal) 2 Tbsp of dressing (65 cal) 1 large apple (110 cal)	615

It is critical to help your patients learn the importance of the calories in each meal choice. This exercise combined with a food journal should help patients to become better at learning which foods will add up to a daily total of 1200 calories. Allow your patients to improvise and substitute items according to their food preferences. Ask to see or discuss the journal at the next session. If we help patients to eat smaller meal portions daily, over time these smaller-portioned meals will become a habit. Developing these types of skills will become most important for weight maintenance. Be sure to have this discussion with your patient.

Breakfast: Choose one daily

Meal	Total Calories
Plain 8-oz yogurt	160
CMWL protein bar	160
1 cup of Raisin Bran (190 cal) 8 oz skim milk (90 cal)	280
2-oz plain bagel (140 cal) 2 tbsp of cream cheese (80 cal)	220

Lunch: Choose one daily

Meal	Total Calories
3.5-oz Caesar Salad (170 cal) 1 extra-large apple (150 cal)	320
3 oz of tuna in water (110 cal) 1 tbsp of light mayo (45 cal) 2 sl. of lt. wt. bread (100 cal) 1 oz of potato chips (110 cal)	365
Peanut butter (210 cal) 3 tsp of jelly (54 cal) 2 slices of bread (100 cal)	364
Salad w/dressing (40 cal) 6 med. sushi pieces (240 cal) Dipping sauce (30 cal)	310

Dinner: Choose one daily

Meal	Total Calories
4 oz of lean beef (245 cal) 1.5-oz bun (110 cal) 7-oz baked potato (185 cal) 1 tsp of light butter (25 cal)	565
Medium salad (30 cal) Salad dressing (100 cal) 3 large eggs (225 cal) 1-oz slice of cheese (115 cal) 1 slice of lt. wt. toast (50 cal) 1 tsp of light butter (25 cal) 1 tsp of regular jelly (20 cal)	565
Large salad (50 cal) Salad dressing (100 cal) 2 slices of frozen pizza (320 cal)	470
Large salad 50 cal Salad dressing 100 cal 12 large shrimp (3 oz) 90 cal Whole-wheat pasta 175 cal Marinara sauce 140 cal	555

It is important to help your patients learn the importance of the calories in each meal choice. This exercise, combined with a food journal, should help patients to become better at learning which foods will add up to a daily total of 1000 calories. Allow your patients to improvise and substitute items according to their food preferences. Ask to see or discuss the journal at their next session. If we help our patients to eat smaller meal portions daily, over time these smaller-portioned meals will become a habit. Developing these types of skills will become most important for weight maintenance. Be sure to have this discussion with your patient.

Breakfast: Choose one daily

Meal	Total Calories
Plain 8-oz yogurt	160
CMWL protein bar	160
2 Hard-boiled eggs (75 cal each)	150
1-oz slice of American cheese	105

Lunch: Choose one daily

Meal	Total Calories
3 oz of tuna in water (110 cal) 1 Tbsp of light mayo (45 cal) 2 Slices Light wheat bread (100 cal)	255
Caesar salad (170 cal) Medium apple (70 cal)	240
Vegetable soup (220 cal) Small pear (75 cal)	295
6 med. sushi pieces (240 cal) 2 Tbsp of sauce (30 cal)	270
4 oz of turkey breast (120 cal) 2 Slices light wheat bread (100 cal) 2 tsp of mustard (15 cal)	235
2 hard-boiled eggs (150 cal) 2 Slices light wheat bread (100 cal) 1 Tbsp light mayo (45 cal)	295

Dinner: Choose one daily

Meal	Total Calories
4 oz of grilled chicken (190 cal) 2 cups of lettuce (14 cal) 1 medium tomato (25 cal) 5 oz of cucumber (20 cal) 1 large celery stalk (10 cal) 1 small onion (29 cal) 1 medium pepper (28 cal) 3 Tbsp of vinaigrette (70 cal) 1 medium baked potato (164 cal) 1 tsp of Butter Buds (5 cal)	555
4 oz lean ground beef (200 cal) 2 cups of lettuce (14 cal) 1 medium tomato (25 cal) 5 oz of cucumber (20 cal) 1 large celery stalk (10 cal) 1 small onion (29 cal) 1 medium pepper (28 cal) 2 Tbsp light Caesar (70 cal) 1 small orange (49 cal) 1 hamburger roll (110 cal)	555
2 cups of lettuce (14 cal) 1 medium tomato (25 cal) 5 oz of cucumber (20 cal) 1 large celery stalk (10 cal) 1 small onion (29 cal) 1 medium pepper (28 cal) 2 Tbsp of light Caesar (70 cal) 4 oz of grilled tuna (170 cal) 2/3 cup of brown rice (165 cal)	531
2 cups of lettuce (14 cal) 1 medium tomato (25 cal) 5 oz of cucumber (20 cal) 1 large celery stalk (10 cal) 1 small onion (29 cal) 1 medium pepper (28 cal) 3 Tbsp of vinaigrette (70 cal) 3 oz cooked shrimp (90 cal) 1 cup, 5 oz of pasta (175 cal) ½ cup tomato sauce (50 cal)	511

Dinner: Choose one daily

Meal	Total Calories
2 cups of lettuce (14 cal) 1 medium tomato (25 cal) 5 oz of cucumber (20 cal) 1 large celery stalk (10 cal) 1 small onion (29 cal) 1 medium pepper (28 cal) 2 Tbsp light Thousand Island (60 cal) 3 oz of lean steak (160 cal) 1 medium baked potato (164 cal) 1 tsp of Butter Buds (5 cal)	515
2 large eggs (150 cal) PAM cooking spray (6 cal) American cheese (115 cal) Frozen vegetables (90 cal) 12-grain bread (110 cal) 1 tsp of Butter Buds (5 cal) 1 medium apple (70 cal)	546

1) The goal of this time/budget chart is to help your patient find 30 minutes a day to exercise. You should encourage your patients to spend less time watching television or being on the computer and more time exercising. In fact, 30% of new cases of obesity and 43% of new cases of Type 2 Diabetes could be prevented with a combination of <10 hours week of television and >30 minutes a day of brisk walking.*

* Hu FB et al. (2203) television watching and other sedentary behaviors in relation to risk of obesity and type 2 diabetes mellitus in women, JAMA, 289(14):1785-1791.

2) Try to engage the patient in a discussion about making time in his/her daily schedule to exercise. Make a notation in your chart as to when the patient is going to exercise. During the next session, you could ask, “How has it been going exercising at (the specified times) on (the agreed days of the week)?” Make a plan with the patient for exactly when he/she is going to exercise. You may want to write the agreed-upon dates and times on your prescription pad and hand it to the patient at the end of your visit. This will help to improve compliance with the recommended activity. You should follow-up on your patient’s exercise progress in every session.

1) Weight/BMI/Fat Percentage Record:

If (a) the patient has recently lost > 10 pounds and (b) the BMI is < 25 and/or the fat percentage is < 25% for women or < 20% for men, it becomes much more difficult to continue losing weight following the same strategies. This is because a normal biological weight has been reached, making weight loss a cosmetic problem rather than a health issue.

If the patient recently lost > 2 pounds a week without medical monitoring, they might have lost predominately muscle and water, making additional weight loss more difficult to sustain. Monitor them on your prescribed program to see if a lack of nutrition and/or proper protein intake is the issue. Men need a minimum of 80g of protein daily and women need a minimum of 60g.

Also consider prescribing a multivitamin if the patient is not already taking one. If the BMI is > 25 and the fat percentage is abnormal, Questions #1-#9 may offer a solution.

2a) For Women: If the menstrual cycle is irregular, it may be because the patient is suffering from polycystic ovarian syndrome (PCOS). If the patient does not take any hormone-replacement treatments, then an LH/FSH ratio can diagnose this condition. A ratio > 2.0 suggests PCOS. A trial of Metformin 500 mg at night with an eventual goal dose of 1000 mg BID is recommended. Weight loss sometimes becomes more predictable with the addition of Metformin.

2b) For Men: Hypogonadism is a relatively common condition among obese men. The excess fat mass is believed to be making too much estrogen, which in turn inhibits testicular testosterone production. Free and total testosterone levels should be checked in all men with symptoms of hypogonadism. If the level is low, immediate prescription replacement testosterone therapy is recommended. Men will usually notice an instant improvement in their libido and energy levels. Testosterone levels should be checked monthly with weight loss. Often the prescription testosterone is no longer needed when the body weight becomes more normal.

3) Thyroid function should be checked for all patients who are not losing weight appropriately. If the patient is exhibiting symptoms of hypothyroidism and the TSH level is > 4.0 µIU/ml (lab normal < 5.2 µIU/ml), you may want to consider treatment with hormone replacement based on clinical judgment. You should prescribe hormone replacement cautiously to avoid abnormal TSH hormone suppression to less than .5 µIU/ml.

4) Studies have demonstrated that the optimal amount of sleep for adults is greater than 7 hours daily. All patients should be encouraged to try to make more time for sleep. Overall total weight loss and the ability to maintain weight loss should improve with proper sleep. See Physician Counseling Guide of "Module #13: Is a lack of sleep affecting your health?" for additional counseling options.

5) All patients who are at a weight-loss plateau must exercise while they are trying to lose additional weight. A bare minimum of 3-5 hours weekly is recommended for all patients. If they are participating in less than 10 hours of exercise weekly, then recommend an additional hour of physical activity to see if this makes a difference. It is recommended that all patients who have reached a weight loss plateau try a new cardio and/or weightlifting activity. Specific recommendations for these additional activities should be given once you

determine the current exercise regimen. The body composition analysis measurements should help you formulate recommendations for lowering the fat percentage.

6) Chronic persistent uncontrolled pain syndromes have been shown to hinder losing weight. Appropriate treatment or referral to a pain specialist should be offered to all patients with chronic pain. The weight loss should normalize once the pain is treated.

7) If your patient feels as though he or she is constantly under stress, this could affect ability to lose additional weight. Counseling Modules #10 and #11 offer additional pointers on how to help these patients deal with stress. Referral to a psychologist or psychiatrist is sometimes necessary.

8) Be sure to ask all of your binge-eating-disorder patients whether they ever suffered from sexual abuse. Treatment for past sexual abuses should be given by a psychologist or a certified professional with experience in counseling this type of individual. Most patients will not have long-term improvements in their weight management until they receive proper counseling for past sexual abuse.

