

Intermountain Clinical Nutrition

A Medically-Monitored Weight Management Treatment Program



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GREETINGS FROM GROUP

"We can't solve problems by using the same kind of thinking we used when we created them." ~ Albert Einstein Quote

Anyone who uses a substance to cope with life has learned two deadly principles: avoidance and substitution. Once learned we automatically slip into them again. The next new stress can trigger them without our spotting it. In relapse we lose track of the real problem and end up worse than we were when we started.

However bad it is, the familiar draws us. The familiar is comfortable even if it's uncomfortable. It seems to fit us. And we know how to respond to it. Our skills match it. The following are examples of behaviors that can be considered old behavior that was used when eating was out of control. Not all will apply to everyone, but there should be some that ring bell.

Commonly shared characteristics: (old thinking)

- Impulsive
- Black and white thinkers
- Perfectionists
- Secretive
- We minimize our eating and its consequences
- Isolate
- Self-punishing
- We are often in a caretaking role
- We look and act independent; we feel dependent
- We tend to react to others with compliance or defiance.



These are behaviors that can be viewed as new or change in behavior to help eating patterns become controlled and reasonable. Again not every example will apply to everyone but there should be some that are applicable.

Beginning change: (new thinking)

- Take care of unfinished business as it surfaces
- Expose your basic beliefs and fears about yourself and the rules you develop to survive.
- Stop taking the rap.
- Protect yourself from people who reinforce that belief.
- Expose yourself to people who believe in you and want the best for you.
- Identify which feelings it wasn't safe for you to have.
- Decrease any further experiences of deprivation, abandonment, or abuse.
- Find safe places to begin breaking survival rules.
- Hang around healthy people
- Learn relationship skills:
 - ✓ To ask for what you want
 - ✓ To tell someone she/he disappointed you
 - ✓ To express anger, hurt, sadness and fear
 - ✓ To reveal expectations
 - ✓ To resolve conflict
 - ✓ To make decisions as a group
 - ✓ To interpret your behavior
 - ✓ To listen to feedback
 - ✓ To share yourself with others
 - ✓ To ask for help
 - ✓ To tell your secrets
- Learn coping skills



IN THE NEWS

Eating While Working Can Make You Fat by Sue Shellenbarger, The Wall Street Journal

Many employees these days eat lunch at their desks, because it seems like a harmless way to cram more work into the day.

They might not be casual about it if they knew the habit was helping them pack on extra pounds. A study in the February issue of the Journal of Clinical Nutrition found people who ate while distracted ate more, and felt less full after lunch, than those who focused on eating.

Researchers served a nine-item lunch to 44 participants who were split into two groups. One group was asked to eat lunch while playing a computer game of solitaire. The second group ate lunch without distractions.

The participants who were distracted by the game felt less full after lunch, according to the study, led by Rose E. Oldham-Cooper, a researcher at the University of Bristol in the United Kingdom. Even 30 minutes later, the solitaire-players gobbled down more snacks when they were offered, compared to those who had focused on eating. Worse yet, when researchers asked the participants to remember what they had eaten for lunch, those who had been playing solitaire had a much harder time remembering what they had consumed.

The findings may “help to explain the well-documented association between sedentary screen-time activities and overweight,” the study says. In addition to crowding out physical exercise, working or playing games on a computer may also cause us to gobble down larger amounts of food without thinking about it or even remembering that we have eaten.

The findings hold true for me. If I make the mistake of putting a bag of chips or a box of crackers on my desk at deadline time, I often pack in the whole thing without

even realizing it. If multi-tasking makes our minds wander from the tasks we think we are getting done, as we have posted in the past, then why should eating be any exception?

Readers, do you notice your eating habits, or the amount you eat, changing when you eat at your desk? Do you tend to pack on pounds when you lunch while working? Have you found any good ways to avoid the perils of distraction while dining?

Food May Be Addicting for Some

By Kevin Helliker, Salt Lake Tribune, April 5, 2011, pg D4

Study subjects who score high on the Yale Food Addiction Scale had addict-like neural responses to food during an MRI. Before the MRI, they answer questions including this one, with 26 foods to choose from (photos have been added for this article): Please circle ALL of the following foods you have problems with.



