

Weight Management Follow-up Visit
Name _____

OMS 6
Date _____

Current weight _____	Medication _____	BMI _____
Initial weight _____	BP _____	Body fat % _____
Last visit _____	LMP _____	Water % _____
Change since first visit _____	*UPT _____	Resting energy _____
Change since last visit _____		

Please answer the questions below and on the next page

What **challenges** or **difficulties** are you having with your weight loss? _____
If you are you taking a **medication***, are you finding it helpful? ☐ **yes** ☐ **no**
Any side effects? ☐ **none** ☐ dry mouth ☐ jitteriness ☐ headache ☐ insomnia ☐ nausea ☐ other _____
Are you able to take the medication as directed? ☐ **yes** ☐ **no**
If no, what difficulties are you experiencing? _____

Exercise: What type and how often? _____

How well do you **sleep** at night?
☐ through the night ☐ fall asleep easily but can't stay asleep ☐ difficulty falling asleep ☐ frequent or early morning waking

Are you having any **symptoms** or **physical problems** since starting this program? ☐ **none**

<input type="checkbox"/> hunger	<input type="checkbox"/> fatigue	<input type="checkbox"/> fainting	<input type="checkbox"/> indigestion	<input type="checkbox"/> headache	<input type="checkbox"/> tremors	<input type="checkbox"/> trouble sleeping
<input type="checkbox"/> cravings	<input type="checkbox"/> chest pain	<input type="checkbox"/> short of breath	<input type="checkbox"/> joint pain	<input type="checkbox"/> weakness	<input type="checkbox"/> depression	<input type="checkbox"/> hair loss
<input type="checkbox"/> irritability	<input type="checkbox"/> rapid heart beat	<input type="checkbox"/> diarrhea	<input type="checkbox"/> muscle cramps	<input type="checkbox"/> numbness	<input type="checkbox"/> anxiety	<input type="checkbox"/> cold intolerance
<input type="checkbox"/> lack of control	<input type="checkbox"/> fluid retention	<input type="checkbox"/> constipation	<input type="checkbox"/> rashes	<input type="checkbox"/> dizziness	<input type="checkbox"/> moodiness	<input type="checkbox"/> irregular periods

Food Diary: Consider **WHEN** you eat as well as **WHAT** you eat

- Instead of labeling your meal as "breakfast" please identify your eating events with the time of day
- Focus on 3 meals a day, minimize snacks, eat your larger meal mid-day and your final meal earlier in the evening

time of day **give me an idea of what you eating in a typical day, including beverages!**

Weight Maintenance Session #6: Exercise Pointers, Part I

- 1) Exercise is more important than diet when trying to lose weight.
☐ true ☐ false
- 2) Exercise ideally should be performed daily to be effective for weight maintenance.
☐ true ☐ false
- 3) When trying to lower the percentage of fat in your body by exercise, it is necessary to walk or run as fast as you possibly could.
☐ true ☐ false
- 4) Weights work better for men than women in lowering the percentage of fat in the body.
☐ true ☐ false
- 5) Weight training is more effective than cardiovascular conditioning for patients in their 20's trying to maintain weight loss.
☐ true ☐ false

Patient Health Questionnaire (PHQ 9)

You answered the following questionnaires prior to your first visit.

Let's see how your responses have **improved** with your recent **healthy diet and lifestyle changes!**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself – or that you're a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TOTAL

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

Interpreting your score

0-4: minimal depression

5-9: mild depression

10-14: moderate depression

15-19: moderately severe depression

20-27: severe depression

1) Exercise is more important than diet when trying to lose weight.

False. Diet is much more effective for weight loss than exercise. In fact some studies have found that some women do not lose any weight just by exercising without cutting calories.

We care about exercise because it is necessary to help you maintain the weight loss after you lose it. Plus when you build more muscle mass, you burn more energy. Exercise also has numerous health benefits. Some examples include preventing cardiovascular disease, stress reduction, improving osteoarthritis and mental cognition.

