# InterMountain Clinical Nutrition

**A Medically-Monitored Weight Management Treatment Program.**

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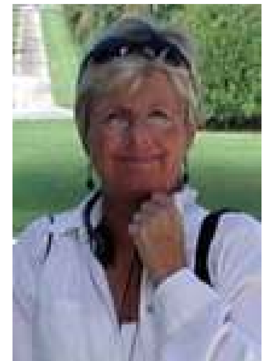
# June 2009

**Calendar for Core:**

- **June** 2nd Heather Filipowicz**,** our dietitian, will be speaking to group about specific meal suggestions including their caloric content
- **June 9th** a 1st step

## GREETINGS FROM GROUP



***Analee was our guest speaker last month. I am sorry more of you were not able to listen to her. Because those of us that were there got so much from her presentation, I felt I would try and share some of what I heard that evening.***

Analee looks fabulous; something she hates to hear because it has been a trigger for her for years and years ('I look good therefore I can eat'). That has not changed for her. Now, she is healthy; she feels good about herself, her choices, and her place in the universe. Of course, as she said, that can change on any given day. But today, she recognizes a mood shift, a trigger going off, a change in the daily plan and can and does do something about it.

She started with an overview of her weight history for those who didn't know her. She came to our program at around 250 lbs, desperate because her back surgeon said he couldn't or wouldn't do her necessary back surgery until she was able to lose a significant amount of weight: That the weight could actually damage her reconstructed back. Her choice of Dr. Benowitz was serendipitous. She feels that her family physician's kindness and our compassionate reality check changed her life. She lost the initial 65 pounds, had the back surgery and yo yo'd up to 204 and back down to 167 for several years visiting group pretty regularly (every other month or two). In 2008, she was back up to 203 when she got serious, committed to getting healthy so she could be present for her husband and son, both of whom had cancer.

This time she got down to 160 and kept it there for 6-8 months, and decided to have a 'tummy-tuck'. Her excess skin was causing serious medical problems from infection and rashes. It was not an easy surgery; she had drains for the next 4 months and 4 additional surgeries. She did say, however, that she would do it again without question. She lost 20 lbs in skin. That was last summer. She now weighs 133, works out six times a week, and isn't dieting any more. She has a regularly eating day based on what she knows (from experience) she can eat and maintain. She knows what foods her body gains with. She is still addicted to chocolate but manages it. She gets on the scales every day, sometimes she goes longer. She works out with a trainer once a week, walks the other five. If she eats more than she should on a given day, if the scales are up a pound or two, she will exercise more the next day.

When asked how she reacts when the scales indicate a gain of three pounds she said that she has learned to be patient with herself. She pauses and evaluates 'why' she might have gained. 'Is it that time of month for me, did I eat something with a lot of salt and I have retained water.' Then she allows herself to sit in the moment rather than panicking. Then she puts a plan in place. She said that planning is crucial to her daily routine. She knows her portions sizes, to the extent that she doesn't really need to count calories anymore because she knows what she can eat to maintain (she has done her homework).

She described a story where a man made extremely offensive comments to her and she found herself shaking in her car and heading towards a fast food restaurant. She paused, called her daughter, who talked her through the situation and talked her home. This gift of understanding from her daughter has helped her on more than one occasion. They have been able to help each other through difficult food triggers and have given each other the kind of strength you can get from group or from a friend who can relate-- That ability to be honest about what craziness is going through your head without worry that you are being judged. ***The addictive nature of the food craving cannot be understood by normal people, and their reactions can be damaging and/or sabotaging when they think they are trying to help. Her relationship with her daughter, that special support is mandatory for all of us.***

She said that if she ever gets to 139 she will return to the program. She 'can't do it anymore.' She can't put the weight back on and fast it off. It is too hard. She needs to stay within a safe and doable range and 139 or 6 pounds is the maximum she wants to ever have to deal with again.

There have been issues for her from people around her and how they have reacted to her weight loss. It is not an uncommon comment 'you are too thin' or from people who haven't seen her in a while, 'have you been sick.' Relationships with people who are heavy have frequently become strained to non-existent; they struggle with her success and their failures. She told us that in order to find a place of safety and balance; you have to resolve these relationships in a way that is healthy for you. You need to understand yourself and become mentally healthy in order to handle the challenge of daily living. It isn't enough to just watch what you eat and exercise. The whole package needs constant attention, 'tweeking' and conscious awareness.