9) Food sensitivities are often overlooked as possible causes of patients' inability to lose or keep off weight. ALCAT testing will give your patient an easy summary of the foods that they should or should not be eating. For more information, see past teleconferences at the physician site www.cmwlyphysicians.com. These food sensitivities will often change after following the proper diet. Repeat ALCAT testing is recommended every 10-12 months.

10) People often consume more calories daily than they realize. Keeping a journal helps people to become aware of their dietary indiscretions. Encourage the patient to bring a completed diet journal to their next session. This also includes your low-calorie-diet patients who have reached a plateau. The LCD patients are sometimes consuming much more than the recommended limit of 50 non-meal replacement calories daily while on the program.

Please score your patient's answers using the following key:

A responses are worth 4 points each

B responses are worth 3 points each

C responses are worth 2 points each

D responses are worth 1 point each

If the patient's total score is:

- >28 The patient has a terrific grasp of what is going to be required for successful maintenance. Initial follow-up session in 2-3 months is recommended.
- 23-28 The patient is almost mentally well-prepared for success. Initial follow-up in 1-2 months is recommended.
- 17 -22 The patient needs to spend time focusing on the concepts of the module, as he or she is not quite ready for maintenance. Schedule a follow-up visit in 1 month to be sure that the patient can handle it.
- <17 Encourage your patient to stay on the program a little longer. You may want to follow-up in 2-4 weeks if he or she is insisting on entering the maintenance phase.

Questions 1, 2, 3, 6 & 7 - Our studies and multiple published studies have determined that weight accountability is the single most important predictor of long-term success. It is therefore good medicine to encourage your patients to follow up periodically. All of the other choices are helpful but not as effective as remaining accountable.

Question 4 - Patients who buy their items from a list and avoid any impulse buys are usually more successful with weight management. You should also encourage your patients to avoid going to the supermarket hungry. If not using a list, it is best to stay on the periphery, that is, the dairy, produce and meat sections, and only go down the aisles where they need to purchase an item. This strategy also helps to avoid impulse buys. It is helpful to buy natural or organic food items, but keep in mind that these items can also be high-calorie. Choice D failed to mention the most important part of reading a food label, which is paying attention to the total number of calories per serving.

Question 5 - The National Weight Control Registry data proved that patients who eat or prepare their meals at home are more successful than patients who eat out frequently. Meal replacements are useful and should be encouraged for long-term success in all patients who have difficulty with preparing their own meals. When a patient does eat out in a restaurant, it is best to stick with chain restaurants that provide a nutrition menu upon request. For long-term success, it is best to limit eating in a restaurant to an average of 1-2 times weekly. Choice D is the worst choice because it involves eating out in a restaurant more than 2 times weekly.

Question 8 - 30% of new cases of obesity and 43% of new cases of T2DM could be prevented with a combination of <10 hours/wk. television and >30 min/day of brisk walking.¹ It is important to emphasize with your patients what a small difference these slight lifestyle changes will make. Most patients have never realized how deleterious to their health watching television is. You should encourage placing a treadmill near the television for those patients who watch a lot of television. If they do this, then they can walk and burn calories while they are watching television. Walking more and watching less television are really effective lifestyle modifications that are associated with long-term weight loss success.

¹ Hu FB et al. (2003) Television watching and other sedentary behaviors in relation to risk of obesity and type 2 diabetes mellitus in women, JAMA, 289(14):1785-1791

If your patients answer yes to any questions from 1-7, it is more likely that their sense of self-esteem and self-efficacy are tied into their body weight. Unfortunately, American society has a way of brainwashing people into believing that appearance is more important than personal relationships with family members, co-workers, and friends, as well as with the world in general. Logically, we should all realize this is not true, but unfortunately old thought processes are not so easy to change. You must spend time asking your patients about their co-workers, friends, children and spouse, and all that their extended family likely means to them.

Ask your patients the following, as if they were observing their funeral from above:

- 1) "What would your children, spouse, and other family members say they value about you?"
- 2) "What would your co-workers say they value about you?"
- 3) "What would your friends say they value about you?"

Take notes as patients are speaking so that you can reiterate some of the positive things that people would say about them. After going through this exercise, patients may begin to recognize that they are much more important to the world than they had realized or given themselves credit for. The idea is to try to recognize the weight issue as a health issue and not as the determining factor in an individual's self-worth or efficacy.

It is most important to engage patients in conversation and have them speak more than you do so that they can start reaching these conclusions on their own. Reiterate all of the positive attributes that they thought people would say about them at their funeral. This is a terrific mental exercise/counseling session that, when done correctly, helps to build up an individual's self-esteem and self-worth.

If your patients answer yes to question #8 and any of the other questions 1-7, it is more likely that teasing by children concerning their weight when they were young has helped to give them a lower self-esteem. It is important that you spend a moment discussing how cruel children can be. As a result of their own insecurities, it is human nature for children to criticize and/or make fun of anyone who is different from others in the group.

Ask your patients the circumstances of their childhood teasing. They should realize that their worth as human beings is far greater than they felt as small children who were made to feel bad in gym class, at the prom, etc. Unfortunately, most childhood obesity stems partially from bad genes, and we cannot change that their childhood weight problem was most likely just a result of a bad hand dealt in life. It's important to discuss this issue and help your patients practice some of the exercises in this module to re-build their self-esteem.

Patients also should recognize that at this point in life they can accomplish anything that they put their mind to. We can help patients to maintain any weight loss that they achieve with us, but it is not going to happen without us figuring out how to "untie" self-esteem from weight. Discuss with your patients that weight issues are complicated with many hormonal etiologies; this should not determine their individual self-efficacy. It is important to reiterate this a few times with patients.

You should also suggest that patients try to make a new beginning today and do their best to forget about the past. Yesterday is over; today is where they live. Let them know that "this is the first day of the rest of their life." Today they will start a new beginning in evaluating their self-worth based on their relationships and accomplishments in life, NOT on their appearance. Continue to work with them on using positive self-talk at future office visits. For many patients, mastering this self-talk and self-esteem issue is crucial for obtaining longer-term weight-loss success.

1. It is important that you have a detailed discussion of these trigger foods with the patient. The foods that you feel are most unhealthy and deleterious to the patient's overall health and well-being, such as chocolate cake for a diabetic, should be emphasized as dangerous for that individual to consume.

Examples of the discussion:

"Your health is much more important than a piece of chocolate cake. Eating the cake significantly increases your risk of having a heart attack, stroke or cancer because it worsens the metabolic syndrome." Be sure to comment and agree when appropriate if you feel that the patient's health is being affected in the ways that they described in the question.

2. It is crucial that you elicit the details surrounding the consumption of these foods and try to come up with alternative plans and ways that the patient should manage the situation in the future. In the above chocolate cake example, the patient may say that she gets tempted at parties when chocolate cake is served. Together you need to come up with a solution/alternative activity for the patient when chocolate cake is served at a party.

Some possibilities:

"I will just drink coffee when the cake is being served instead of having cake".

"If available, I will eat fruit instead of cake and tell anyone who asks that I no longer eat chocolate cake because it does not agree with me".

"I will bring an alternative healthy dessert to the party".

It is crucial that you discuss each circumstance concerning these foods in detail and have the patient visualize and rehearse the alternative plan. Encourage them to also write down your instructions and to report back in the next session how things went.

3. It is important that you point out to the patient that his or her favorite foods are not part of the values and priorities just listed in #3. The patient needs to realize that these foods are decreasing the chances of living the best life possible. For example, if the three values listed were health, family, and financial success, it is imperative that you mention that the avoidance of the trigger foods will provide a better chance of achieving each of these values.

"The chocolate cake would worsen your diabetes and negatively influence your health". Or "When you eat one slice of chocolate cake, you tend to eat more sweets, setting up more weight gain and negative health effects."

"If you value your family, being a good role model by making healthy food choices is important. Your new healthy behaviors can help prevent adoption of any previous bad eating habits that your family witnessed. Most children learn best by example; being a good role model is essential."

"Your financial success is most likely connected to your overall health. When you are sick or in ill health, it usually decreases the amount of time that you can be productive at work. Poor food choices will negatively affect your health over time and ultimately make it more difficult for you to be the most productive and effective person possible in the work that you do."

4. It is important that you elicit details around these circumstances to prevent history from repeating itself the next time the patient encounters this situation. For example: If a patient reveals that ice cream in the freezer causes her great difficulty going to sleep without eating some, there are a few different ways to work through this challenge. The best option is not bringing ice cream into the home. This, however, is not always possible because a spouse or family member may not be willing to live without ice cream in the house. In this case, the patient should encourage the spouse to purchase flavors and brands of ice cream that are not as tempting for her (the patient). In this circumstance, the patient should keep reminding herself that the ice cream is not hers. The patient should commit to not eating the ice cream in the house because it will only lead to a path of bad habits and poor health. Try to have the patient recite, visualize, and practice what her inner voice should be saying when she is consciously going to avoid eating the ice cream. A healthy snack such as a piece of fruit should be encouraged if the urge to eat the ice cream were really strong. Reassure the patient that once time goes by and the habit is broken, it will be easier to manage.

5. Give the patient hope and a reason to believe that these bad habits can be managed with your help. Full disclosure and discussion about the circumstances that have led to past failures will be crucial for you to help solve and improve the patient's bad food habits. Accountability visits and re-reading of the ten changes by the patient will become the immediate plan if difficulties are encountered and bad food habits start to re-emerge.

6. You cannot accept non-compliance in this exercise by patients; they must write an answer to the question. You should be re-iterating all of the alternative strategies that you came up with together on change 2 in Module #27. Reviewing this again after the patient writes down the answers should help the patient internalize the discussion and reaffirm determination to handle each circumstance in a healthier way in the future.

7. It is most important that the patient make these choices themselves. Prescribed diets usually lead to temporary changes whereas individual choices that fit personal beliefs and lifestyle usually lead to better long term success! Please review these choices with the patient and comment as needed if you feel that these are healthy eating choices. When critiquing the choices, you must take into account where the patient started. These alternative choices should be better than their original diet. For example: a patient who used to eat fast food hamburgers may frequently write “I will make hamburgers at home.” This would be an improvement from a healthy food perspective for this patient. You should also encourage using leaner cuts of meat for the hamburger when preparing it at home. To avoid feelings of deprivation, advise the patient to slowly decrease the percentage of fat in the chopped meat used to make the hamburgers, with the goal being >90% lean chopped meat.