2) Exercise ideally should be performed daily to be effective for weight maintenance.

False. The good news is that daily exercise is not usually required. The ideal goal is a minimum of 5 hours weekly for woman and 3 hours weekly for men. Every other day could work as well as daily. Exercising 1 day weekly for more than 5 hours would not be nearly as effective as daily or every other day.

3) When trying to lower the percentage of fat in your body by exercise, it is necessary to walk or run as fast as you possibly could.

False. Walking or running as hard and as fast as you could is not as desirable for fat percentage and weight management. It is more desirable to spend as much time as possible being physically active.

If you go as hard and as fast as you could, it usually leads to fatigue. Short, intense workouts are good for cardiovascular conditioning but not as ideal for weight management.

4) Weights work better for men than women in lowering the percentage of fat in the body.

False. Men and woman both benefit from using weights and/or resistance training as a part of their work out regimens. As a general rule people in their 20's benefit more from weights than people in their 50's secondary to the fact that young people are able to actually build muscle.

Over age 40 we all start to lose muscle every year that we are alive. For some, muscle loss begins at age 30. This is why we are much stronger at age 20 compared to age 60. We should all add resistance training to our regimens.

5) Weight training is more effective than cardiovascular conditioning for patients in their 20's trying to maintain weight loss.

True. Since patients in their twenties have the ability to actually build muscle, weight training makes more sense for them. Keep in mind that muscle mass increases metabolism and burns significantly more calories daily than fat mass. So building muscle should increase metabolism, leading to a more successful weight maintenance.

Food and Mood

Depression is the most disabling medical condition worldwide. Yet treatment and prevention often overlooks one critical factor: **what people eat**.

Depression levels are at an all-time high. Unlike heart disease and cancer, mental illness strikes at earlier ages. In fact, among people aged 15 – 44, depressive disorders are the leading cause of disability worldwide. And in 2020, depression will be the top cause of disability in the US for the first time.

If you don't suffer from depression, you may wonder how this applies to your life. The reality is that we are all at risk for brain illnesses such as depression, just as we are all at risk for heart disease and cancer. What we cook for our family and friends is one of our most powerful weapons to help prevent illness. Extensive research shows that the quality of your food directly relates to your risk for depression.

In the past, researchers have looked at how single nutrients like B12 or specific food groups like seafood could protect against depressive disorders. They also determined how processed foods such as those high in refined carbohydrates or sugar could *contribute* to depression risk.

Among those studies: A meta-analysis showed higher amounts of fruit and vegetables, fish, and whole grains could lower depression among adults. Another meta-analysis found adhering to the Mediterranean diet — rich in colorful plant foods and fish — could reduce risk for depression by 30 percent. A systematic review found that higher intakes of foods with saturated fat, refined carbohydrates, and processed food products led to worse mental health among children and adolescents.

A few years ago, the first randomized controlled trial found that what you eat could help treat or prevent brain-based disorders, especially depression. Researchers here found “significant reductions in depression symptoms” from dietary interventions, independent of other factors including smoking rates or physical activity.

Looking at the 34 known essential nutrients, we isolated 12 antidepressant nutrients:

- Iron
- Omega-3 fatty acids (EPA and DHA)
- Magnesium
- Potassium
- Selenium
- Several B vitamins: Thiamine, folate, B6, and B12
- Vitamin A
- Vitamin C
- Zinc

What foods have the most of these nutrients? Among animal foods, oysters were top with a 56 percent AFS. Several other shellfish including clams and mussels topped that list. But plant foods really took the prize. Check out these numbers:

- Watercress — 127%
- Spinach — 97%
- Mustard, turnip, or beet greens — 76-93%
- Lettuces (red, green, romaine) — 74-99%
- Swiss chard — 90%
- Fresh herbs (cilantro, basil, or parsley) — 73-75%
- Kale or collards — 48-62%
- Cauliflower — 41-42%
- Broccoli — 41%
- Brussels sprouts — 35%

What becomes so clear in this study are a core of our clinical work. Instead of specific foods, we focus on food categories that clinicians and patients alike can use to manage depression. These foods are literally the top *brain* foods.