Analee was very inspirational to the group because she is so committed to her attitude of being healthy. She feels that she looks good, but she doesn't see herself that way. It's about feeling good inside, content with herself and her lifestyle: Non-judgmental, patient, willing and eager for the day. She loves exercise now and the spirituality it brings to her day. She feels grounded, rooted, in balance. The fact that she also looks good is the bonus.

She brought the following short-story to the group.

## Forewarned is Forearmed

By Analee Mickelsen

Chocolate is dangerous. Scientific speculations to the contrary abound. A somewhat gullible population continues to swallow reports of the various benefits. Supposedly, consuming moderate amounts of this wonder food can do almost anything—elevate mood, give arteries more elasticity, lower blood pressure and less pain. It is reported to even increase life span. Chocolate can also cause injury.

I am a bona fide chocolate addict. Though unregistered with WACI (World Association of Chocolate Ingesters) I actually fit the criteria perfectly. When given the choice I select chocolate over vegetables, other sweets, shopping and even sleep. Empty any trash container in my home and you will find the tell-tale evidence—wrappers, lots of them. Over several months I gradually gained a false security in my consumption; it seemed that eating this decadent product was not increasing my weight. Impossible, I though. But with an additional few minutes of daily exercise it didn't seem to matter how much I devoured. Daily, I stepped on the white digital scale in the master bath and stepped off with a grin. But nothing lasts forever.

The singing birds outside the bedroom window slowly pulled me from slumber. It was Saturday morning so the house was unusually silent. The morning sun prompted me to check the alarm clock – 8:00 AM. I only had thirty minutes to be dressed in my walking attire and report to the Jordan River Trail. Today was the first training walk for the sixty-mile-Breast Cancer-walk. I pried myself loose from warm husband and swung my feet over the side of the tall, soft queen bed to gaze out the window. *What a perfect day for a seven mile walk*. I could almost feel my black athletic shoes buzzing like a cell phone on vibrate.

Just like every other morning, I walked directly to the digital scale. I tapped the button with my big toe and pulled my hair up in a pony-tail while I waited for the beep. I planted one heel on each of the silver pads and watched as the digits momentarily blinked. *What?* I rubbed my fingertips in an outward motion across my eyes and blinked with great animation. *This can't be right. The batteries must need to be replaced—it took longer for the beep today.* I stepped off the scale, bent over and touched the small button with my index finger as if a deliberate push might yield a different result. The scale notified readiness and I again stepped on top of the square white fortune teller*. Six pounds-you have got to be kidding me! See, this is what happens when you miss one day of exercise! And the kids call me an exercise freak!* My self-talk ceased for just seconds when I realized and acknowledged the real culprit. Wrappers emblazoned with names in glistening print flashed incessantly before my eyes—Reese, Hershey's, Rolos', Cadbury, M&M, York and Symphony. I stepped down from the scale to protect my eyes from the prolonged stinging caused by the digital numerals. They were burned in my brain like a brand on a cow's hind end.

"What's the matter?" my husband said as he entered the bathroom.

I am sitting here because…well—I knew this would happen. I am going to gain the 115 pounds back and it has already started. "Just thinking about – uh, do you think you could drive me over to the parkway and then I could just walk home when I am finished?"

"Sure," he said as he grabbed his baseball cap to hide his morning hair.

I disconnected from the gray marble and moped into the closet to dress. I grabbed my sunglasses and iPod and headed for the car. I stared out the window while we passed the Spring-greening golf course, the rodeo grounds and the red dirt of freshly smoothed baseball diamonds.

"You sure you're okay?" Jim asked as he turned into the parking lot.

*Of course I'm not okay. Look at me; I am ballooning up as we speak. I'm gigantic! Can't you see it?* "No, I'm fine. Could you do me a favor? Before I get home, I need you to get rid of my chocolate stash. It's in a bag behind the boxes of Pasta-Roni, second shelf down, in the pantry on the left. Hide it before I get home. I'm swearing off chocolate for awhile."