Bananas

Ice Cream

French fries

Pizza

A new study suggest that people who struggle to say no to chocolate, French fries or other junk food suffer from something more insidious than lack of will power: They may actually have an addiction.

Using a high-tech scan to observe the brains of pathological eaters versus normal eaters, the study found that showing a milk-shake to the abnormal group was akin to dangling a cold beer in front of an alcoholic.

Previous studies have shown that food photographs can activate the brain’s reward centers in much the way that booze imagery does for alcoholics. This study from Yale University researchers purports to be the first to distinguish so-called food addicts from overeaters.

Before subjecting 39 women to magnetic resonance imaging scans, researchers asked them to complete the 26 question Yale Food Addiction Scale, a two-year-old test designed to identify pathological eaters. Fifteen of

the women scored high on the test for addictive-like eating behaviors. When placed inside an MRI machine, those 15 women had dramatically greater neurological responses to the image of a milkshake than the others, according to the study, published online this week in the Archives of General Psychiatry.

Just as most people who abuse alcohol or smoke marijuana aren’t addicts, this study suggests that no single explanation or solution exists for overeating. In cases where the underlying problem is addiction, psychiatrists say that neither gastric-bypass surgery nor life-style changes are likely to prove effective. Among addicted eaters, ‘the current emphasis on personal responsibility...may have minimal effectiveness, concluded the paper.

Ashley N. Gearhardt, lead author of the study said that those who score high on the food-addiction scale

report needing to consume greater and greater quantities of food to achieve the same earlier emotional effect. For some, thinking about anything other than food becomes difficult, she said.

'Some of them actually stop socializing because it gets in the way of their eating,' said Ms. Gearhardt, who is a doctoral student in clinical psychology at Yale University who was involved in devising the food-addiction scale.

Psychiatrists not involved in the new study said ideally researchers who weren't involved in creating the food-addiction scale would test its efficacy. Even so, they said, the study suggests that food addicts could benefit from a checklist akin to those that exist for measuring alcoholism and drug addiction.

"It's the first study to ask whether a paper-and-pencil checklist for food addiction correlates with brain regions known for drug reinforcement," says Mark Gold, University of Florida chairman of psychiatry and a prominent addiction researcher who wasn't involved in the study.

Dr. Gold said such a checklist could be valuable for individuals considering gastric bypass.

The publishing of the study comes at a time when American psychiatry is wrestling with whether to regard pathological eating as an addiction akin to alcoholism.

Skeptics note that the brain's reward centers are designed to light up at the promise of food, because food is necessary for survival. Those centers also brighten in some cases at the thought of whiskey or cocaine, they said.

Moreover, skeptics note that food addiction less commonly results in the consequences that characterize drug addiction – stealing, negligent parenting and deteriorating workplace performance.

'The skeptic's position is that drugs are uniquely powerful re-enforcers that hijack the brain's reward center,' says Michael M. Miller, a Wisconsin psychiatrist and board member of the American Society of Addiction Medicine.

Calling himself 'middle-of-the-road' on the issue of food addiction, Dr. Miller said ASAM will vote this month on a policy change that would embrace food addiction- among other compulsions- as a genuine addiction.



EXERCISE

The following exercise plans were giving to me by my personal trainer, Missy Orr. She came to my home and designed a program using what I had available; treadmill, elastic jump rope, 5, 8 and 10 lb. weights, a large exercise ball and two and half flights of stairs. The plan was for me to use one of these routines

when I missed a training session or want to add extra training during the week outside my normal schedule – which is three times a week. I burn 600+ calories per session for 1800 calories a week (your goal should be a minimum of 1500 calories a week.) I thought many of you might be able to incorporate some of these into your own plan. Or, you might want Missy to come to your home and design a personalized exercise plan for you. Her contact information is: cell 801.694.4042; melissadanorr@gmail.com



