Cut back on coffee creamers to cut back on calories

How do you take your coffee? For a majority of people, a cup of freshly brewed coffee is a part of your morning routine. However, coffee could be contributing to weight gain or sabotaging weight loss efforts, depending on how you take it and how often you drink it. That's because coffee additions like cream, sugar, and other flavorings can supply plenty of empty calories.

Consider that each tablespoon of nondairy creamers average about 25-35 calories per tablespoon compared with 5 calories in a tablespoon of nonfat milk. Adding a liberal amount of these creamers to your coffee could mean 50+ calories per cup. If you drink more than one cup of coffee this could mean over 100 extra calories per day. To burn an extra 100 calories you would have to walk on average an extra 2000 steps per day. And when you put calories into pounds an additional 100 calories per day could mean a weight gain of about 10 pounds in a one year….just from coffee intake alone!

It is also important to note that when using liquid coffee creamers, claims such as “fat free” or “sugar free” does not necessarily mean “calorie free.” In many cases people may think that since a product is labeled “fat free” or “sugar free” you can use this product liberally because there are no calorie consequences; however, this is not true. Most sugar-free or fat free products have very similar calories when compared to the full sugar or full fat version.

To sum things up, you can shave a significant number of calories by cutting back on or eliminating coffee creamers in your daily cup altogether. If you absolutely have to have creamers, measure out one serving at a time. And if you really want to save calories, try drinking your coffee black.

Continued on page 2
Coffee creamers- continued from page 1

Calorie comparisons:

<table>
<thead>
<tr>
<th>Coffee creamer</th>
<th>Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffeemate Hazelnut (Sugarfree)</td>
<td>30 (2 tbsp)</td>
</tr>
<tr>
<td>Coffeemate Hazelnut (Fat free)</td>
<td>50 (2 tbsp)</td>
</tr>
<tr>
<td>Coffeemate Hazelnut</td>
<td>70 (2 tbsp)</td>
</tr>
<tr>
<td>Bailey’s coffee creamers</td>
<td>80 (2 tbsp)</td>
</tr>
<tr>
<td>International delight Hershey’s chocolate caramel</td>
<td>90 (2 tbsp)</td>
</tr>
<tr>
<td>DD flavor shots: butter pecan swirl, hazelnut swirl, white chocolate raspberry, French vanilla swirl, cookie dough swirl</td>
<td>170 (medium size, and does not include extra sugar or milk/cream)</td>
</tr>
</tbody>
</table>

*Some smarter choices at DD: flavor shots of 15 calories (blueberry, hazelnut, caramel, coconut, French vanilla, toasted almond) or coffee with skim milk and Splenda is 25 calories (medium size).

References:
http://www.lifescript.com/diet-fitness/tips/y/your_weight-loss_solution_avoid_nondairy_coffee_creamers.aspx#
http://www.caloriecount.com/tag/food/coffeecreamer
http://www.livestrong.com/article/318593-how-many-calories-do-you-lose-per-600-walking-steps/

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Support Group Updates

- Dr. Liliav (Plastic Surgeon at EMMC) will be presenting *Body Contouring* on **Sept 15th** and **November 17th 2015** from 6:00-630p. Both Tuesday Support Groups will end at 6pm these nights.

- We are planning to begin an **online support group** in the fall of 2015 run by bariatric dietitian Kaileigh Duym, RD. Please email Lynn Bolduc @ Lbolduc@emhs.org to get added to a list to get updates.

- EMMC is looking to expand our support group offerings in 2015 or 2016 with a group at Mercy hospital in Portland and a group at Maine Coast in Ellsworth.

Please email Lynn Bolduc at Lbolduc@emhs.org with your name, and which list (Mercy or Maine Coast) you would like to be on.
Surgical Weight Loss Support Groups

We encourage regular attendance to these groups. Attending groups is one way to re-affirm the importance of your commitment to surgery. Studies show those who attend groups, weigh themselves regularly, and record dietary intake are more likely to manage their weight. Send your e-mail to Lynn Bolduc if you would like to be put on an e-mail reminder list for any one of the groups— Lbolduc@emhs.org