"Chocolate stash? Okay, yea, I'll get rid of it. Have a good walk." He innocently smiled at me with one hand on the steering wheel and one resting on the center console. He had no idea what he would be disposing of.

"See you in a while, I love you."

I pushed the door of the Jeep shut and began to survey the area for pink-clad walkers. *No, they're too young. Nope, he's not the breast cancer type. Pink bandana, fanny-pack with pink ribbon insignia; she has to be here for the training walk.* I strolled toward the pleasant looking stranger and inquired if she was awaiting the walk. It turned out that she and I were the only two that showed up. We walked and talked for miles.

"I'll turn off here and head back to my house," I told her as we approached the wooden bridge arching over the Jordan River. "I live up here right past the golf course. It was great to meet you, thanks so much for planning this." We exchanged good-byes and I stepped onto the bridge as she headed for the parking lot. I ran as far as I could in the direction of home.

Breathless, I approached the driveway and spotted Jim pruning a few branches from the Sycamore tree. He grinned at me from atop the aluminum ladder.

"That bag of chocolate was huuuge."

"Did you hide it?" My hand sheltered my eyes from the late morning sun as I looked up toward him.

"Mmm-hmm."

I was conflicted; I didn't want the chocolate but I wanted the chocolate. It wouldn't be any time at all until I *needed* the chocolate. Any chocoholic should understand. You eat the chocolate because of the delicious flavor. The moment that piece of delectable heaven is placed on your tongue, it begins to melt. Its goodness is immediately absorbed through billions of sensitive oral membrane cells and is carried throughout the body. It satisfies lifts, and calms—for a while. Then your blood sugar levels drop and you get a bit testy—so, you have a little chocolate to make you feel better. In essence, the chocolate withdrawal is camouflaged by the chocolate.

"Mom is probably going to be a bit grouchy for the next couple of days. I'm not eating chocolate or sugar for a couple of weeks," I announced to the family.

"Oh no, not again!" My twelve-year-old son Heber said as he shook his head and exited through the back door rather quickly.

"Way to go Mom. I'm not eating sugar either. Remember, no more than three grams a day," my twenty-three-year-old son said as he raised a fisted hand and shook it in the air. Josh was an avid health nut.

*Whatever*, I thought. *Happy people living without sugar must be mentally ill or masochistic. Three days—if I can just make it three days, I'll be fine*. "I'm not going ta' eat it for three weeks. No big deal."

"They say it takes twenty-one days to make or break a habit," my daughter said. "I don't believe it. A good habit takes about a day to break and a bad one takes forever.

Fabulous. My determination was as up and down as a coastal tide during full moon. Busy-ness was my constant companion for the rest of the afternoon and evening. I pulled weeds, raked flowerbeds, washed dishes, took a grand-daughter shopping and attended the temple. The house seemed noticeably

vacant; my teenage son even packed up his clothes and hastily departed to spend the night with one of his married sisters.

Sunday morning I raised up to kiss Jim as he left for his 7:30 meeting then I pulled the covers over my head and fell back into time-passing sleep. By the time I showered, picked up my teenager from American Fork and attended the three hour block of meetings, I had nearly made it through the second chocolate-free day and I had accomplished the feat without yelling at anyone.

After church I changed into my 'old' jeans—the ones that are really too big but I wear them around the house anyway. The waistband is permanently turned down and held in place by a large safety pin and the hems drag along the floor as I walk. Sunday dinner was uneventful—unmarred by any maternal outbursts. Jim had returned from his appointments five minutes before dinner and didn't look a bit regretful about jumping up from the table to make the final meeting of the day. Josh and Kara decided to visit a friend for the evening and they waved as they pushed one another out the door.

"Well, I guess it's just the three of us tonight."

Joseph and Heber, the two youngest who had no way to seek any refuge, looked at one another dubiously.

"Let's go downstairs. There's a Hallmark Hall of Fame movie tonight about a Polish woman who saves thousands of Jewish children from the Nazis." I said. All I could think about was the chocolate. *I wonder where he put it. His office? Wait—stop thinking about it! You really want it.* I had to get out of the kitchen before I ate anything and everything I could get my hands on in an attempt to eliminate the sharp cravings.

"I hate the Nazis and I will never forgive Hitler," Heber said as we descended the stairs.