The challenge here is to avoid repeating the same workout over and over, but is necessary in order to prevent hitting any plateaus. The only way to break a plateau is to change your routine and create muscle confusion. You should never enter a workout knowing what to expect...whether it is the entire workout or just the exercise that follows the one you have just completed. One of the challenges with the moderate intensity/longer duration workouts is that all too often we tend to repeat ourselves and allow our focus to be on anything but the workout itself. We really just want to get it done and over with. Unfortunately, the less we push outside of our comfort zone, the fewer changes we will see as a result. Though some of the changes may seem small, they will make a difference if overall they continue to be constant and sometimes even spontaneous. Let me know whether or not you were able to feel any degree of change within your aerobic workout and we will discuss and go from there or if you have any questions regarding the program.

Plan 1:

- ✓ Start the treadmill at the highest possible incline and gradually work your way down, but adding speed each time you drop a grade. Naturally your pace will be slower than usual at the highest elevation, but make sure you are still being challenged enough. For example, moderate intensity should be defined as the ability to hold a conversation, but having to breathe heavier than usual and feeling slightly uncomfortable when speaking at any given time during the workout. Changes in speed and incline should take place here every two minutes. Hit every grade (15.0, 14.0, etc.) while increasing your MPH (0.3-0.5) at the same time.
- ✓ Once you complete your final two minutes at zero incline, immediately reverse the cycle and work your way back up to the top making the necessary changes in speed as the incline gets steeper. Believe it or not, you are so focused on the constant changes being made the entire time that the workout tends to fly by.

Plan 2:

- ✓ Start at the very bottom of the stairs in the basement. Without using weights, skip a stair w/each step and climb to the very top. At that point, do 10 pushups on your railing (hands slightly wider than shoulder width and touching the midline of your chest to the rail w/each rep) and then walk all the way back down, using that time for recovery, and then repeat once more. You are trying to keep your transitions as smooth as possible so that you are able to take your heart rate up and down while taking necessary recovery time in between exercises. After finishing your 2nd set, go into the treadmill room and pick a comfortable space to hit some squats. Interlace your fingers behind your head and stand slightly wider than hip width apart in a squat stance and knock out 25 reps hitting a 90 degree depth each time and squeezing your glutes each time you stand back up.
- ✓ Upon finishing, step on the treadmill and adjust the incline to 10.0%. Walk at a pace that you can maintain for 3 min straight, without hanging onto handrails, and that keeps you breathing a bit harder than usual for the entire duration. Try to avoid taking the speed down; however, if you do need to step back, take the speed down rather than lowering the incline. Step off the treadmill and pick up your 8 lb. weights. In a bent over position (flat back, knees slightly bent hip width apart, arms hanging in front of knees w/palms facing inward), hit 2 sets of bent over rows, 10 reps each, and standing up tall to rest in between the 2 sets. Just as a reminder, hitting high repetitions whether w/lighter weight or in callisthenic form, you will build muscular endurance, sustain your lean muscle mass, and assist in burning fat mass.
- ✓ Set the weights down and step back on the treadmill, adjusting the incline to 15.0% and completing another 3 min aerobic segment. Naturally your pace will be slower than before, but avoid taking it to a pace that may be considered too slow (even though you are climbing a mountain). Whatever speed you were able to complete the previous segment at, take it down no less than 0.3-0.5 mph. After this is completed, walk up to mid-level (garage entrance) and make sure you have your band and 5 lb. weights w/you.
- ✓ Stand hip width apart on the middle of the band, making sure it is securely beneath your feet. Perform 20 biceps curls and then go immediately into 20 same-leg side step ups (w/an empty stair in between) on each leg. Pick up the band after recovery (30 seconds-1min) and wrap around the vertical part of the railing, even tension on both sides, and complete 20 kick-backs (again in a bent over position, flat back, feet hip width apart). When finished, face the stairs this time around instead of sideways and repeat another set of 20 same-leg step ups on each side. Recover again and take a seat on the carpeted area.
- ✓ Starting w/one of the 5 lb. weights and possibly working up to both, lean back in a seated position w/ heels on floor in front of you, both knees and elbows bent, and hold the weight out in front of you rotating your trunk side to side, completing a full range of motion (I refer to these as oblique's if that helps). Perform 2 sets of 20 reps (10 each side)