When reviewing your patients’ choices, it’s important to recognize and praise progress, educate when possible, and encourage more improvement when appropriate.

8. Reassure the patient that the best way to improve next time is to admit what went wrong this time. Continue to discuss alternatives by having the patient visualize the better alternative to the poor food habit that they listed in number 6. Keep practicing this with the patient so that the new habit will become more rote when he or she is presented with the same circumstance in the future. It is important to spend time doing this, as redundant as it may seem. Repetitive discussion and visualization of positive future choices will help prevent the unhealthy behavior in the future.

9. Be sure that the patient realizes the chronic disease medical model used at CMWL that helps patients to succeed with weight maintenance in the long term. The importance of routine follow-up visits should be part of their answer listed in #9. All successful well-managed hypertensive patients come in for routine follow-up blood pressure checks. All of our weight loss patients, to be successful, must also come in for routine accountability visits. There is no shame in starting to gain weight back. Our goal is to keep the weight re-gain at a minimum. We need to prevent bad food habits from returning. Encourage the patient to continue to review the 10 Effective Changes whenever a setback occurs.

10. By trying to help others, patients often become better with their own food habits. It is good for patients to speak about how they have been managing their own bad food habits with as many people as possible. This will help them to be more successful. The process of sharing internalizes their new habits and makes it easier to manage those situations which troubled them in the past. It also often leads to referrals to the program because the physician is an integral part of the patient’s success in developing long-lasting healthy eating habits.

A) Come up with suggestions of alternative ways to respond to that situation without eating food. For example: “I had an argument with my spouse and I went outside for a long walk to clear my head.”

B) Encourage patients to visualize being in the same situation described in section A, but responding in a way other than eating. Encourage them to play out the situation in their minds and see themselves undertaking the alternative response. Ask them to discuss any barriers they may now realize make this alternative response unfeasible. The more details they share, the better.

For example: “I can’t go outside for a walk if the ground is wet or icy because I have poor balance and my risk of falling and getting hurt is too great.” Ask that patient: “What other activities could you do in your house when the road is icy or wet?” Appropriate suggestions include low-impact cardio using a treadmill, a beginner exercise video, or strength training using light weights and resistance bands. It is important that all patients try to visualize the new alternative response to handling food triggers. This will help ensure that bad habits do not re-emerge after losing the weight.

C) This is a very important exercise to discuss with the patient. Some examples to bring up, if not mentioned by the patient, are the following:

“I will obtain a walking video, resistance bands, or treadmill to have around the home.”

“I will put my treadmill in front of the television so that instead of eating snacks when I watch daytime television when the kids are at school, I will exercise.”

“I will not bring home restaurant leftovers because when I do, I tend to eat them at inappropriate times.”

“I will throw away cakes or cookies that people bring to my home if they do not leave with the leftovers.”

“I will have more fruit and vegetables around my home for healthy snacking when the need arises.”

“I will not allow processed sugars such as cakes, cookies and ice cream in my house because they almost always trigger me to binge eat when I am having a bad day.”

“I will discuss with my spouse or significant other, all of the changes that I am making in the home in order to support me in my endeavor to stop using food to cope with day-to-day stress.”

At the next visit, remember to ask the patient if he or she had a chance to practice the alternative response that was discussed when a food trigger situation arose. The more engaged a patient becomes in working through these issues, the better the chance that the behavioral intervention will make a lasting impact on the patient’s ability to develop coping strategies.

The meal replacement program helps to change many of these unconscious food trigger responses. While on full meal replacements, it is a great time to work through these food trigger scenarios so that when patients return to normal eating, they will be conditioned to their new habits.

This module will help you transition your patients to the Modified phase of the program in which they plan their own dinners and eventually to the start of full Maintenance when they will plan all of their own meals. The module can be prescribed in two stages: in the first session, the patient would concentrate only on the dinner meals and in the second session, on all of the daily meals. Occasionally, you might decide to transition some patients to full Maintenance in one step. This module should be used in conjunction with Module #25, the Weight Maintenance Readiness quiz. Module #25 will help you to determine the recommended patient follow-up visit frequency.

You should recommend that the patient's daily caloric in-take be 200 calories less than their resting metabolism rate on the scale. If you are utilizing an RMR machine, the metabolic rate will be more accurate when calculating the Monday to Friday total caloric requirements while on maintenance.

For example: if the resting metabolism is 1500 calories, then we would prescribe 1300 calories Monday through Friday. On the blank total calorie lines provided for each of the three daily meals and snacks, you should enter a suggested number of calories that add up to a total of 1300 calories daily. So for breakfast, you may recommend 200 calories, lunch 400 calories, dinner 550 calories (same meals as the Modified diet for many), and snacks 150 calories.

Feel free to individualize care according to the patient's meal preferences. For some patients, it may make sense to figure out the recommended total meal calories after the patient enters his or her suggested meal options. For some patients, breakfast may be more calories than lunch, or vice versa. It is more important that you help patients develop a routine that they can adhere to five days a week. Recommend that patients learn proper portion sizes and calorie counts by weighing and measuring their preferred foods at least one time. Since they will be eating the same foods weekly, in the future there will be no need to journal, weigh, or measure, as long as they do their best to keep the foods and portion sizes consistent. Many motivated patients can happily develop this type of daily meal routine. Encourage all patients to see that it is worth the initial time and effort to weigh, measure, and journal, as it becomes easier once a routine is developed.

Another option for many patients is to use Doctor's Orders for their dinner meals. These 550 calorie meals provide the structure and convenience needed to comply with this transition phase of the program. Doctor's Orders meals help patients learn what well-balanced, portion-size meals look like.

1) B- False. Eating protein on its own does not help the body to build muscle. Exercise causes micro tears of muscle fibers that must be repaired by the body to build muscle. This muscle reparation process requires nutrition in the form of protein. So exercise combined with protein in the diet helps to build muscle.

2) B- False. All sources of protein contain calories. If you consume more calories than you burn, then you will gain weight. The calories in protein may possibly be better for promoting fat loss, but this only occurs when it is combined with exercise and an overall caloric deficit.

3) A- True. Protein has been shown in clinical studies to be more satiating than carbohydrates. The quality of the protein matters with lean meats, poultry, eggs, CMWL shakes and legumes topping the list as the most desirable types of protein. When people feel hungry they tend to eat more. Eating processed carbohydrates for the same number of calories usually leads to hunger sooner than eating high quality proteins.

4) B- False. Any diet that causes weight loss could cause ketosis. High protein/low carbohydrate diets were the first to measure the degree of ketosis to verify if patients were actively following the diet. Ketosis will be present in any diet that is actually causing weight loss. The quicker the weight loss, the higher the degree of ketosis that will be present. Ketosis is the body's metabolic response to a caloric deficit and weight loss. It usually leads to bad breath. Breath mints or breath spray are recommended for patients who complain of this common side effect of losing weight.

5) B- False. Protein can be obtained in the diet by eating soy products, dairy products, beans and nuts. Vegetarians can get adequate amounts of protein without ever having to eat meat or fish.

6) A- True. The eight essential amino acids include Isoleucine, Leucine, Lysine, Methionine, Phenylalanine, Threonine, Tryptophan, and Valine. These must be obtained through the diet or supplements. Amino acids found in protein become the structural building blocks for the body.

7) A- True. The body will require a daily protein intake to maintain and normalize cellular turnover and optimize the body's protein synthesis. Without sufficient protein, the body breaks down muscle or tissue to get the protein it needs for repair, or it lets the cells die.

8) A- True. Starvation diets, skipping meals, poor food choices, etc. could all cause inadequate protein/amino acid intake that can compromise health and effect many bodily functions. Vegetarians are at increased risk of harm occurring from not taking in enough protein. The bodily processes that rely on adequate protein intake and the essential amino acids include some of the following: joint and tendon integrity and mobility, bone cell generation, proper organ function, RBC synthesis, muscle tone, skin elasticity, the rate of myocardium cell turnover, hormone and enzyme production, neurotransmitter production, immune system antibodies and overall function and energy levels of the body. Laboratory tests may still record an adequate albumin level when some of the essential amino acids are deficient in more detailed analysis.

9) B- False. The body will burn protein as energy, store the essential amino acids, and enter protein synthesis or store the excess calories

consumed as fat. A person consuming too many calories in the form of protein will store it away as fat, not protein. This is why it is most important to not consume more calories than you burn in any given day regardless of the food source of the calories.

10) B- False. There are many variables that determine a person's overall protein needs. Increased protein needs are required in endurance athletes, weight lifting, resistance training, growing children and adolescents, patients recovering from surgery, and immune disorders, to name a few.

11) B- False. CMWL prescription meal replacement shakes contain the highest grade of protein available. This translates into patients feeling full longer after consuming them. The protein also works well to repair and enhance muscle tissue in the exercising patient. Encourage patients to use meal replacements during the weight maintenance phase of care if they enjoy drinking them. Meal replacement shakes have been proven to be highly effective in enhancing the long term maintenance of weight loss.

1) B- False. Fiber is also commonly referred to as roughage which is the indigestible part of plant foods. Fiber absorbs water along its transit in the gastrointestinal tract. This helps to enhance our stool bulk and ease bowel straining which leads to smoother bowel movements. Fiber combined with increased water intake is a common treatment for constipation.

2) A- True. Cellulose, dextrins, inulin, lignin, pectins, beta-glucans, waxes and oligosaccharides are the most common types of fiber that are found in our food supply.

3) B- False. Soluble fiber dissolves in room temperature water while insoluble fiber does not dissolve in water. Soluble fiber forms a gel-like substance and swells when mixed with water. Insoluble fiber does not absorb or dissolve in water.

4) B- False. The recommended daily fiber should come from both soluble and insoluble fiber sources. Some nutritionists recommend a ratio of 3:1 between insoluble and soluble fiber consumption. Most experts would agree that it is unnecessary to track these fiber ratios as both types of fiber, soluble and insoluble, confer overall health benefits.

5) A- True. Soluble fiber helps to decrease blood glucose absorption after a large meal. This helps to eliminate the blood sugar spikes that lead to poorly controlled diabetes. Soluble fiber was also shown to have a modest effect on lowering LDL cholesterol. It should be noted that even the best diet in the world is unable to lower LDL cholesterol beyond 10-18% making prescription cholesterol lowering medication necessary for many patients.