We entered the theater and Joseph grabbed the remote and plopped down on to the couch. Heber picked up a blanket and settled into the large, brown beanbag chair. "Who wants some popcorn? I knew the answer before I even asked so I snapped on the power to the popper and rummaged in the drawer for the popcorn packets and the scissors. *Maybe this will help. I have to eat something snacky.* I sat on the arm of the closest couch as I watched the corn fill the pan and flow out over the edges. The steamy smell of hot popcorn filled the theatre. I scooped the small boxes full, handed the boy's their portions and sniffed mine as I walked to my chair. I pushed back in the recliner and inhaled the popcorn like I was afraid someone was going to snatch it out of my hands. My fingers reached the bottom of the box long before my stomach was satisfied. It was like reaching the end of a pay-period. I pushed down on the footrest and sat upright in the chair. I needed a second box of popcorn and I wanted it fast. It was either more popcorn or a wild chocolate chase. As I stood, my toes tangled in the too-long hem of my too-big jeans. The momentum pushed me forward as gravity pulled down. My right big toe bent under my foot at a ninety degree angle and the entire weight of my body landed with a snap on two small inches of toe.

"What was that," Heber said as he looked in my direction?

"That was the sound of your mother's toe breaking," I said. I bent over and moaned while I shook my foot between steps. Pain was pulsing up my leg orchestrated in time with the constant beat of my heart.

"You okay," Josh said as he watched me stagger? "You need some help?"

"No….I'll be all right." I was now in a half-crouched position almost dragging my leg behind me as I focused on the popcorn machine. *I had to have more. Popcorn or chocolate?* I reached in, scooped my box full and limped back to the recliner. The chair lifted my throbbing appendage into the air as I pushed back. My toe appeared purple in the bluish light of the projector.

A trip to the doctor the next day confirmed what I already knew. He clicked on the computer screen to magnify an x-ray image of the bones in my big toe. Dr. Christensen touched the screen and moved his index finger in a circular motion around the top of the toe. "Right here. Complete fracture. See that line all the way across?"

It was perfectly visible—a vertical line extending from one edge of the seemingly insignificant bone to the other.

“Pretty good fracture. These breaks can be really painful. How did you say you did this,” the doctor asked?

“Chocolate,” I mumbled. “It was chocolate.”

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***I heard Dr. Kessler interviewed on ‘All Things Considered’, and was impressed with how much I agreed with what he was saying about issues related to eating and weight. You might find this an interesting book to read.***

## ‘The End of Overeating.’

Taking control of the insatiable American Appetite

By David A. Kessler, MD

(taken from the inside cover of his book)

Most of us know what it feels like to fall under the spell of food—when one slice of pizza turns into half a pie, or a handful of chips leads to an empty bag. But it’s harder to understand why we can't seem to stop eating—even when we know better. When we want so badly to say "no," why do we continue to reach for food?

Dr. David Kessler, the dynamic former FDA commissioner who reinvented the food label and tackled the tobacco industry, now reveals how the food industry has hijacked the brains of millions of Americans. The result? America’s number-one public health issue. Dr. Kessler cracks the code of overeating by explaining how our bodies and minds are changed when we consume foods that contain sugar, fat, and salt. Food manufacturers create products by manipulating these ingredients to stimulate our appetites, setting in motion a cycle of desire and consumption that ends with a nation of overeaters. The End of Overeating explains for the first time why it is exceptionally difficult to resist certain foods and why it’s so easy to overindulge.

Dr. Kessler met with top scientists, physicians, and food industry insiders. The End of Overeating uncovers the shocking facts about how we lost control over our eating habits—and how we can get it back. Dr. Kessler presents groundbreaking research, along with what is sure to be a controversial view inside the industry that continues to feed a nation of overeaters—from popular brand manufacturers to advertisers, chain restaurants, and fast food franchises.

For the millions of people struggling with weight as well as for those of us who simply don't understand why we can't seem to stop eating our favorite foods, Dr. Kessler’s cutting-edge investigation offers new insights and helpful tools to help us find a solution.

There has never been a more thorough, compelling, or in-depth analysis of why we eat the way we do.