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>Time</th>
<th>Leader</th>
<th>Upcoming Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Friday of every month</td>
<td>Mason Conference Room at Eastern Maine Medical Center</td>
<td>4:30-6:30PM</td>
<td>Lynn Bolduc, RD</td>
<td>*July 10th, 2015 – Dr. St. Jean <em>July 10th Tama will lead</em> August 7th, 2015 – Dr. Dayhim Sept 4th, 2015 – Dr. Dayhim Oct 2nd, 2015 – Dr. Dayhim</td>
</tr>
<tr>
<td>3rd Tuesday of every month</td>
<td>Mason Conference Room at Eastern Maine Medical Center</td>
<td>4:30-6:30PM</td>
<td>Tama Fitzpatrick, RD</td>
<td>July 21st, 2015 – Dr. Toder August 18th, 2015 – Dr. Toder Sept 15th, 2015 – Dr. Toder Oct 20th, 2015 – Dr. St. Jean</td>
</tr>
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Bangor: EMMC Healthcare Mall:

Staying On Track Support Group (for patients who have had weight loss surgery):

<table>
<thead>
<tr>
<th>When</th>
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<th>Time</th>
<th>Leader</th>
<th>Upcoming Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Wednesday of every month</td>
<td>Diabetes, Endocrine, and Nutrition Center, Classroom 905 Union Street Suite 11</td>
<td>5:00-6:00PM</td>
<td>Dr. Nina Boulard, Clinical Psychologist</td>
<td>July 8th <em>Led by Dr. Fritzler</em> August 12th <em>Led by Dr. Fritzler</em> Sept 9th, 2015 Oct 14th, 2015</td>
</tr>
</tbody>
</table>

*Due to the small room size and sensitivity of topics discussed, we ask that you come alone to this group. This group is now open to ANYONE who has had weight loss surgery. The group size is typically small.

Staying On Track Support Group via ITV at Presque Isle - TMC
(for patients who have had weight loss surgery):

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>Time</th>
<th>Leader</th>
<th>Upcoming Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Wednesday of every month</td>
<td>Remote at TMC through ITV</td>
<td>4:00-5:00 PM</td>
<td>Dr. Nina Boulard, Clinical Psychologist</td>
<td>July 1st, 2015 August 5th, 2015 Sept 2nd, 2015 Oct 7th, 2015</td>
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Presque Isle: TMC

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<th>When</th>
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<th>Leader</th>
<th>Upcoming Groups</th>
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<tbody>
<tr>
<td>1st Wednesday of every month</td>
<td>The Aroostook Medical Center; McCain A Conference Room</td>
<td>5:00-6:00 PM</td>
<td>Nicole Doughty, RD, Kate Parsons, RD, &amp; Angel Hebert, RD</td>
<td>July 1st, 2015 August 5th, 2015 Sept 2nd, 2015 Oct 7th, 2015</td>
</tr>
</tbody>
</table>

Waterville: Inland Hospital

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<tr>
<th>When</th>
<th>Where</th>
<th>Time</th>
<th>Leader</th>
<th>Upcoming Groups</th>
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</table>
This Place Just Became the First Part of the U.S. to Impose a Tax on Junk Food
(http://time.com/3762922/junk-food-tax-obesity-navajo-nation/)

The Navajo Nation, which suffers from a 10% obesity rate, is imposing a 2% junk-food tax on its reservation beginning April 1. Navajo president Ben Shelly approved the Healthy Dine Nation Act last November, which will also eliminate a 5% sales tax on healthy foods including fresh fruits and vegetables. Revenues from the new tax will reportedly be channeled toward community wellness projects like farmer’s markets, vegetable gardens and greenhouses on the Navajo reservation spanning from Arizona and New Mexico to Utah.

Better Joint Replacement Outcomes for Patients With Obesity Who Have Weight Loss Surgery (http://www.medicalnewstoday.com/articles/291558.php)

Patients with obesity who undergo weight-loss surgery prior to having a knee or hip replacement may have better outcomes than those who do not, according to a study presented at the 2015 Annual Meeting of the American Academy of Orthopedic Surgeons. The authors commented saying the results demonstrate that "Ideally… a team approach would be used to treat morbidly obese patients with hip and knee arthritis in which various health care professionals are in place to help a patient lose weight, improve his or her health, and optimize nutrition before joint replacement to maximize its benefits." Additionally, they noted that the findings may also be “helpful” in re-evaluating if weight loss surgery should be a covered benefit for some health care systems that currently do not.