6) B- False. Insoluble fiber does not get digested and it passes through the intestinal tract in close to its original form. This helps to increase the stool bulk causing better stool transit time. Insoluble fiber causes a reduction in the risk of hemorrhoids and constipation as a result of these improved stool transit times. Insoluble fiber has not been proven to have an effect on joint pain.

7) A- True. Dietary fiber only comes from plant sources. Some of the most common sources include nuts, whole grains, beans, fruits and vegetables. These are all recommended for a healthy diet.

8) A- True. Fiber tends to fill patients up more than foods not containing fiber such as processed carbohydrates, such as cake or candy. It is believed that the bulking qualities of fiber help to make people feel satiated longer after consuming it. Vegetables are a terrific natural source of fiber that should be encouraged in all patients.

9) B- False. There are no RDA recommendations for dietary fiber. Many Americans consume only 5-10 grams daily on average. The ADA recommends 20-35 grams daily. We should encourage our patients to gradually increase their overall fiber consumption. Going from 5 grams on average daily to 30 grams in a short period of time will usually lead to abdominal cramping and diarrhea. Patients should be encouraged to gradually increase their fiber and water intake over time to help prevent gastrointestinal discomfort. Encourage all patients to try to eat more fiber in their daily diets. High fiber diets are more closely associated with weight loss maintenance as compared to low fiber diets.

10) A- True. A medium apple or pear usually contains around 4 grams of fiber. The skin of the apple and pear contain most of the fiber. A cup of raw broccoli has 2.6 grams of fiber. Five prunes have 3 grams of fiber. One quarter cup of seedless raisins have 1.5 grams of fiber. Two figs have 4 grams of fiber. In general fruits and vegetables are a terrific source of fiber. For weight maintenance, the low starch vegetables should be recommended as the preferred source of fiber since they are much lower in calories. Examples include: 1 cup of green beans: 4 grams of fiber, 1 cup of carrots: 3 grams of fiber, 1 cup of peppers or lettuce: approximately 2 grams of fiber.

All of the below answers are obtained from the following article:

Myths, presumptions and facts about obesity; Krista Casazza, Ph.D., R.D., Kevin R. Fontaine, Ph.D., et al.; New England Journal of Medicine; January 31, 2013;368:446-454.

1) B- False. The rule that an individual will burn 3500 Kcal and lose one pound has been proven to be false over time because of the body's compensatory changes that occur. The given example of walking 1/2 mile a day should equate to about 50 Kcal burned daily. This would calculate to a loss of around 5 pounds in a year, which would be 25 pounds in five years. In reality the individual would only lose about 5 pounds in 5 years because of the compensatory changes that occur when a person starts exercising. This does not mean that it is not important to exercise. Exercise will help to prevent weight regain which is what we care about most.

2) B- False. Scientific studies do not support this notation. Motivation strategies differ from individual to individual. Goals should be patient-driven. We should continue to coach and motivate our patients to help them to obtain their weight loss goals regardless of how ambitious they might be.

3) A- True. Patients who have lost weight rapidly on meal replacement diets similar to Quick Start have the same overall weight loss results at 1 year when compared to patients who have lost weight more slowly. CMWL data corroborates this fact; patients who have lost the most weight the first month actually do the best at overall weight loss at the 1 year mark. Encourage rapid weight loss in your motivated patients.

4) A- True. In a long term 6 year trial it was found that breast feeding had no overall effect in preventing obesity in children. Breast feeding, however, may have other benefits related to immunity in the child.

5) B- False. The average bout of sexual activity lasts only around 6 minutes. At most, a person in their 30's would burn around 21 kcal in that time period. Reading a book will burn about 11 kcal in 6 minutes. So the net calories burned would only be 10 kcal from the bout of sexual activity. This would not lead to much weight loss over time.

6) B- False. Research does not demonstrate this. It is most important to consume fewer calories in a twenty-four hour period to lose and/or maintain weight loss. It depends on the individual. Some people do not feel hungry until lunch time and actually consume fewer calories in the twenty-four hour time period when they skip breakfast. For patients with diabetes, their blood sugars are more easily managed by having frequent small meals rather than large infrequent meals. From a diabetes control perspective, the worst offender for blood sugar control would be having one large meal daily.

7) B- False. Research has demonstrated that our eating and dietary habits may be more a function of our genotype rather than our childhood influences. We of course need to help all of our patients to develop better overall daily habits that will support the maintenance of weight loss. Genetics are half the battle for many of our patients. Teaching them how to adapt their environment in a more positive way to support long-term weight maintenance should be the goal of care for all patients.

8) A- True. Just eating more fruits and vegetables could actually lead to weight gain if no other changes are made in the diet. Overall calorie consumption must be taken into account to lose and maintain weight loss. It is true that fruits and vegetables have additional nutritional and health benefits compared to many other foods but they should not be seen as all that is needed to lose weight. Fruit in the blender could have calories that compare to ice cream and/or cake in one serving size. The sugar content in fruit is elevated when large amounts of it are blended together. Encourage more green vegetables rather than fruit for your weight loss patients because the green vegetables will have fewer calories than fruit.

9) B- False. Animal studies that focus on weight cycling have not found any increased mortality in animals that weight cycle with the other variables controlled. Human studies often times have confounding variables related to overall health when this question is asked. For example, patients undergoing chemotherapy for cancer will often times lose weight when undergoing chemotherapy. After chemotherapy they may gain weight back. If the cancer recurs they will lose weight again and often times die at a lower weight than when they ended chemotherapy. Scientists have had a difficult time testing this question in humans because of other co-morbid conditions that are often present.

10) A- True. It is most important to work on individualizing care with your patients when it comes to a long-term diet strategy. It's more important to teach your patients how to portion control the foods that they prefer to eat rather than to avoid certain foods. Generically prescribed diets have not been shown to be effective in the long term. In the short term they could help with weight loss but it is crucial to come up with a long-term maintenance weight-loss strategy that is individualized for all patients under care. Counseling Module #31 - Weight Maintenance Routines should help you develop such a strategy for each of your patients.

11) A- True. Using meal replacement products to give patients more structure usually leads to greater overall success with weight loss. Encourage the long-term use of meal replacements to help with overall weight maintenance in those patients who have done well losing weight on the CMWL shakes and bars. Also be sure to encourage periodic maintenance accountability visits. Counseling Module #25 - Weight Maintenance Success quiz will help you to determine the recommended frequency of these maintenance visits.

1) Preferable answers are A) Almost Always and B) Often

Most people begin diets by deciding on an amount of weight they would like to lose. While this is a natural starting point, and certainly better than having no goal in mind, there is more of an art to successful goal-setting. Setting goals and tracking your progress against them is one of the most powerful forms of motivation. Throughout your weight loss process, it will be important to set not only weight goals but also behavior goals, ideally on a weekly basis. Weight goals will tell you where you are heading (e.g. “I want to weigh 170 pounds”) and behavior goals will tell you how you will get there (e.g. “This week I will limit all my dinners to the CMWL 550 calorie recipes”). Learning to set both behavior goals and weight goals will set you up for long-term success.

2) Preferable answers are A) Almost Always and B) Often

We all have the best of intentions when starting a new endeavor or project, and are usually highly motivated in the beginning. To sustain our motivation in the long-term, though, it's better to write down our goals rather than to merely think about them. A research study at Dominican University proved that writing down your goals significantly increases your chances of achieving them. To set yourself up for weight loss success, start the habit of writing down your goals — both your weight-loss goals and your behavior goals — and track your progress toward achieving them.

3) Preferable answers are A) Almost Always and B) Often

Many people believe that you will achieve your goal if “you want it badly enough”. While this may be true in some cases, the problem is that life usually gets in the way of our goal achievement. Well-formed goals can help keep you motivated for long-term weight maintenance. To increase your chances of success, start out by writing goals that have three simple characteristics:

a. Positive: Goals that focus on a positive outcome are more powerful than those that focus on a negative:

“This week I won’t purchase junk food at the movie theater” is a weak goal because it doesn’t tell you what you WILL do at the movie theater. It relies too heavily on your will power and choices at that particular time of temptation.

“This week, when I go to the movie theater, I will purchase plain air-popped corn and a bottle of water”. Focusing on the positive will leave less up to chance and will give you more of an action plan for success.

b. Measurable: Goals that are measurable are far more powerful than those that are not. Being specific and precise will help.

“This week I will exercise a lot” is a weak goal because it is vague and immeasurable. What is “a lot”? You won’t really know when or if you have achieved your goal. Vague goals will not help you put an action plan in place for achieving them.

“This week I will exercise by going to my gym class on Monday and Wednesday, and by bicycling 30 minutes on Tuesday and Saturday.”

This is a powerful measurable goal that will allow you to plan your time and track your progress. Can you easily tell at the end of the week whether or not you have achieved this goal? Absolutely - as long as you track your progress. An added benefit of a measurable goal is that it will help you overcome obstacles to achieving it. If something comes up that prevents you from bicycling on Tuesday, for example, you will know that you will need to set aside another day for bicycling so that you will achieve your exercise goal for the week.

c. Personalized: Goals that are personalized are far more powerful than those that are not. The most effective goals are the ones you set for yourself. No one should “tell” you what your goals should be. Some people prefer to “shoot for the moon” and aim very high when setting goals; others feel more in control when they choose more modest goals. You need to decide for yourself. Behavior goals need to be a good match for your dreams, as well as your daily lifestyle. When setting goals, be sure to personalize them for your needs and lifestyle.

“I will skip my sister’s 50th birthday party this week so I am not tempted to overeat at the buffet restaurant” may not be an effective goal, depending on the circumstances. It may not be a good fit with your life to turn down an important social obligation if it will cause you added stress and feelings of deprivation.

“At my sister’s birthday celebration, I will first survey the buffet table, identify healthy choices, have only one plateful of small portions, and bring a CMWL snack bar for dessert”. This is a more effective personalized goal that will help you to control your eating, while still giving you the opportunity to enjoy your sister’s birthday.

4) Preferable answer is D) Rarely

Once you have set a long-term weight goal for yourself, and some interim behavior goals, it’s important to come up with an action plan for achieving them. What steps will you take to ensure that you reach your goals?