**DAVID A. KESSLER, MD**, served as commissioner of the US Food and Drug Administration under presidents George H. W. Bush and Bill Clinton. He is a pediatrician and has been the dean of the medical schools at Yale and the University of California, San Francisco. A graduate of Amherst College, the University of Chicago Law School, and Harvard Medical School, Dr. Kessler is the father of two and lives with his wife in California.

**HEALTH**

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WEIGHT MANAGEMENTS – Research News

## NAFLD, NASH and the Impact of Weight Loss

Non-alcoholic fatty liver disease (NAFLD) has emerged as the most common form of liver disease in the United States and the most common cause of abnormal liver test results in adults, with a prevalence of 20-30% of adults.[1] The rise in incidence mirrors the rise in obesity over the past 40 years.

The clinical spectrum of NAFLD ranges from simple steatosis to non-alcoholic steatosis, cirrhosis, and hepatocellular carcinoma. Simple steatotis is known to be non-progressive and steatosis plus lobular inflammation is probably benign. However, steatosis which includes lobular inflammation, ballooning degeneration and Mallory's bodies is categorized as non-alcoholic steatohepatitis (NASH) and is the most severe form of NAFLD.[2] NASH is the primary focus of this monograph.

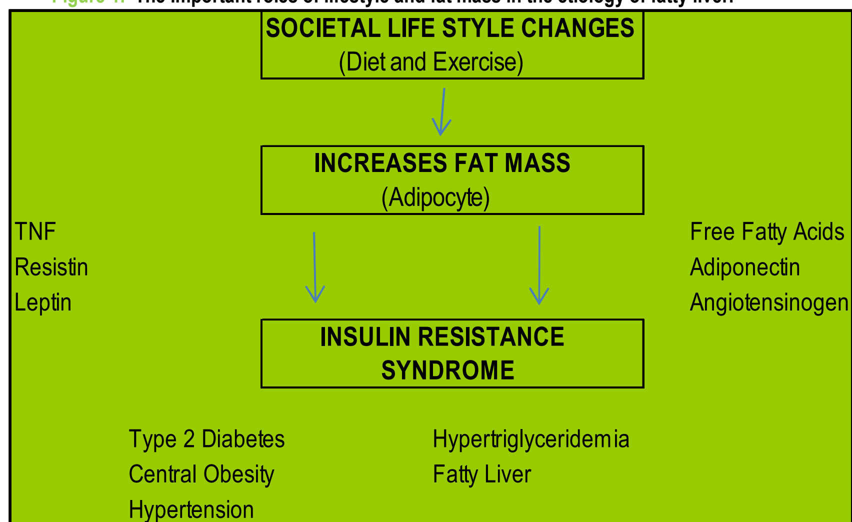
NASH affects 2-5% of Americans with increasing incidence in people with morbid obesity.[1-3] In a study of 1,620 pre-gastric bypass surgery patients, the prevalence of NASH was 37%[1] NASH more frequently affects middle aged men who are overweight or obese, and diabetic, but it can also occur in overweight children.[3] Cirrhosis develops in 15-25% of patients with NASH and, of that group, 30-40% of those die from a liver-related cause within 10 years.[2] Cirrhosis can progress to sub-acute liver failure and hepatocellular carcinoma. It can even reoccur after liver transplantation. Given the increasing incidence of liver disease and the dire course NASH can take for many of these patients, it is crucial to provide effect treatment options.

Although fatty liver may be caused by drugs, artificial feeding, toxins, and certain surgical procedures, the majority of cases are believed to be closely associated with the metabolic syndrome (MS).[2] In fact, NAFLD is now recognized as the hepatic manifestation of MS.[4]

Figure 1 displays a simplified hypothesis to explain the rising rates of this disease and indicates that adipocytes plays a central role in the etiology of insulin resistance and NAFLD.

Liver disease is often clinically silent and has few or nor symptoms. If patients do complain, the complaints are vague and unspecific such as fatigue or weakness. Since a diagnosis of NAFLD is essentially one of exclusion, it is important to conduct a thorough evaluation. See Table 1.

