



**Do to popular demand, we are now providing**

## *"A Fresh Silhouette"*

Physician directed and managed weight loss program by:

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**(Hyperbaric/Undersea)**

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### **Prospectus**

Everyone has potential to lose weight and achieve their goal

#### **Obesity is:**

- Chronic disease
- National health crisis – 42% of adults are obese
  - Burden upon the health care system
  - Cost
  - Unnecessary suffering

#### **Obesity responds to:**

- Reasonable, sustainable interventions
  - Lifestyle changes.
    - Diet –
      - The day to day
      - Crash programs usually do crash!
    - Exercise
    - Sleep

### Statistics:

- Overweight
  - 34% of Men
  - 27% of Women
- Obese
  - 42% of Adults
- Morbidly Obese
  - 9.2% of Adults

*How do we define these categories?*

### **We use the Body Mass Index (BMI)**

Various formulas and methods have been developed over time to construct a statistically valid recommendation for a healthy body weight.

Resulting is the Body Mass Index (BMI), now the standard quick reference for defining categories of Height/Weight for adults age 20 & older. It is easy to use, but it has limitations.

### ***The Body Mass Index (BMI)***

Same for men & women

Formula: Wt in Kg / Ht in meters<sup>2</sup>

### ***BMI of Adults Ages 20 and Older***

<b>BMI</b>	<b>Classification</b>
18.5 to 24.9	Normal, or healthy, weight
25 to 29.9	Overweight
30+	Obesity
40+	Severe obesity (Morbid Obesity)

Examples:

<b><i>Height Inches/Meters</i></b>	<b><i>Wt Pounds/kg</i></b>	<b><i>BMI</i></b>
60"/1.5	115/52	23 normal
60"/1.5	150/68	30 obese
66"/1.7	120 / 54	19 normal
66"/1.7	160 / 73	25 over wt
66"/1.7	185/84	30 obese
72"/1.8	170/77	24 normal
72"/1.8	200/91	28 over wt
72"/1.8	230/104	32 obese

**Disclaimer:**

- BMI cannot be fully accurate because it is a measure of excess body weight, rather than excess body fat. It gives an approximation of healthy weight for height, but further interpretation, due to variable body compositions such as muscle mass, bone mass and body fat should be considered. BMI is further influenced by factors such as age, gender and activity level.

**Generally, according to the CDC:**

- Older adults tend to have more body fat than younger adults with the same BMI.
- Women tend to have more body fat than men for an equivalent BMI.
- Muscular individuals and highly trained athletes may have higher BMIs due to large muscle mass.

**A list of health consequences for individuals in overweight / obese categories**

This was garnered from morbidity and mortality statistics as there are conditions more commonly associated among overweight / obese individuals. (Do not confuse these as causes; they are again – conditions most often co-existing in obesity).

- High blood pressure (hypertension)
- High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (dyslipidemia)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis (a breakdown of cartilage and bone in joints)
- Chronic inflammation
- Some cancers (endometrial, breast, colon, kidney, gallbladder, and liver)
- Mental illness such as clinical depression, anxiety, and other mental disorders
- Body pain and difficulty with physical functioning
- Obstructive Sleep Apnea (OSA) – often associated with development of cardiac arrhythmias (Atrial Fibrillation) and excessive daytime sleepiness. (OSA has become a big issue in the public transportation industry).

## **Major Tennent's of our Program**

- **Motivation / Commitment**

- That you are here implies commitment, but...it could just be curiosity, it could be you really should lose some weight or you're here because someone sent you. You're concerned about your health, weight impacting a relationship, you have this great, expensive wardrobe sitting in the closet and you want to fit back into it. These are valid reasons. The slant is that your mindset needs to shift from SHOULD to MUST lose weight. Want to turn this around? You need to get beyond SHOULD. Same motivation needed for quitting smoking, excess alcohol and drug addictions.

- **Diet – a lot of options.**

- Over the years, there have been thousands of fad diets published. Many just manipulate the percentages of fats, protein & carbohydrates. The common thread is calorie restriction. Some plans include a potpourri of dietary supplements, proteins, minerals and vitamins that can be of benefit in general health but not directly contributing to weight loss & some are oversold. These can be harmful.