In obese people with asthma, weight-loss surgery has been linked to a significant reduction in serious asthma flare-ups, according to a study published online in the *Journal of Allergy and Clinical Immunology*. The study analyzed databases from three states, California, Florida and Nebraska, which included almost 2,300 obese patients with asthma who had weight-loss surgery between 2007 and 2009. The researchers found that one to two years before surgery, 22% of the group had at least one emergency department visit or hospitalization due to asthma. This was reduced to only 11% during the two years following surgery. However, it's not clear how much weight needs to be lost to make a difference in serious asthma symptoms, or if losing greater amounts of weight was linked to an even greater reduction in asthma flare-ups. ASMBS president, Dr. John Morton, provided perspective on bariatric surgery as a treatment for obesity co-morbidities and also noted, "Many people think this is a high-risk surgery, but it has the same low mortality rate [less than one percent] as gallbladder surgery, and advances in laparoscopy have reduced hospitalization to only a two-day stay."
Joe’s Story

My name is Joe Powers and this is my story of weight loss surgery at EMMC.

In August 2013, an annual visit to my doctor was not a good one. He informed me that my Metformin for type II diabetes was no longer working and I would need to start using insulin within the next few months. I looked at him and said I am not going there and asked for my options. One was to lose enough weight, of course!! Though I had tried, I had never been able to lose more than 15 to 20 pounds. I had a traumatic accident about 10 years before coming down with type II diabetes. The thought was that the accident triggered something in my system and the weight just keep going up from that point. I developed cholesterol and high blood pressure issues during this time as well. My doctor recommended that I go to a surgical weight loss presentation at EMMC to learn about the program. By the end of August 2013, my wife and I had attended a presentation and I was very surprised at how many people where there for the same reasons I was. We stayed for the support group meeting after Lynn Bolduc’s presentation and wow! The personal stories were really moving and very emotional. When I left, there was a lot to absorb but I felt this was what I needed to do if I was going to beat being overweight with other serious health problems.

The next several months were very busy with many trips to Bangor to meet with the nutritionist and other specialist involved in the program. In late 2013, as a result of a sleep study, I was diagnosed with sleep apnea. This was a setback for me that was going to delay my plans for surgery. Following the diagnosis, I was set up with a c-pap machine and the difference that made in my ability to get a great night’s sleep was more than amazing and well worth the delay. So after passing all of the hurdles to get to surgery, I was on my way!

Through my research of the different types of gastric surgery, sleeve surgery was my choice. At the pre surgery meeting with Dr. Michael St Jean, following being somewhat grilled as to why I thought sleeve was the best option, Doc St. Jean agreed that in my case, with my situation, that was the best fit for me.

When I started this program I was 250 pounds, I had been heavier than that prior to this program by 20lbs. I also had a very high A1C level of over 9 and before they would do surgery I had to get this down to 7 or lower. This was very difficult but the liquid diet that is required before surgery worked for me and I got down to 7 or below.

I am thirteen months post-surgery as of this writing. I have lost 70 pounds since surgery. I have no more sleep apnea and diabetes is in arrest, A1C is 5.4 which is that of a normal person without diabetes and cholesterol in the normal range. My BMI is normal for my height and build. The increased energy level I feel is amazing. I have not felt this good in many, many years and I am glad that I now have a more promising future. I have a new granddaughter and am looking forward to seeing her grow up.

One other thing that came out of the weight loss was my doctor found a lump on my neck and I was diagnosed with thyroid cancer. While that may seem awful it was caught early enough that we have been able to treat it and the prognosis looks great!! The lump was hidden by the extra weight. If I had not lost the weight we may never have caught this in time and who knows what the outcome may have been!!

I can’t say enough good things about the surgical weight loss program at EMMC. All of the staff and Dr. St. Jean have been wonderful and they have made this journey a great one and I can’t thank all of them enough. If you are considering this method of weight loss I would recommend the program at EMMC. They have a great program and the follow up is amazing and very thorough. They are there for you all the way.

See Joe’s BEFORE AND AFTER PICS on next page
Joe’s Before and After Pictures

Joe 2014

Joe 2012

Looking for Stories...
Do you have a story, poem, healthy recipe, or question to ask the team or something interesting to share? Please e-mail Lynn Bolduc, Tama Fitzpatrick, Valerie Curtis or Kaileigh Duym for submission to the newsletter @ lbolduc@emhs.org; tfitzpatrick@emhs.org; vncurtis@emhs.org; kduym@emhs.org
Quarterly Newsletter

If you want to receive this newsletter electronically, please register by going to: www.swlp.emmc.org; click on “Support after surgery” then find “Surgical weight loss newsletter.” Hard copies of the newsletter are distributed at the support groups and dietitian visits. The SKINNY is published four times per year. You can also e-mail Lynn directly at Lbolduc@emhs.org and she will add you. Once on the mailing list you will monthly receive electronic e-mail reminders about the group.