Let’s say you have never really exercised regularly before, and you decide to write down a new goal because you know that exercise may help you to maintain the weight you’ve lost: “I will exercise at least four days this week for 30 minutes each time.” Writing it down is a good start, but that alone won’t make it happen. Often, we fail to achieve our goals simply because we haven’t anticipated the things that will get in the way. Spend a few minutes to jot down an action plan of the steps you will take, for example:

- Decide what type of exercise you will do each of the 4 days.
- Buy the new walking shoes you need.
- Pump up the tires on your bike.
- Arrange for your spouse to watch the kids for 30 minutes on Saturday and Sunday so you are free to exercise.

Post your action plan in a visible place and check off each step as you achieve it. This simple process greatly increases your chances of reaching any goal.

5) (Review the patient’s long-term and interim goals that were set, and suggest modifications if necessary.) Setting positive, measurable and personalized goals and action plans is one of your most powerful tools for losing weight and keeping it off. Revisit your long and short-term goals on a weekly basis.

1) Preferable answers are A) Almost Always and B) Often

“Mindfulness” about your eating and exercise habits is an important behavior to develop in your journey to achieving a healthy weight. The more you pay attention to any behavior, the greater the chance you will have of controlling it or developing it. At the start of any diet, it’s often easier to pay attention to the new, healthier behaviors you are practicing. As time goes by, however, many overweight people experience set-backs and slowed weight-loss simply because they relax adherence to their diet. More consistent self-monitoring increases the likelihood of greater weight-loss. Paying attention to what, when, and how much you eat could be a critical step in reaching your goals. Paying attention to how hungry or full you are, before you eat or continue to eat, may help you as well. In order to lose weight, act as if someone is watching you all the time — you! Some people find that writing down everything they eat each day helps them eat less. Whether or not you always choose to write down what you eat, try not to eat even a small bite of anything without fully registering that you are doing so. No mindless eating while you are preparing meals or watching TV!

2) Preferable answers are A) Almost Always and B) Often

You probably remember that it’s a good idea to write down or record your goals. Those recorded goals, however, will be worthless to you unless you re-visit them, ideally on a daily basis. Remind yourself of what you want to achieve and track your progress against your diet and exercise goals. There are many measures of success in working toward a healthy weight. Certainly the scale and your Body Mass Index (BMI) will be major indicators for helping you to keep on track. Having a periodic Body Composition Analysis will also help you track your progress toward decreased fat percentage and overall health. Paying attention to how you feel — your energy level, the fit of your clothes, your mood, and satiety level — should also be part of your regimen. If you start to go off track with any of these indicators, but especially with the scale, it’s time to re-examine what you are doing and return to the behaviors that led to your weight-loss. This might mean returning to a Quick Start regimen, or to weighing and measuring your portions, or to refraining from any restaurant meals for a while. It certainly means to rely on CMWL to help get you back on track.

3) Preferable answers are A) Almost Always and B) Often

You most likely use planning and organizing skills in many aspects of your life: carrying out a project at work, planning a party, studying to pass a test, or designing your garden, to name a few. Planning ahead is also a critical tool for keeping on the right track for your weight-loss goals. A little planning goes a long way, for instance:

- Plan for being able to indulge a little at a Saturday night party by adhering strictly to your CMWL program Monday to Friday
- Check out restaurant menus ahead of time so that you can choose a restaurant that offers healthy low-calorie options
- Make sure that you have a supply of CMWL snacks on hand at home and work
- Make a shopping list of only healthy foods and stick to it when you go food shopping
- Plan your meals and snacks ahead of time so you are less tempted to eat what you shouldn’t

4) Preferable answer is D) Rarely

How do “diet setbacks or lapses” happen? They often begin with one poor choice and snowball into more poor choices. For instance, someone overeats at one meal, begins to feel guilty, then categorizes the day as a lost cause, and continues to overeat the rest of the day. This often leads to more guilt, or even depression, and a string of “bad days”. Guilt is a useless emotion unless it leads you to new resolve and determination to change your behavior. Expecting perfection from yourself can lead to stress and often have the opposite effect

when it comes to dieting. We are all human and no one is perfect. Don't feel guilty, just get back on track. Don't let one lapse turn into a series of relapses. As soon as you recognize that you have made a poor choice, set a goal for making better choices for the rest of the day. Plan your next healthy meal, up your exercise, and make a conscious decision to follow your prescribed diet for the remainder of the day. Don't let one bad meal turn into a bad day or a bad week.

5) Preferable answers are A) Almost Always and B) Often

Support from others may help some people stay on track in their dieting efforts. Certainly, you should count on CMWL and me, as your health care provider, as a primary support system for losing weight and keeping it off. . . especially if your weight loss starts to slow down. Making sure that you schedule and keep your appointments regularly will get you the help you need. In addition to CMWL, though, the support of friends and family can be helpful for many who are trying to lose weight. Some people prefer to keep private their weight-loss efforts. For others, however, sharing weight-loss goals with a close friend or family member helps them to feel more accountable for their progress. People close to you can be supportive in a number of ways, but you may have to learn how to ask for their help.

For instance, you can seek your family's or friend's help by asking them to:

- a. Understand and accept that you do not want to be eating in restaurants for a certain period of time
- b. Refrain from bringing tempting trigger foods into your home or workplace
- c. Make a commitment to walk or exercise with you
- d. Accept that you might eat your CMWL meal replacement products, or your own low-calorie cooked food, instead of what they are offering at their home
- e. Refrain from asking you to take a second helping

Don't assume that those close to you know what you need from them. State your need in a clear and simple way, especially to people who may be getting in the way of your weight-loss: "I need you to please stop bringing junk food into the house because it makes it very difficult for me to resist eating it". The trick is to be direct and assertive about your needs; this will help you get the support you need to stay on track.

6) Preferable answer is D) Rarely

It's important to recognize your weight-loss progress and reward yourself along the way, but try never to use food as the reward. Many of us have been conditioned from infancy to rely on food for comfort, and to celebrate small and big milestones with special eating occasions. Many weight-loss and health milestones are worthy of celebration — losing 5% of your starting weight, getting half-way to your weight goal, eliminating your need of a medication because of your weight loss - but choose non-food rewards. Let's say you are very pleased with the amount of weight you've lost since your last visit. Don't be tempted to go out and have an indulgent dinner. Instead, stay on track with your diet, and think of something that you've been wanting — a new shirt (maybe in a smaller size!), a new golf club, or an evening of dancing with friends — and then treat yourself to it! Some people find it effective to decide on a reward ahead of time, e.g. "When I get half way to my weight goal I will buy theater tickets and celebrate with friends." What's most important is to find what strategies work for you. Setting your weight-loss goals is the beginning. Learning to stay on track is a process that requires your attention, effort and practice. Post your action plan in a visible place and check off each step as you achieve it. This simple process greatly increases your chances of reaching any goal.

Review the patient's responses to A and B. Emphasize the potential negative consequences of each damaging belief and how essential it is to develop more positive self-talk messages.

Point out to patients that:

- The longer that people program themselves with negative messages, the more focus and effort it will take to change those messages.
- If a patient is riddled with negative beliefs, particularly about self-identity (e.g. "I am just a fat person"), then any healthy behavior changes are less likely to be long-term.
- To lose weight and keep it off in the long-run, patients need to believe they deserve to feel good and be healthy. They also need to recognize and believe in their own capabilities.
- It's not possible to just "stop thinking" the negative messages and damaging beliefs. To erase them, you need to replace them with positive alternatives.

Assist the patient, if necessary, in developing positive affirming beliefs. Often, when the negative self-talk has been going on for years, a patient may have difficulty with replacing it with something more positive. In this case, it's often helpful to examine other areas of the patient's life in order to identify inner resources that may help with successful weight loss.

Guide the patient in the following cognitive behavioral technique:

1) Identify the damaging belief and the quality needed to replace it. Many damaging beliefs are linked in a person's perception to a "lack of a certain quality or skill", e.g. "I can't stick with the diet. I lack confidence that I can do it".

2) Identify a time your life when you experienced a strong sense of confidence. For example, graduating after working hard in school, being able to buy a home after saving money for a long time, receiving a promotion, painting a beautiful picture, winning a tough tennis match, etc.

3) Relive what it was like to feel that sense of confidence.

4) Return to that feeling of confidence when you need it to overcome a weight loss challenge. By actually picturing a time in your life when you felt confident and capable, you can transfer that feeling to the present to help you reach your weight loss goals.

The above technique can be used by patients to employ any inner strength in support of their efforts to lose weight and keep it off.

Encourage the patient to keep a list of their positive affirmations and strengths in a place where it will be seen frequently. Replacing what sometimes is a life-long list of negative messages, takes time and practice. Encourage patients to be vigilant about catching themselves engaging in negative self-talk so that they can learn to replace their toxic thinking with positive healthy thinking.

The “preferred” answer for all questions is “Not At All Difficult” but patients’ answers should reflect the actual level of difficulty each situation represents for them.

1) Office holiday parties are often treacherous for dieters. If you are on a roll with your weight loss, and know that it would be very difficult for you to withstand the temptations at a party, you might even consider passing up the invitation. If you can pass it up, without jeopardizing your standing in the office, this may be the most sure-fire way to stay on track. If skipping the party is not really professionally acceptable, then plan ahead in order to keep calories under control:

- Eat very lightly during the day of the party in order to minimize the caloric “damage” of the festivities.
- Contact the co-worker who is responsible for planning the party to request some healthy menu options. You’ll be surprised at how many other co-workers may have the same dieting concerns that you have!
- Stay for a few hors d’oeuvres and one drink, and then make an excuse to leave the party early.
- Remember to limit your alcohol so you can stay in control of your will power.

2) Keep several strategies up your sleeve for staying in control at a holiday dinner at the home of a family member. Don’t be afraid to contact the family member ahead of time and explain that you are dieting:

- You might ask if it would be alright if you brought a healthy homemade dish of your own to share at the dinner. Many hosts will welcome this option!
- You could also ask your hosts ahead of time to please understand that, because of your diet, you will be trying to limit your portions and stick to one serving of their delicious food. This will often prevent your hosts from urging “seconds”.
- To avoid feeling deprived, bring your own low-calorie dessert that you can enjoy without feeling guilty.