Figure 1. **The Important roles of lifestyle and fat mass in the etiology of fatty liver.**[2]




[1] Kim CH and Younossi ZM. Non-alcoholic fatty liver disease a manifestation of the metabolic syndrome. Cleveland Clinic Journal of Medicine 2008; 75(10):721-728
[2] Edmison J and McCullough AJ. Pathogenesis of non-alcoholic steatohepatitis; human data. Clin Liver Dis; 2007; 11:75-104
[3] Non-alcoholic Steatohepatitis, national Digestive Diseases Information Clearinghouse, http://digestive.niddk.nih.gove/ddiseases/pub/nash/ , accessed 1/23/09
[4] Kim CH, Kallman JB et al, Nutritional assessments of patients with non-alcoholic fatty liver disease. Obes Surg. June 17, 2008 www.springerlink.com/content/p57mk71m4j440265

Although the underlying cause of NAFLD is still unclear, a two-hit hypothesis is proposed. The first hit is insulin resistance which leads to hepatic steatosis; this steatosis generally has a benign course. However, a subset of patients develops NAFLD and then NASH. This progression to NASH may be caused by a second hit of oxidative stress caused by compounds such as endotoxins, cytokines, environmental toxins, and lipid peroxidation. See Figure 2 below. Exactly why liver disease progresses beyond simple steatosis requires further research, but likely involves a genetic link. Interestingly, in the United States, Hispanics have the highest rate of NAFLD and African Americans the lowest.[1]

**Table 1.** Evaluation of suspected non-alcoholic fatty liver disease.[1]

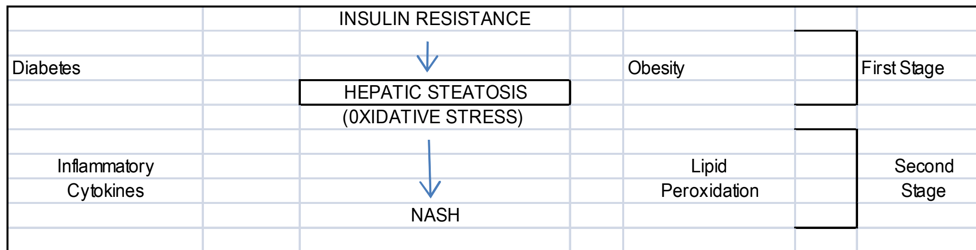
Exclude alcohol use
- (no more than 1-2 drinks per day)

Exclude secondary causes of fatty liver
- Drugs (corticosteroids, amiodarone, methotrexate, calcium channel blockers, tamoxifen)
- Altered nutritional states (intestinal bypass surgery rapid weight loss, total parenteral nutrition, cachexia)
- Metabolic or genetic causes (Wilson disease, lipodystrophy)
- Miscellaneous (human immunodeficiency virus, inflammatory bowel disease, bacterial overgrowth, environmental hepatotoxins)

Exclude other liver diseases such as:
- Hepatitis B and C
- Alpha-1 antitrypsin deficiency
- Hermochromatosis (iron studies)
- Autoimmune hepatitis (anti-smooth muscle antibody, antinuclear antibody)
- Wilson disease (ceruloplasmin)

Imaging studies to look for hepatic steatosis:
- Ultrasonography with increased echogenicity
- Computed tomography with low attenuation
- Liver biopsy
- Define fatty liver as fat accumulation in at least 5% of hepatocytes
- Nonalcoholic steatohepatitis requires steatosis, hepatocyte ballooning, and lobular inflammation.

**Figure 2.** The pathophysiology of NAFLD[2]




## Recommended Treatment

Many treatments have been used but there is currently no consensus. Since obesity and the metabolic syndrome are usually central to the diagnosis, it is considered essential to target these chronic conditions. Weight loss is associated with a decrease of metabolic syndrome and can improve the histologic features of NASH in 80% of cases. [1-3]

Dixon et al examined the effect of weight loss on 36 participants (BMI of 47± 10.6) with NASH. Eight-two percent of these participants showed major improvement in necroinflammatory activity and fibrosis after weight loss.[5] Takato et al compared the effect of a restricted diet and exercise versus no treatment in 25 obese patients with liver disease. After three months on a reduced calorie diet and exercise program, they showed a significant decrease in the degree of steatosis in liver tissue compared to those in the control group. These improvements were significantly correlated with improvements in AST and ALT in addition to total protein, total cholesterol, and fasting prandial glucose in the blood.[6]