And what was the clear winner in this study? Plants! Unfortunately, very few of us eat enough vegetables. In fact, the Centers for Disease Control and Prevention (CDC) says 9.3 percent of Americans eat enough vegetables. This is one reason that the burden of disease – from heart disease to depression – continues to increase.

I want you to eat more vegetables, *period*, but I also want you to optimize the benefits of vegetables to help support your brain health and to help protect you and your loved ones from depression. Here are five ways how to do that.

Eat more fermented vegetables. Fermented vegetables like kefir and sauerkraut contain various species of bacteria associated with health benefits, namely species of *Lactobacillus* or *Bifidobacterium*. Foods that contain live bacteria cultures are “probiotics.” Research shows that these good gut flora can potentially alleviate depressive symptoms.

Feed your good gut bugs. You want to populate your good gut bugs with probiotics, but you also want to feed those bugs. (They are living creatures, after all!) Chicory root, Jerusalem artichoke, dandelion greens, garlic, leeks, asparagus, and onions are excellent sources of *prebiotics*, which your good gut bugs or probiotics feed on.

Leafy Greens and Rainbows. This is a simple brainfood test. Look at your plate. Is it filled with multiple colors? Leafy greens? I try to get these food categories in at almost every meal because they are so nutrient dense.

Add Healthy Fats. You absorb some molecules in plants, like vitamin K and fat-soluble phytonutrients like lycopene, when you add fats. Healthy fats include Omega-3 fatty acids, olives and olive oil, avocado, nuts and seeds.

Do the best that you can. Frozen organic vegetables are a good value and equivalent to fresh vegetables in terms of nutrients. Remember that organic matters more for some foods, such as kale and peaches (which are eaten whole), than others, such as onions and sweet potatoes (which are peeled).

Use the Environmental Working Group’s (EWG’s) 2019 Shopper’s Guide to Pesticides in Produce™ to determine what vegetables you absolutely want to buy organic. You can also ask your local farmers (if possible) about their produce, as many small farms aren’t officially certified organic but still grow food free of pesticides.

No doubt we’ll see more research examining how food can impact depression, but you needn’t wait for researchers to catch up on what we already know and this new study proves: Eating more nutrient-dense leafy and cruciferous vegetables is one of the few ways that research suggests we can protect ourselves and our families against depression. Your brain health starts at the end of your fork.

In early 2017, the first-ever randomized controlled clinical trial to test a dietary intervention as a treatment for clinical depression was published. The study was aptly called the SMILES (Supporting Modification of Lifestyle in Lower Emotional States) study. While there has been much research looking at the link between the foods we eat and depression, a randomized controlled clinical trial is the gold standard of research. Rather than looking at correlations, an RCT is able to better identify cause and effect relationships.

In the SMILES study, 67 patients with moderate to severe depression were divided into two 12-week parallel group trials. The treatment group received seven 60-minute sessions of dietary counselling. The parallel control group received a matching social support protocol. The vast majority of participants were also receiving either psychotherapy, medications or both.

Participants in the treatment group were encouraged to adopt a modified Mediterranean diet. They increased what I like to call “Brain Food”; whole grains, fruits, vegetables, nuts and legumes, lean meats and seafood. They were also encouraged to decrease foods associated with the Standard American Diet (known as SAD) – empty carbohydrates, refined starches, and highly processed foods.

In the treatment group, 32% of patients achieved remission, compared with 8% in the control group. And that’s not the only good news. People got wealthier! Participants in the treatment group saved \$104 per month eating the brain healthy Mediterranean diet. Beats depression and saves you money. Chalk up a win for brainfood.

Read more at <http://dunnewithdieting.com/weightmanagementvisits/6goodmood.html>

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