3) Barbeques can be very challenging. Before you even show up, develop a mental plan to visualize yourself in control. Actually envision the surroundings of the barbeque ahead of time — picture yourself surrounded by a spread of tempting food. See yourself choosing small portions of the healthiest options. See yourself choosing ice water or no-calorie beverages to drink. See yourself determined to resist second helpings by occupying yourself with the people and activities around you. If you “see it” ahead of time, you can more easily stick with your plan instead of giving in to temptations at social gatherings.

4) One common root cause of any type of poor choice we make — whether diet-related or not- is the inability to delay gratification. When we are faced with a week or more of holiday food temptations, it’s easy to give in to our cravings of the moment. The smell and sight of a fattening appetizer, creamy entrée or mouth-watering dessert is often powerful enough to keep us fixated only on immediate gratification — filling ourselves with that food. If we can instead become more “far-sighted” about what will gratify us, it will become easier to make healthier choices. Instead of fixating on the taste of the food, actively imagine what it will feel like at the end of a holiday week in which you have stayed in control. Imagine knowing that you were able to withstand most of the temptations. Imagine stepping

on the scale at the end of the week and seeing that you were able to maintain your weight, or even to continue losing during the holidays. Imagine feeling good about yourself. These benefits — the long-term, healthy-life kind - can come from your ability to delay gratification. Replace the anticipation of the taste of food, with anticipation of the feeling of being healthy and in control. Think long-term, instead of short-term, to beat the holiday pitfalls!

5) The most dangerous part of a holiday for someone trying to lose or maintain their weight is the temptation to let that holiday last longer than it should. It may be acceptable to decide that you are going to let yourself indulge a little on a given holiday meal as long as you immediately get right back on track with your diet. The problem is that many people give themselves permission to carry on with overeating for days after the holiday. Picking on leftovers, consuming more alcohol, keeping holiday desserts in the house, accepting more invitations to eat out — all of these are hallmark behaviors of an out-of-control-eating holiday. Your weight-loss progress may be able to survive one day of over-eating, but never more than that. Make a contract with yourself to never let one holiday become two, three or four holidays from your healthy diet.

Point out to patients that we are all surrounded by food temptations most of the time. Many overweight people mention “lack of will power” as a factor in their failure to achieve a healthy weight, as if it is a physical trait that they are missing. Early humans were conditioned to eat all the food available to them at any given time because they never knew when they would come across food again. This genetic legacy means that many of us struggle to resist food that we see or smell. More “will power” is not the answer. You can become more in control of what and how much you eat by developing strategies to assert more control over your surroundings.

A) Review the patient’s list of home danger zones and the helpful strategies listed for each one. Encourage each patient to consider alternatives and commit to one strategy for each danger zone. Depending on each patient’s list, offer additional alternatives for controlling the home environment, such as:

- Stock up on ready-prepared healthy snacks such as cut-up celery and carrots, sliced apples, single-serving packs of nuts, hummus, unsweetened flavored seltzers and teas, and CMWL snack bars.
- Keep measuring tools on hand.
- Chew gum while you prepare meals to prevent “tasting” as you cook.
- Use smaller size plates to help cut down on portion sizes.
- Never serve family style dinners — serve portion-controlled plates and store or throw-out leftovers BEFORE you begin to eat.
- Cook double recipes and freeze half for evenings when you are in a rush.
- Don’t allow fattening desserts and snacks in the home. On special occasions, it’s better to go out for an ice cream or treat.
- If you must stock desserts for family members, buy single portion snacks and store them out of your sight on a high shelf.
- Brush your teeth right after meals to help you avoid having dessert.
- Make it a rule not to enter the kitchen after 9pm at night.

B) Review the patient’s list of place of work danger zones and the helpful strategies listed for each one. Encourage each patient to consider alternatives and commit to one strategy for each danger zone. Depending on each patient’s list, offer additional alternatives for controlling the work environment, such as:

- Ask colleagues to store candy and snacks out of sight in a drawer or cabinet instead of on their desk.
- Bring your own healthy lunch whenever possible and skip fast food trips.
- At office birthday parties, stop by long enough just to say hi, and then take a walk outside.
- Keep a supply of healthy snacks in the work place fridge or in a cooler of your own.
- If mid-morning hunger snacking is a problem for you, be sure to have a healthy breakfast, ideally containing protein.
- Learn to enjoy coffee and tea without sweeteners and milk.
- Go online and search for local restaurants near your place of work that serve healthy low-calorie meal options.

Review the patient's answers for statements 1-7. The preferable answer for all questions is D) Rarely. Any other responses indicate that the patient would benefit from counseling to learn some cognitive behavioral strategies for dealing with their emotional eating.

Review the hunger meter approach which may help some patients. The mental act of checking in with themselves to assess their physical hunger is a good first step for many overweight people. If their stomach is rumbling that represents true physical hunger. If it is not rumbling it is more likely an emotional hunger.

Emotional eating often becomes an unconscious rote habit and raising awareness of it might help some overweight patients. For patients who have difficulty in assessing their actual physical hunger signals or who are "constantly hungry" because of other medical conditions or medicine, the following cognitive behavioral technique may help control emotional eating.

Review the following cognitive behavioral technique with your patient:

When you catch yourself getting ready to reach for food, and you're pretty sure your hunger meter is not on low or empty, try this three step method:

1. Ask yourself what feeling is driving you to eat: for example, is it sadness, loneliness, happiness, boredom, anger, frustration?
2. Decide what possible non-food related actions or activities could help cope with that feeling (if it is negative), or could help celebrate that feeling (if it is positive). Come up with several ideas because you never know which will work best for you.
3. Choose the best alternative coping skill and give it a try, knowing that there are other alternatives if that fails.

For example, let's say you just finished dinner and you are about to reach for a box of cookies. You stop, check in with yourself and realize you are not really hungry - what you are feeling is "boredom". You make a mental list of the activities that could relieve your boredom: going to a movie, calling a friend, taking your dog for a walk, surfing the web, cleaning out a closet, doing an exercise video. You choose what appeals to you most at the time — doing an exercise video — because you know it will not be easy to eat while you're doing it!

Ask your patient which emotion most often leads to eating for him or her. Once the emotion is identified, walk your patient through the above three steps and ask for commitment to select and try one of the non-food coping activities the next time he or she is in the throes of that emotion.

Review the patient's responses to A and B, paying attention to both the longer-term motivators and the more recent reasons for losing weight. Point out any additional motivators you think are relevant to this patient. Discuss the following:

I. Are there any "hidden benefits" to your being overweight?

Before we can focus on your most important reasons for losing weight, we need to make sure that you are not sabotaging yourself. Some overweight and obese people sometimes think they get something they need from being overweight.

- For some, excess weight provides a kind of "buffer" from social obligations and activities, and even sexual intimacy. Being overweight can be a conscious or sub-conscious defense mechanism for coping with shyness or social awkwardness.
- Being overweight can also provide a perfect excuse for overeating and lack of accountability for your health as in, "What does it matter anyway? A few more pounds won't make a difference!"
- For some, being overweight can provide a common bond with other overweight people, particularly others in the same family. Spouses and friends might find comfort in each other's obesity and camaraderie in eating occasions. Poor habits in eating and lifestyle are harder to break when they are shared, or even encouraged, by close friends or family members.
- For others, being overweight can serve as an excuse for not seeking happiness and success in other areas of your life. If you ever find yourself thinking or saying, "Once I lose weight, I will find love . . . or a better job . . . or more friends", it may mean that you are creating a self-fulfilling prophesy. Don't credit or blame your weight for any other aspect of your life.

Ask yourself if there is anything you think you are getting from being overweight. Don't let your extra weight become an accomplice for you. If there is some perceived benefit to your being overweight then it may be more difficult for you to lose that weight.

The truth is — there is no benefit to being overweight — to your health, your self-image, or your relationships. Acknowledging any hidden "benefits" or excuses can shed light on them and help you find healthier ways for meeting your social, emotional and psychological needs. If applicable, help the patient identify any "undercover" reasons for being overweight so that he or she doesn't unintentionally sabotage weight loss efforts. Suggest psychological counseling if you feel the patient needs it to overcome any emotional or psychological impediments to losing weight. The following exercise should help ALL weight-loss patients sustain their motivation.

II. Visualize your weight loss success!

One of the most effective ways to maintain your motivation at a high level is to visualize and experience your success before you even achieve it. Your imagination can help you do this. Let's try the following exercise: (If you sense the patient will be comfortable in closing his or her eyes, suggest he or she do this as you read the following in a calm, soothing voice. If you sense that the patient will not be comfortable in participating in the exercise in this session, then simply explain the following steps and ask the patient to try it at home.)

1) Use yourself as a role model and picture a scene in the future with the new thinner, healthier you. Imagine exactly what you are doing, what you look like, who you are with. Fill the scene with all the particulars that will make it come alive for you. (For example, you are walking into a party at a friend's home, wearing a new outfit in your goal size, surrounded by friends who are telling you how wonderful you look.) What does your scene look like? (Pause to allow the patient time to really picture this scene from their future).

2) Now get in touch with this new, thinner, future you. What emotions are you feeling? Pride? Confidence? Happiness? Peace of Mind? Determination? Spend a minute reveling in how good it feels to be the new thinner, healthier you. Experience the taste of success! (Pause to allow the patient time to really imagine this experience).

Once you have gone through the exercise, encourage the patient to:

- Re-create this experience in his or her imagination on a regular basis. Some people find it very motivating to begin each day by taking a few minutes to close their eyes and envision their success in this way. Remember — make it personal and particular!
- When faced with eating challenges or lack of motivation to exercise, take a moment to go into your imagination and get in touch with this experience again to remind yourself how good success will feel and to overcome the temptations of the moment.
- Gather inspiring images, words or music that can help you imagine and experience the feelings of success in the future. Look and listen to them as often as possible.
 - a picture of a dress or suit that you would love to be able to wear
 - a photo of you when you were thinner and healthier
 - a photo of a friend or celebrity who successfully lost weight
 - a picture of someone jogging on a beach
 - a motivational saying that conveys what you will feel like when you have lost all your weight
 - a recording of an inspirational song that captures what success will feel like

Use the above techniques and strategies to remind yourself everyday of what you have to gain by losing weight. The most effective long-term motivation comes from focusing on all the benefits of losing weight and from imagining how good your success will feel.