Lewis et al studied 18 morbidly obese subjects who followed an OPTIFAST® Diet for six weeks, resulting in a 14.7% reduction in mean liver volume and 43% reduction in liver fat. The reduction of liver

[5] Dixon JB, Bhathal PS et al, Nonalcoholic fatty liver disease;; improvement in liver histological analysis with weight loss. *Hepatology* 2004: 39:1647-1654

[6] Takato U, Sugawara H et al. Therapeutic effects of restricted diet and exercise in obese patients with fatty liver. Journal of Hepatology 1997; 27:103-107

volume suggests fat loss.[7] Another study by Dixon et al of 30 patients with NASH showed that scores for centrilobular features of inflammation, fibrosis, and Mallory bodies improved significantly after weight loss following LAGB surgery.[8]

First line treatment for weight loss is lifestyle modification, including diet and exercise. Although there are no definitive dietary recommendations at this time, some studies indicate a low-carbohydrate (~40% of calories from carbohydrate) versus a low-fat diet.[9] Exercise can improve insulin sensitivity, and recommendations include 30 minutes of physical activity 3-5 times per week.[10] These treatment therapies should also improve other co-morbidities that often accompany NAFLD such as diabetes, heart disease, and high cholesterol. Additional suggestions include the avoidance of alcohol and unnecessary medications.[3]

NAFLD is a disease which ranges from simple steatosis to NASH. It is unrelated to the intake of alcohol but the histological features look similar to alcoholic liver disease. Given the epidemic of obesity both in the U.S. and worldwide, we can expect to see a sharp rise in the incidence of this condition. Although not all those with NAFLD progress to NASH and its potentially life-threatening consequences, it is crucial to provide treatment options to your patients with NAFLD and NASH. The mainstay of treatment includes weight loss and increased physical exercise, thereby improving their co-morbid conditions and the histological progress of the liver disease.

## Greetings from the Dietitian

Heather Filopowics MS, RD, CD will speak to group on June 2nd about suggested meal plans that will make transition and/or maintenance easier for those who struggle with making decisions about food; or more specifically struggle with finding the time to research how many calories are involved in what they are eating.

She will review options for breakfast, lunch, dinner and snacks including how many calories are in each suggestion. For those of you who will feel more comfortable with a list of specific food items that you can eat at each meal, this will give you a comfortable start at normal eating.

She will also be available to answer questions. You might also want to take this opportunity to schedule a one-on-one appointment with her to design a more specific eating plan that fits your life style.

This is the website where you can enter your favorite recipes:
http://caloriecount.about.com/cc/recipe_analysis.php

The following fish recipes can be found in "The **Summertime Anytime Cookbook**": by Dana Slatkin. The recipes are from "Shutters on the Beach Resort" which is located on the Santa Monica coast

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[7] Lewis MC, Phillips ML et al. Change in liver size and fat content after treatment with OPTIFAST® very low calorie diet. *Obes Surg* 2006; 16-697-701

[8] Dixon JB, Bhathal PS et al. Weight loss and non-alcoholic fatty liver disease falls in gamma-glutamyl transferase concentration are associated with histologic improvement. *Obes Surg* 2006: 16:1278-1286

[9] Rafiq N and Younossi ZM. Effects of weight loss on nonalcoholic fatty liver disease. *Semin Liver Dis* 2008:28:427-433

[10] Kadayifci A, Merriman RB and Bass NM. Medical Treatment of non-alcoholic steatohepatitis. *Clin Live Di.* 2007;11:119-140.

## Roasted Salmon with Grain Mustard and Herbs

4 (6-ounce) skinless wild salmon fillets
Kosher salt and freshly ground black pepper
4 tablespoons extra-virgin olive oil
1 medium shallot, finely chopped
½ cup fresh lemon juice
½ cup dry white wine
2 teaspoons whole-grain mustard
2 teaspoons chopped fresh dill
2 teaspoons chopped fresh thyme
2 tablespoons chilled unsalted butter, cut into small pieces