Clothing Swaps


In an attempt to help our patients as they change sizes quickly after weight loss, EMMC Surgical Weight Loss has been having clothing swaps since 2000. We ask that you consider donating gently used, clean clothing. You do not need to donate clothing in order to take advantage of the swap. You can take clothing without giving and give without taking. No money will be exchanged. The clothes not taken at the end of the night are given to charities such as Salvation Army, Goodwill or Shoestring Thrift shop. People usually bring the clothing between 4-4:30P on the night of the clothing swap and the swap part happens immediately after the support group (6:30pm) in Mason Conference Room. This is a patient led activity which can always use more volunteers. Please contact Lynn Bolduc at Lbolduc@emhs.org if you are interested in how to pay-it-forward.

*Please note that we do not have a way to store clothing brought in advance and left at our offices.

Martins Point Insurance Subscribers

Do you have Martins Point insurance and have had some trouble getting authorization for your nutrition appointments after surgery? If so please contact Lynn Bolduc, program Manager, as she has learned some tips recently on getting this approved. You can reach her at: 973-4940 or email: Lbolduc@emhs.org

Tips from Technology

Bariatric Timer – this is a free application that you can download on your smart phone for people who keep constant time intervals between their meals and drinks or want to keep track of their meals/drinks. In particular, it is made for people who went through a bariatric surgery.

Nutrition Diva – Monica Reinagel MS, LD/N.CNS is a registered dietitian that is reaching the masses online and on social media. She helps people sort food facts from fiction, separate the good from the bad, and make eating healthy just a little bit easier. You can connect with her on Facebook, Twitter and Google+. You can also subscribe to her podcast on itunes, Stitcher and SoundCloud or via RSS.
How Many Steps a Day Should You Really Walk?

By Jesse Singal Follow @jessesingal

If you pluck someone off the street, whether in New York or Wichita or Seattle or Sacramento, and ask them how many steps people should aim for per day in order to get enough physical activity, they’ll probably tell you 10,000. In an age in which pedometers are cheaper, more accurate, and more feature-rich than ever, this number has taken on almost mythical proportions — a lofty-sounding goal (in reality, it’s approximately five miles, and a reasonably active person can pull it off fairly easily) that separates the active-lifestyle have from the slothful have-nots.

But is there any medical reason to embrace this number? Not really. That’s because the 10,000-steps-a-day recommendation has nothing to do with sedentary, fast-food-drenched circa-2015 America. Rather, the recommendation first popped up in a very different food and environment: 1960s Japan.

“It basically started around the Tokyo Olympics” in 1964, said Catrine Tudor-Locke, a professor who studies walking behavior at LSU’s Pennington Biomedical Center. “A company over there created a man-po-kei, a pedometer. And man stands for ‘10,000,’ po stands for ‘step,’ and kei stands for ‘meter’ or ‘gauge.’” Ten thousand, it turns out, “is a very auspicious number” in Japanese culture, said Theodore Bestor, a Harvard researcher of Japanese society and culture, in an email. “That is, it seems likely to me that the 10,000 steps goal was subsidiary to having a good-sounding name for marketing purposes.” Whatever the reason for the adoption of this particular number, “It resonated with people at the time, and they went man-po-kei-ing all over the place,” said Tudor-Locke.

The problem, which barely needs stating, is that circa-1964 Japan was markedly different from the circa-2015 U.S. “By all accounts, life in Japan in the 1960s was less calorie rich, less animal fat, and much less bound up in cars,” said Bestor. Data from the Food and Agriculture Organization of the United Nations shows that the average per-capita food supply for Japanese people in 1964 was 2,632 calories, while the average for Americans in 2011 was 3,639. That’s a difference of about 1,000 calories — or, if you’re keeping track, about 20,000 steps for an average-size person. (Jean Buzby of the USDA said in an email that food supply is a commonly used rough proxy for food consumption.)

These sorts of numbers all vary hugely, of course, depending on region, social demographics, and a variety of other factors. But the point is no one can argue that Japanese people in the 1960s lived in the same sort of nutritional environment as Americans in 2015.