1. A-True. Food sensitivities are non-specific as far as the inflammatory reactions that they cause in the body. Whereas allergies cause a specific reaction such as a difficulty breathing or tongue swelling whenever you come in contact with the problem food, sensitivities are different. A sensitivity causes a non-specific inflammation which could have multiple symptoms' associated with eating the food. Some common ones include headaches, diarrhea and abdominal pain.

2. B- False. Food sensitivities usually occur many hours or possibly days after the offending food is consumed. This is why it is often times more difficult to figure out what foods you are sensitive too without formal laboratory testing. For a sensitive individual, when the body's cells come into contact with the offending food which is the antigen swelling may occur as antibodies are created and an inflammatory reaction ensues. The release of inflammatory modulators by the body can promote swelling in some instances.

3. B- False. Food allergies represent a reproducible immediate, usually within seconds to minutes, reaction to a food that the individual is allergic too. Examples include anaphylaxis and/or rashes each time that the food is consumed. These reactions represent a specific arm of the immune system often IGE mediated. Food sensitivities are a non specific reaction that usually occurs hours after consuming the offending food. Examples include headaches and abdominal pain.

4. A- True. Food sensitivity testing often times reveals a sensitivity to gluten even though the traditional lab testing was negative for celiac disease. Many patients feel more energetic with less non specific abdominal pain after they eliminate gluten from the diet. Gluten is found in wheat products. Sensitivity testing will let you know if it makes sense to temporarily eliminate wheat from the diet.

5. B- False. Food sensitivities are constantly changing. They are believed to be a part of the non specific portion of the immune system that rests itself every 6-12 months. When a highly sensitive food is eliminated for six months the degree of sensitivity will also usually change. Often time's patients can go back to eating foods that they are sensitive to in moderation without reaction once they complete an elimination diet for 3-6 months. It is recommended that patients have repeat food sensitivity testing in 9-12 months after starting the elimination diet of the foods that they are sensitive too. In many cases the sensitivities will resolve if an elimination diet has been followed.

6. A- True. Food sensitivities often times lead to patients experiencing symptoms as a result of the inflammation that they cause. Migraine headaches, chronic fatigue syndrome, irritable bowel syndrome, asthma, arthritis and fibromyalgia in some instances are improved with an individualized food sensitivity diet. Food sensitivity testing should be considered for patients that are taking frequent medication and/or have experienced any level of disability from the above conditions.

7. A- True. Some patients experience improvements in their GI symptoms when they follow their individualized food sensitivity diet. Patients that have a decrease in their quality of life secondary to GI symptoms or disease should consider having food sensitivity testing done. Following an elimination diet is relatively harmless compared to most other GI disease therapies.

8. B- False. Testing should only take minutes of the patient time Phlebotomy will be required to perform the test. The test is a blood test that requires a couple of tubes of blood get sent to the laboratory on ice to keep the white blood cells alive for sensitivity testing to be done.

9. A- True. Having a reaction to *Candidia Albicans* on food sensitivity could suggest that a fungal overgrowth in the GI tract could be contributing to a patient's GI symptoms. Going on a diet low in sugar helps to starve the fungus and eliminate the symptoms. In severe cases consider 1-2 days of an antifungal medication if there are no medical contraindications for its use to eliminate the fungus.

10. B- False. Patients with moderate to severe sensitivities to the milk proteins Casein and Whey usually experience GI symptoms. These sensitivities are usually alleviated by eliminating dairy products from the diet. Some patients need to eliminate products made with both cow's milk and goat's milk when these sensitivities are present. As with all sensitivities, complete elimination is usually only required for 3-6 months for successful treatment. In time the offending sensitive foods should be able to be introduced back in moderation.

Is Binge Eating Affecting Your Weight Loss Efforts?



MEDICALLY SUPERVISED WEIGHT LOSS PROGRAMS

Notes to Provider:

- If the patient answered “True” to Questions #1/2/3/4/5 and “True” to THREE or more statements in Question #6 he or she most likely has binge eating disorder (BED).
- There are several CMWL Behavioral Modules, in addition to this one, that should help patients manage the thoughts and feelings that lead to bingeing behaviors, as well as recognize their binge-eating triggers and develop strategies to overcome them.
- For some BED patients, stricter dietary restraint may lead to bingeing, and for these patients the Modified plan may be preferable to the LCD plan. Reassess which diet may be best for each patient. Moderation is the key.
- Depending on your assessment of the severity of the BED, you can also refer the patient for psychological or psychiatric help if necessary. Support services are listed at the end of the Provider’s Guide.

Introduction to patient:

Since you answered “True” to Questions 1/2/3/4/5 and to three or more statements in Question #6, you most likely have binge-eating behaviors that we need to address.

(Assess patient’s reaction and readiness to agree with diagnosis. If necessary, probe to learn more about past history and bingeing incidents; listen attentively. Assure patient that there are effective treatments for this disorder and that you will provide support and direction. Discuss any of the following guidelines that seem most relevant as indicated by their answers to the diagnostic criteria. Use several sessions if necessary to discuss the relevant topics.)

1) Set your goals: It’s critical to establish a goal for normalizing your eating patterns by decreasing the frequency of your binge eating, and eventually eliminating it. Losing weight is also important for improving your health, but reducing your binges will contribute to both these goals. We need to assess the right diet for you to lose weight without aggravating your BED. (Assess or reassess whether the CMWL meal replacement therapy or Modified diet will work best. Flexibility is important for success.)

2) Normalize your meal and snack patterns: It’s important to establish regular meal/snack patterns. Try to eat primarily at scheduled meal times. Plan your snacks as well. Learn to listen to your body. Start paying attention to your hunger signals. If your stomach is rumbling, you should eat something sensible. The next best alternative would be to wait until the next scheduled meal time. If you have no physical signs of hunger, keep yourself busy with an activity other than eating. Keep a pre-planned list of alternate activities available so that when you recognize you are about to eat off schedule, or when you are not hungry, you can pick an activity to distract yourself. Strive for regular meal patterns but don’t be inflexible with your rules. Too much rigidity can lead to set-backs. Also pay attention to where you eat. Eating alone in secrecy can worsen your condition. By allowing food to make you embarrassed about your weight, you might feel guilty whenever you eat. After the guilt, people become ashamed of themselves and their overeating. Depression often follows, and then the same pattern of behavior is repeated. It is crucial that in your new healthy life, you make a conscious effort to not engage in “secret” eating.

3) Portion-sizes vs. Satiety: Learning healthy portion-sizes is a key target skill for you. You need to learn to eat by portion, not satiety. Many times, individuals suffering with BED do not have a normal satiety reflex. They cannot tell as easily when they are full. All food

labels offer suggested serving sizes. If you are dining out at a restaurant, you should have them split the portion in the kitchen and only serve you half. If you are going to be too tempted to eat the other half later that day, do not take the wrapped portion home with you. Try to share portions with a spouse or friend. When preparing your food at home, try to cook only a reasonable amount of food at each meal time. Avoid serving food family-style. Try to throw away any temptations after mealtime. The leftover food is much better off in the garbage pail and out of your house than in your stomach. With time and practice, you will learn to exercise more constraint in how much food, and what types of food, you bring into your home.

4) Eating Pace: It's also important to try to slow down your eating pace. Forcing yourself to put down your fork, spoon, utensil or finger food between bites will slow the pace. People who eat more slowly feel full sooner and are more likely to stop eating naturally. If you do not have a minimum of 30 minutes to dedicate toward a meal, you should not be having a meal at that time. Avoid eating while standing up or while doing any other activity, such as watching TV or reading. Learn to eat mindfully and savor each bite slowly.

5) Identifying Trigger Foods: It's important to become conscious of the trigger foods that are most difficult for you to stop eating once you start. Many people do not realize it, but every time they eat one cookie, for instance, they often consume the whole bag. When eating ice cream, they consume whatever is in the house in one sitting. In both these examples, a possible treatment strategy is to not allow cookies or ice cream in the house. Only have these items on special occasions when out of the house. Manage your food environment at home and at the office. Many people who successfully manage this strategy go grocery shopping on a daily basis to avoid being tempted by large stockpiles of food in their homes. Always go grocery shopping with a list, stick to the list, and try to avoid impulse buys. Identify food environments that are challenging for you — buffets, food courts, vending machines, etc. Avoid them when possible, or have a pre-planned strategy for exactly what you will eat in moderation.

6) Managing Social and Emotional Trigger Situations: It's also important to identify situations — social, environmental, and internal — that usually trigger your binge eating. Self-monitoring your eating behavior and weight is a step toward controlling binge triggers. While you are learning to eliminate binging, identify and avoid social situations that are high-risk ones for you. Identify any people who are “toxic” for you — people who lead to feelings of inadequacy or depression or anger — and vow to avoid them when possible. Learn to control the “food pushers” in your life by a simple assertiveness technique: “I need you to (e.g. please not bring dessert into the house) so that I can eat in a healthy way”. Feelings of low self-esteem and poor body image can also be potent triggers for people with BED. Your value as a person does not depend on your weight. Learn to recognize your feelings — what's going on inside of you — so that you can address real issues without turning to food. Keep a diary of feelings or events that usually precede binges. Learn to identify these feelings and plan ahead with preventative coping strategies: non-food related activities such as exercise or going for a walk, telephoning a supportive friend, engaging in relaxation breathing techniques.

7) Increasing Exercise: It is crucial that you reduce sedentary behavior and increase physical activity. Exercise will don't only help you expend more energy and control your weight, but more importantly for you, it will improve your sense of control and your well-being. Time spent exercising is time that you cannot spend binging. Set activity goals for yourself and work on increasing the duration of the activity over time. Try new physical activities and sports to reduce boredom and increase fitness. Exercise is one of the best weapons in your arsenal against BED.

8) Controlling “all-or-nothing” thinking: Recognize that “perfection” can be your enemy. It’s important that you identify and try to eliminate any “all—or-nothing” thinking so that you can more effectively prevent relapses of poor eating habits and bingeing. Perhaps a candy bar was not in your eating plan for the day, but stopping at that one bar is better than throwing in the towel and eating several more. Recognize any improvement in your eating habits — no matter how small. Count each day without a binge as a small victory. Recognize that while you are learning how to get in control of your BED, you may have lapses. What’s most important is that you get back on track right away after a lapse and not let it turn into an extended period of unhealthy eating patterns.