1. Preheat the oven to 375° F.
2. Pat the salmon dry with paper towels and season both sides with salt and pepper. Heat 2 tablespoons of the oil in a large ovenproof skillet over medium-high heat until very hot and sear the fish on one side until it nicely colored, 3-4 minutes. Carefully flip the fish over, transfer the skillet to the oven, and roast for about 6 minutes for medium, depending on thickness. The salmon should give slightly to the touch without being firm.
3. Meanwhile, heat the remaining 2 tablespoons oil in a medium saucepan over medium heat. Add the shallot and cook until soft, 3 minutes. Add the lemon juice and white wine, and simmer the sauce for a minute or two, until it has reduced slightly. Whisk in the mustard, dill, and thyme and cook for another minute. Finish the sauce by gradually whisking in the butter, one piece at a time, off the heat. Season to taste with salt and pepper.
4. When the salmon is cooked, transfer the fillets to a warmed platter or serving plates and pour the sauce over the top. Serve immediately.

**Note**: If you prefer your fish grilled, salmon is a fish that certainly cooperates. Simply heat a grill to medium-high heat, brush the seasoned salmon with a little grape-seed oil so that it will not stick, and cook the fish to the desired doneness.

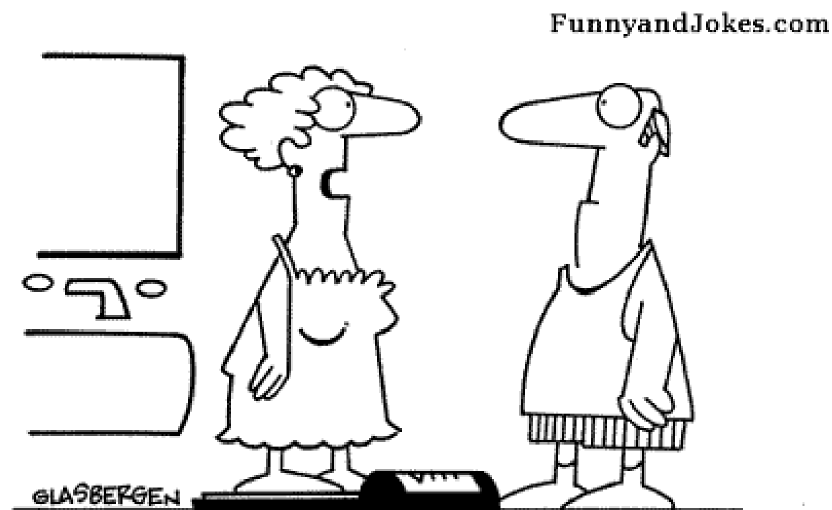
Makes 4 servings
Per Serving: 335 Calories

## Roasted Halibut with Tomato-Juniper Compote

10 ripe plum tomatoes, seeded and roughly chopped
2 juniper berries
1 tablespoon dark brown sugar
1 teaspoon kosher salt, plus more for seasoning
1 tablespoon gin
3 tablespoons olive oil
4 (6-ounce) skinless halibut (or other thick, white-fleshed fish) fillets
Freshly ground black pepper
Canola oil
4 sprigs fresh basil, for garnish

1. To make the compote, place the tomatoes in a medium bowl. Crush the juniper berries and add to the tomatoes along with the brown sugar, 1 teaspoon salt, and the gin. Set aside to marinate for 30 minutes to 1 hour.
2. Preheat the oven to 350°F.
3. In a stainless-steel saucepan, bring the tomato mixture to a boil, lower the heat, and simmer uncovered until reduced by half, about 10 minutes. Transfer to a blender and slowly add the olive oil while blending. Adjust the seasoning if necessary and keep warm.
4. Pat the fish dry with paper towels and season both sides with salt and pepper. In a large skillet, heat a thin film of canola oil over medium-high heat until almost smoking. Sauté both sides of the fish until nicely colored, about 3 minutes per side. Transfer to the oven to finish cooking, removing the fish when it is just opaque at the thickest part (test with the top of a knife), 4 to 5 minutes depending on thickness.
5. To serve, ladle a small amount of tomato-juniper compote into 4 warmed serving bowls. Gently place the fish fillets on top, garnish with the fresh basil, and serve.

Makes 4 servings
Per Serving: 319 Calories




**"Why does it take six weeks to lose five pounds, but only one day to gain it all back?"**