w/a short 20-30 second rest in between. Stand up w/both 5 lb. weights and walk over to hallway entrance facing the kitchen. Hold onto the weights, letting arms hang down to your sides, and do alternating walking lunges into the kitchen and stop once you reach the end of the bar. Making sure you have enough space, do 12-15 reps of military press (reps depending on how your shoulder feels) and then bring arms back down to sides and lunge back to where you started. When there, arms hang down in front of your legs (standing hip width apart) and raise up to a 90 degree position for 12-15 reps of front raises (arms straight directly lined up w/shoulders, no higher).

- ✓ Take your weights and band w/you and go back down to the treadmill room. Step on the treadmill and set the incline at 8.0% setting a walking pace that will challenge you for 1 full minute. From this point, you will increase the incline to 10.0% and adjust the speed as necessary for 1 minute. Increase the incline once more, this time to 12.0% and slowing down as little as possible, but w/the capacity to complete 2 minutes instead. After this, work your way back down to 10.0% and then 8.0% for 1 minute each. If you are feeling ambitious, the challenge here is to repeat this entire segment one more time. If not, it is something to work your way up to.
- ✓ And finally.....your favorite! Pick up your 8 lb. weights and walk back down to the basement. Skipping a stair w/arms hanging to sides the entire time, climb to the very top and right back down, repeating 1-2 more times. After your final set, stay mid-level and lay back down in same spot by garage, hitting 2 sets of 20 crunches w/legs extended straight out, feet flexed.
- ✓ Stretch here once you finish while you are down on your back. All done!

Stay inspired, M

Needless to say, this is a very strenuous routine for a woman. I have been doing this with her for several years. Her goal is to always leave me 'wet' and 'out of breath'. This was designed for me; all routines do not start at this level. You can cut this one done, or ask for one of your own based on your ability. But it should give you a general idea of what can be done at home on your own at a time of your choosing. Think about it. ~Nanette

FROM NESTLES'

New strategic plan for NIH obesity research seeks to curb epidemic

Researchers, health care professionals, the public create comprehensive plan

To combat the obesity epidemic, the National Institutes of Health is encouraging diverse scientific investigations through a new Strategic Plan for NIH Obesity Research.

More than one-third of adults in the United States and nearly 17 percent of the nation's children are now obese, which increases a person's chance of developing many health problems, including type 2 diabetes, heart disease, high blood pressure, fatty liver disease, and some cancers. In 2008, obesity-related medical costs were an estimated \$147 billion. Government, nonprofit and community groups, businesses, health care

professionals, schools, families, and individuals are taking action to address this public health problem — and research can provide the foundation for these efforts.

NIH funds research to reduce the prevalence of obesity and its health consequences, an investment of \$824 million in fiscal year 2010, plus awards totaling \$147 million made in the same year through the Recovery Act. This NIH strategic plan, developed by the NIH Obesity Research Task Force, recognizes that eating less and exercising more is easier said than done. Highlighting the crucial role of research in efforts to reduce obesity, the

plan emphasizes moving science from laboratory to clinical trials to practical solutions, and is designed to help target efforts and resources in areas most likely to help.

“Obesity has many causes and contributing factors. This plan is a bold blueprint that will encourage the research community to examine the epidemic of obesity from diverse perspectives,” said NIH Director Francis S. Collins, M.D., Ph.D. “Through the scientific opportunities outlined in the strategic plan, researchers can work together toward the goals of preventing and treating obesity, to help people lead healthier and more fulfilling lives.”

The task force is co-chaired by Griffin P. Rodgers, M.D., director of the National Institute of Diabetes and Digestive and Kidney Diseases; Susan B. Shurin, M.D., acting director of the National Heart, Lung, and Blood Institute; and Alan E. Guttmacher, M.D., director of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development. These three institutes, along with the National Cancer Institute, led in the plan’s development.