Depending on your discussion with the patient, prescribe the modules that you feel most relevant. Let the patient know which modules you will be covering and even consider their input in prioritizing them. The following modules may be especially helpful for patients struggling with BED:

- Accepting Responsibility (#4)
- Do You Have a Food Addiction? (#5)
- Managing Stress (#10 and #11)
- Improving Self-Esteem (#26)
- Dealing with Trigger Foods and Situations (#30)
- Staying on Track and Recovering from Setbacks (#36)
- Positive Thinking (#37)
- Recognizing and Controlling Emotional Eating (#40)

If additional professional help is indicated, the following are additional resources that can be provided to the patient:

Alliance for Eating Disorders Awareness

www.allianceforeatingdisorders.com

1-866-662-1235

American Psychiatric Association

www.psychiatry.org

1-888-357-7924

American Psychological Association

www.apa.org

1-800-374-2721

Binge Eating Disorder Association

bedaonline.com

1-855-855-2332

National Eating Disorders Association

www.nationaleatingdisorders.org

1-800-931-2237

Binge Eating Disorder.Com

www.bingeeatingdisorder.com

How Does Body Image Affect Your Weight and Health?



MEDICALLY SUPERVISED WEIGHT LOSS PROGRAMS

Notes to Provider:

- If the patient answered “c - often” or “d-almost always” to 2 or more introductory questions, his or her body image could be negatively affecting weight-loss and maintenance efforts. The more “c’s” and “d’s”, the greater the indication that this module is applicable in addressing possible body image issues.
- Although this module #44 is not intended to diagnose eating disorders, poor body image is a risk factor for BED — binge-eating disorder - and other eating disorders. If you suspect BED, please also prescribe Module #43. For some BED patients, stricter dietary restraint may lead to bingeing, and for these patients the Modified plan may be preferable to the LCD plan. Reassess which diet may be best for each patient. Moderation is the key.
- If you suspect any eating disorder, you can also refer the patient for psychological or psychiatric help if necessary. Support services are listed at the end of this Provider’s Guide.
- In the section below, we have outlined several strategies for developing a more positive body image. Depending on the patient’s answers and your assessment, cover some or all of these strategies in one or more counseling sessions. Suggested “homework” for the patient, and your follow-up in following sessions are essential elements of the counseling. For patients who seem to have a very negative body image, you might want to follow—up on this topic in every counseling session.

Patient Strategies:

1) Set a goal to love and respect your body: If you are suffering from a poor body image, it’s important to make it a priority to improve that image and your relationship with your body. If you are ashamed or self-conscious about your shape or size, or if your self-identity is too connected with your body image, you may be at risk for depression, anxiety, obesity, weight regain, and eating disorders. If you develop a healthier perception of your body, you will be better prepared to lose weight in a healthy way and to maintain a healthy weight for life.

- The first step is to set a goal for improving your body image, especially by writing it down.
- The next step is to practice some of the following strategies:

2) Remind yourself what your body does for you. Spend some time thinking about all the wonderful things your body does for you, rather than how you look right now. It brings you the breath of life, allows you to move and dance and play, makes it possible for you to hold and hug loved ones, to see beautiful sunsets, and it enables you to do most of the things you love in life.

- Appreciate the miracle of movement. Imagine what life would be like with a body that was somehow more limited or disabled.
- When you are exercising, instead of focusing all your effort on the goal of weight loss, concentrate on simply feeling the joy of movement and freedom.
- Spending even a few minutes every day purposely feeling gratitude for what your body does for you can help you decrease your focus on your looks.

3) Celebrate Your Unique and Special Qualities: The old saying that you can’t judge a book by its cover applies to all of us. Each one of us is so much more than our appearance. Think about the people who have inspired you — it was probably because of what they do, or who they are, not because of how they look. If you suffer from a poor body image, however, it’s often difficult to remember this and you need to consciously challenge the negative messages you are giving yourself.

Try the following exercise at home:

- Write down a list of all your positive qualities, traits, skills, and talents that are not related to your appearance. What makes you special, unique, and valuable?
- Are you a good cook? Are you a loyal, supportive friend? Are you a loving and devoted parent? Do you have a fabulous voice? Can you play a mean game of chess? Do you have a witty and dry sense of humor? Do you excel at your job? Are you kind to the needy? Are you devoted to your pet?
- Put serious thought into this list. Capture all the wonderful things that make you, you. If you get stuck, ask someone who knows you well to share what they treasure about you.
- Post the list somewhere visible to you and look at it at least once a day. Add to it as new thoughts come to you. This is your private chance to brag about yourself — to yourself. You are unique and no one else in the world can bring exactly what you can to the people and things around you. Celebrate your uniqueness!

4) Focus on Your Personal Health: Your overall health is more important than your appearance. If you need to lose weight to enjoy greater health, that should be your primary focus — not your appearance. The more you can stay focused on improving your overall health, the more likely you will do just that. Trying to lose weight because of what others think of you, or to confirm to an ideal appearance set by society, will most likely not lead to long-term weight-loss success. The more you are motivated by reasons important to you — rather than because of extrinsic reasons - the more likely you will sustain that motivation. Try this exercise at home:

- Make a vow to reject any external motivations for losing weight — for reasons of guilt or shame, or because of what others say to you or think of you.
- Identify and write down the personal reasons your health and life will improve if you lose weight.
 - Be specific about you and your life, e.g.
 - “I will be able to cut down or even stop my diabetes medication”
 - “I will be able to play with my grandchildren in the park”
 - “I can go on active vacations with my family without feeling fatigued or holding them back”
 - “I will decrease my knee pain”
 - “I will live longer and be able to see my children get married”
 - “I will be able to play the sport I love”
- Keep your list handy and consult it often. Add additional reasons as they occur to you.

5) Reject the Unhealthy Media Messages around You: You’ve already read how our society and the media perpetuate unrealistic and unhealthy images of the “thin ideal” body image. We are surrounded by these subtle and not so subtle messages our entire lives, starting in early childhood. From television to movies to magazines, we are bombarded by images of the “perfect female” and “perfect male” body types. These idealizations often contribute to feelings of inadequacy and low-self-esteem and it’s essential that we challenge ourselves to reject these imposed norms for attractiveness. Luckily, there are now several programs and commercial campaigns that celebrate the unique beauty and diversity of each and every man and woman, no matter their shape or size. Begin to view and listen to media images and messages with a critical eye and ear. No one should get to dictate what is “beautiful” for you.

Try this exercise at home:

- Keep a log of any show, film, or commercial that promotes the ideal of the “ultra-thin and fit” body in a way that you feel is insulting or unhealthy for the average person. Write down what you feel is unhealthy and unfair about these portrayals.
- Each time you hear or see such a message that makes you feel bad about yourself, write down at least one positive thing about your body in the same log and remind yourself that “you” are more than just your appearance.

6) Eliminate “fat talk”: Have you ever bantered back and forth with friends about how you hate your thighs, or wish you had a six pack, or how you feel so fat? Fat talk is a term used to describe people — usually women - speaking negatively about their bodies. If you engage in this practice, you may think that you are making yourself feel better by enlisting the support and empathy of your friends, but you are actually hurting yourself. This phenomenon of “fat talk” has actually been studied by researchers and scientists who have learned how harmful this practice can be to our body satisfaction and self-esteem. Talking negatively about our bodies can actually set us up for failure in our attempts to achieve a healthy weight or to adopt healthy eating and exercise behaviors. The more you share negative thoughts about your bodies with friends, the more likely that you will reinforce the concept of the thin-ideal in your own mind. Several studies have shown that the more you engage in fat talk, the more dissatisfied you will be with your body. The more dissatisfied you are with your body, the more likely you will suffer from depression, low self-esteem, and unhealthy eating behaviors.

So, time to stop the fat talk... the following strategies can help you:

- Become more aware of how often you’re engaging in fat talk by keeping a journal. Keep track of your fat talk conversation partners, where fat talk is happening, and what impact it has on your mood and behaviors. *
- If you feel comfortable, let others know that you wish to not engage in negative body-related conversations. *
- Think of strategies you could use “in the moment” when fat talk language comes up in conversation. One strategy you could try is changing the subject to something neutral. *
- If you are comfortable, promote positive body-related talk. For example, you could focus on what you appreciate about your body and what your body does for you, as opposed to how your body looks.*

* <http://nedic.ca/fat-talk>

7) Challenge the idea that happiness depends on your body shape or size: People who are overweight or obese sometimes think they will be “happier” when they are thinner, or that thinner people are somehow “better”. This is a thought pattern that will set you up for lapses, weight regain, and possibly depression and anxiety. Focus on losing weight for the most important reasons — and these usually involve your health. Don’t fall victim to the myth that “you will be happy if only you weigh such and such”. If there are other things in your life that you need to change, improve or work harder at in order to be happier, do it now; don’t wait until that ideal number on the scale.

Challenge yourself by trying this exercise at home:

- Write down 5 reasons why it’s nonsense to think that thinner people are “happier” or more deserving people.
- Write down 1-3 things that you would like to improve in your life that have nothing to do with your appearance. Set some action steps for making it happen.

8) Avoid the toxic people in your life: Many overweight and obese people have experienced negative messages, teasing, and bullying about their appearance starting even in early childhood. These internal messages often stay with us, playing over and over again in our conscious and sub-conscious minds. We can't change the past but we can change the present and the future. If you still have people in your life who make you feel badly about your appearance, you have to take that power away from them.

Consider making some changes to make your environment more affirming and more supportive of your weight-loss goals:

- Try to surround yourself with positive people. Negativity is contagious and unhealthy. Look to develop relationships with people who make you feel good about yourself.
- Identify and avoid social situations that are high-risk for you. Identify any people who are “toxic” for you — people who lead to feelings of inadequacy or depression or anger — and vow to avoid them when possible.
- When it's not possible to avoid these toxic situations or people, practice being more assertive with them. Don't assume that those close to you know what you need from them. State your need in a clear and simple way, especially to people who may be getting in the way of your self-esteem or weight-loss. The trick is to be direct and assertive about your needs; this will help you get the support you need to stay on track:
 - “I need you to please keep your opinions about my appearance to yourself because they hurt me and make it more difficult for me to reach my healthy weight goals.
 - “I need you to please stop bringing junk food into the house because it makes it very difficult for me to resist eating it”.

If additional professional help is indicated, the following are additional resources that can be provided to the patient:

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