### **Here is a list of currently favored diet strategies.**

I am not endorsing any of them; if followed & you do not cheat on them any of these diets can substantially improve your weight loss effort & overall health. **Change in dietary habits will be the intervention most responsible for your weight loss / weight maintenance.**

### **Currently, the most highly recommended diets overall:**

- a. Mediterranean Diet
- b. Dash Diet
- c. Flexitarian Diet
- d. Mayo Clinic Diet

This URL will provide an excellent review of these diets. You can pick one most appealing to you. <https://health.usnews.com/best-diet/best-diets-overall>

**Keep in mind – regardless of the diet, portion control remains an important concept.**

### **Exercise is Important.**

- Exercise time and intensity burn variable amounts of fat.
- For most people, exercise decreases appetite
- It strengthens the muscles - this can preclude easily tearing muscle and tendon in activities of daily living
- Improves balance
- Improved sense of wellbeing

Another useful URL for your browser – calculators for energy expenditure among several activities

<https://www.acefitness.org/resources/everyone/tools-calculators/physical-activity-calorie-counter/>

### **Medical interventions:**

- **Treatment of underlying disease**

- Endocrine
  - Diabetes
  - Thyroid
  - Adrenal
  - HRT men & women
- Mental Health
- Obstructive Sleep Apnea (OSA)

- **Medications:**

We are employing a class of medications; hormones, that are influential in your energy metabolism. There are a myriad of hormones at work in your gastrointestinal system and central nervous system responsible for orchestrating the chemistries that control the processing of various elements in your diet – carbohydrates, fats, proteins, minerals, vital amines (known as vitamins) - necessary catalysts to complete organic reactions required for utilization and storage of cellular energy). It is a complex equation with many variables that result in weight gain/loss, symptoms of fullness / hunger; deposition of excess energy stored as triglycerides in fat cells, and mobilization of this potential energy as needed.

We have the two most successful hormone formulations currently available for weight management.

#1. Semaglutide (brand names Ozempic, Wegovy & others) which is a Glucagon Like Peptide -1 (GLP-1) receptor agonist (blocker).

It is administered by a shallow injection once weekly into the subcutaneous tissue under the skin on either your arm, abdomen or thigh. This blocks the activity of the GLP-1 hormone resulting in:

- Delayed gastric emptying
- Increased insulin production
- Inhibition of glucagon in the liver producing sugar
- Delayed transit of food through your bowel.
- Increased feeling of fullness.

#2. Tirzepatide (brand names Monjour or Zepbound) This has two hormones, the GLP-1 as described above + Gastric Inhibitory Peptide (GIP - now more accurately named Glucose-dependent insulinotropic Peptide) but GIP still remains the acronym for simplicity. GIP works in similar ways as the GLP-1. This combination is synergistic. GIP is a hormone produced in the duodenum & Jejunum (Small Bowel / upper gut) and secreted into the circulation in response to the ingestion of foods, especially fatty foods. Initially interpreted as

inhibiting acid secretion into the small intestine to protect it from damage, but more recently found most active in stimulating insulin secretion.

In an obesity setting, inhibition/ blocking of endogenous GIP or its receptor leads to decreased energy intake, increased energy expenditure or both, eventually causing weight loss. Further, supraphysiological dosing of exogenous long-lasting GIP agonists alters energy balance and has a marked anti-obesity effect. This remarkable yet paradoxical anti-obesity effect is suggested to occur primarily via the brain. The brain (specifically in the Hypothalamus) is capable of regulating both energy intake and expenditure and plays a critical role in human obesity.

**Caution:**

***Use of these medications is contraindicated with:***

- Medullary Thyroid cancer
- Pancreatitis
- Multiple Endocrine Neoplasia syndrome type 2
- Renal impairment
- Diabetic patients with Gastroparesis
- Pregnancy

***Potential Side effects:***

- Nausea, / Vomiting
- Diarrhea
- Constipation
- Abdominal pain

***For those interested in learning more about independent, unbiased studies regarding the effectiveness of newer pharmacologic adjuncts for weight reduction.***

Studies concerning two currently available medications  
Semaglutide a GLP-1 Agonist (Blocker)  
(Brand names are Ozempic, Wegovy & others)  
Tirzepatide a GLP-1 Agonist + GIP Agonist  
(Brand names are Monjour & Zepbound)

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