The research recommendations include:

- discover key processes that regulate body weight and influence behavior
- understand the factors that contribute to obesity and its consequences

While research continues, NIH resources can help people achieve or maintain a healthy weight now. Find tips and tools from the Weight-control Information Network at www.win.niddk.nih.gov, from Aim for a Healthy Weight at <http://healthyweight.nhlbi.nih.gov>, and from We Can! — or Ways to Enhance Children’s Activity & Nutrition — at <http://wecan.nhlbi.nih.gov>. The Let’s Move campaign, led by the White House, also provides valuable ways to prevent childhood obesity at www.LetsMove.gov.

Learn more about obesity research at NIH, see a video about the plan from Collins, and view or request a free copy of the summary or complete Strategic Plan for NIH Obesity Research at www.obesityresearch.nih.gov.

About the National Institutes of Health (NIH): NIH, the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

- design and test new approaches for achieving and maintaining a healthy weight
- evaluate promising strategies to prevent and treat obesity in real-world settings and diverse populations
- use technology to advance obesity research and improve healthcare delivery

To increase the reach of research and improve public health, the plan also highlights education and outreach to move proven strategies into community programs and medical practice.

Since the release of the first strategic plan in 2004, research produced many advances, including:

- Lifestyle interventions for weight loss reduce risk for heart disease and type 2 diabetes. NIH-funded studies are testing ways to bring these proven strategies to more people.
- When a woman with obesity or diabetes becomes pregnant, her child’s risk of developing obesity may increase, suggesting a critical period to intervene. Researchers can study approaches to help women achieve a healthy weight before and during pregnancy.
- Many genes and other aspects of our biology, from body fat to the gastrointestinal system and brain, influence whether we’re likely to become obese. Researchers are delving deeper into these pathways and how they’re affected by our environment.





Greeting from the Dietitian

The following recipes were recommended by Kira, an ICN modified patient that she found on the Betty Crocker website:

Greek Beef and Orzo

<http://www.bettycrocker.com/recipes/greek-beef-and-orzo-lighter-recipe/c9da9098-b148-40bb-99e6-a0b890972f55?sr=2&st=7#/?term=greek+beef&pi=1&mr=20>

1 lb. lean ground beef
1 can (14 oz.) stewed tomatoes, un-drained
1 medium celery stalk, sliced
½ cup uncooked orzo or rosamarina pasta
½ teaspoon salt
¼ teaspoon ground red pepper (cayenne)
½ cup plain low-fat yogurt

1. Cook beef in 10" skillet over medium-high about 6 minutes, stirring frequently, until brown; drain.
2. Stir in remaining ingredients except yogurt. Heat to boiling; reduce heat. Cover and simmer about 12 minutes, stirring frequently, until liquid is absorbed and pasta is tender.
3. Serve with yogurt.

1 serving is 340 calories.



Tilapia Tomato Basil Fillets

<http://www.bettycrocker.com/recipes/tilapia-tomato-basil-fillets/29342abb-4670-43d1-bcc3-2dc16a35f083?itemId=47c954cc-4fce-4886-88c8-60f3a6a632db&sc=Tilapia+Recipes&term=Tilapia>



2 tablespoons fresh lemon juice
2 teaspoons grated lemon peel
2 teaspoons olive oil
4 tilapia fillets, about ½" thick (1 lb.)
3 tablespoons chopped fresh basil leaves
½ teaspoon salt

¼ teaspoon lemon-pepper seasoning
1 can (14 ½ oz.) Muir Glen® organic diced tomatoes, drained
3 tablespoons grated or shredded Parmesan cheese

1. Heat oven to 400°F. Spray 11x7" glass baking dish with cooking spray. In shallow dish, combine lemon juice, peel and oil. Dip fillets into lemon mixture turning to coat. Place in baking dish.
2. Sprinkle basil, salt and pepper over fillets. Spoon tomatoes over fillets. Sprinkle with cheese. Cover with foil. Bake 15 to 20 minutes or until fish flakes easily with fork.

1 serving is 160 calories.