

**April, May & June 2013**

### **In the News**

A recent study that was presented at the 2012 Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS) found that 67% of gastric bypass patients demonstrated diabetes remission one year after surgery and this number grew to 96% if the patient was not already on insulin and did not have reduced pancreatic function.<sup>1</sup>

### **Exercise**

A study of post-operative gastric bypass patients found that those who adhered to the exercise recommendations of 150 minutes per week had a significantly higher weight loss at 6 and 12 months post-surgery.<sup>2</sup> Walking is a good place to start especially if someone has had low physical activity for quite some time. If joint problems are an issue than water aerobics or biking on a recumbent bike to prevent putting stress on your joints is recommended. For someone who has not been exercising, a goal of once per week for 10-15 minutes at a moderate intensity level would be a good starting point.

### **Childhood Obesity**

Childhood obesity has reached epidemic levels. The most recent National health and Nutrition Examination Survey (NHANES) 2009-2010 prevalence data of child overweight and obesity reveals that 31.8% of all children fall into this category with 16.9% of all children being obese.<sup>3</sup> Parents and all caregivers play a vital role in developing healthy eating & physical activity behaviors while also being healthy role models for their children. The obesogenic food environment is a key driver in the dramatic increase in both adult and childhood obesity. Some of these obesogenic factors include: increased food availability, the trend towards eating almost half of meals away from home, the rapid increase in fast-food outlets, the increased amount of energy-dense prepared, processed and packaged foods, the dramatic rise in sugar-sweetened beverage consumption, and the increase in portion sizes.<sup>4</sup>

<sup>1</sup>Perugini RA, Kelly JJ, Cohen P, et al. Predictors for Remissions of Type 2 Diabetes Mellitus Following Roux-En-Y Gastric Bypass. Paper presented at: 29th Annual Meeting of the American Society for Metabolic & Bariatric Surgery (ASMBS); June 2012; San Diego, California.

<sup>2</sup>Evans RK, Bond DS, Wolfe LG, Meador JG, Herrick JE, Kellum JM, Maher JW. Participation in 150 min/wk of moderate or higher intensity physical activity yield greater weight loss after gastric bypass surgery. *Surg Obes Relat Dis*. 2007;3(5):526-30.

<sup>3</sup>National Health and Nutrition Examination Survey: Sample Design, 1999-2006. Hyattsville, MD:U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2012.

<sup>4</sup>Ebbeling, C., D.Pawlak, and D. Ludwig. "Childhood Obesity: Public-health Crisis, Common Sense Cure." *The Lancet* 360.9331 (2002): 473-482.

The following are "Healthy Eating Interventions" for every member of the family:

1. Create a balanced eating pattern of lean proteins, whole grains, fresh fruits & vegetables and low-fat dairy products.
2. Plan family meals together, involve your children in the meal planning and the shopping of healthy foods so that kids can learn and adopt lifelong healthy eating habits.
3. Remove sugar-sweetened beverages (this also includes juices) from the home.
4. Send children to school with a healthy homemade lunch and water to drink. This goes for adults too who are heading off to work.
5. Avoid packaged foods that are energy dense and made up of refined grains and sugar.
6. Monitor portion sizes at home and at restaurants (take extras home or share meals).
7. Avoid fast food restaurants and when eating out select healthy options which include vegetables, fruit and whole grains.

### **Tips for Adding Fiber to Your Meal Plan**

1. Slowly increase the total amount of fiber you consume to 25-35 grams per day.
2. Be sure to drink plenty of fluids. At least 6-8 cups per day. You may need even more fluid as you eat higher amounts of fiber. Fluid helps your body process fiber without discomfort.
3. Check the Nutrition Facts labels on foods and try to choose products with at least 4 grams of dietary fiber per serving.
4. Be sure to eat fruits and vegetables every day with the peels and skins on.
5. Add dried beans and lentils to casseroles and soups.
6. Try baking with whole wheat flour.
7. Choose a variety of grains. Good sources include barley, oats, faro, kamut, and quinoa.
8. Always choose brown or wild rice in place of white rice or potatoes.
9. If using fiber supplements look for ingredients that include wheat bran and psyllium. They are the best for increasing stool weight. Soluble corn fiber and polydextrose may not provide as good as results.
10. Eat whole grain breads and cereals. Look for choices with 100% whole wheat, rye, oats, or bran as the first or second ingredient.

**Upcoming Support Group  
Meeting Dates**

*All meetings are 6:30 – 8 p.m.  
in the Duffy Wellness Classrooms  
at Port Huron Hospital*

**April 16:** *Blue Water Area YMCA*

**May 21:** *Dave Straney, Nutrition Services  
Director and Chef,  
Port Huron Hospital*

**June 18:** *Jason Lee, Bariatric Advantage*

**Spicy Black Beans**

1. Saute 3 minced cloves of garlic in 1 Tbsp. of olive oil for 1 minute.
2. Stir in 1 tsp. of chili powder and cook for 15 seconds.
3. Add a 15 oz. can of no-salt-added black beans with the liquid and simmer until slightly thickened, about 5 minutes.
4. Season with up to ¼ tsp. of salt (if desired)

Nutrition Information per ½ c. serving (without added salt): 115 calories, 21 grams carbohydrate, 7 grams protein, 5.5 grams fiber, 137 mg sodium and < .5 grams fat.

Source: Center for Science in the Public Interest, Nutrition Action Healthletter. January/February 2013.