More broadly, 10,000 steps is just a bit too simplistic a figure, say nutrition researchers. All the ones I spoke to agreed that there’s nothing wrong with shooting for 10,000 steps, per se, and that on paper, walking (or doing any physical activity) more is better than walking less. But Tudor-Locke said that “The one-size-fits-all [approach] doesn’t necessarily work.” (Continue story on next page)
Her work focuses on the most sedentary slice of the population (a rather big slice in the U.S.), and there, it can be a challenge to get people to take 5,000 steps, let alone 10,000. But moving from 2,500 steps a day, say, to 5,000, is a small but important victory for people who don’t get any exercise, and can have important health ramifications. “We know that you get the biggest bang for your buck by just moving from a sedentary state up a little bit,” she said. “Your biggest bang comes from rolling off the couch and being active.” A big European study published in January that looked at the mortality rates for people with different activities levels, in fact, found that “a markedly reduced hazard was observed between those categorized as inactive and those categorized as moderately inactive” — a 20 to 30 percent reduction.

People in these categories, who at the moment are getting almost no exercise, aren’t going to benefit from the 10,000-steps recommendation. In fact, it might deter them from exercising, said Tudor-Locke. “For people who are very inactive or chronically ill or whatever have you, that might be a huge jump for them,” she said, “and that might be intimidating for them.” If the 10,000-steps goal has this effect, “then it loses its purpose.” From a public-health perspective, she said, a more pressing, realistic goal is “to get people away from taking less than 5,000” steps a day.

In a country where people eat really, really poorly, there’s also a chance that fixating on the 10,000-step milestone will lead people to neglect other, potentially important factors like their diet. “Focusing exclusively on how many steps you’re getting and neglecting those other aspects isn’t going to lead to an overall improvement in health, unless you’re addressing those other factors simultaneously,” said Jeff Goldsmith, a biostatistics professor at Columbia’s Mailman School of Public Health.

In other words: Yeah, 10,000 steps is great, but if you follow up those 10,000 steps by buying a 500-calorie hamburger — and, more generally, spend the rest of your day eating junk — you can still gain weight and face all sorts of unpleasant negative health outcomes. “What we know from the scientific evidence is that diet and physical activity are relatively separate domains,” said Dr. Eric Rimm of the Harvard School of Public Health. “There are people who are overweight and eat poorly and still exercise, and on the other hand, there are people who eat really well but sit on the couch.” An overly narrow focus on 10,000 doesn’t encourage an integrated approach to getting healthier.

Finally, 10,000 steps might “be too low for children,” said Jean Philippe-Walhin, an exercise researcher at the University of Bath — and kids these days, as you’re probably already aware, aren’t doing so hot on the obesity front.

So while 10,000 steps is fun and easy to remember and a catchy marketing tool in (at least) two languages, maybe it’s time, given just how unhealthy so many people are and how much they’d benefit from moving around just a little more, to embrace an incremental-improvement approach to exercise. But even if the science of nutrition and exercise is complicated, that doesn’t mean the take-home message needs to be. “Stand rather than sit, walk rather than stand, jog rather than walk, and run rather than jog,” wrote Ulf Ekelund, lead author of the European mortality study, in an email. Tudor-Locke distilled things even further: “Just move more than before,” she said. “Keep moving more than before.”
The Turkey Trot is coming

By Lynn Bolduc, RD

Summer is a great time of year to get outdoors and move. What better time of year to prepare for a new fitness challenge? I encourage you to consider signing up for this 5K. Held the Sunday afternoon before Thanksgiving this 3 mile road race in Brewer is known as the Turkey Trot. There is a 1-mile run option if you have children. Participants can walk or run the event. More news about applications will be coming in a future newsletter or by sending an email to Lynn Bolduc (lbolduc@emhs.org) with “Turkey Trot” in the subject line.

Training plans can be found at places like:

2. Runner’s World: http://www.runnersworld.com/getting-started/the-8-week-beginners-program

This race is fun with lots of prizes and not just for the fast. After the event the participants sit on the gymnasium floor while lots of prized are awarded just based upon your entry (and not your time). The final prize is a cash prize representing $1 from each participant's entry fee stuffed into a paper mache turkey. You could be the lucky winner. And even if you don’t win training for the event will help your fitness goals.

Mindful Eating Class Update

The next Mindful Eating Class will be held Saturday, September 12th from 10-12:30pm. This is an exciting offering to all SWL patients! Cost is $50 and we do not bill insurance for this class. If interested, e-mail Krystal Tracy at ktracy@emhs.org or call (207) 973-4037. Deadline to register for this session is August 12th.

Mindful eating has been shown to help people:

1) Reduce overeating
2) Lose weight
3) Cope with chronic eating problems, and reduce anxious thoughts about food and your body
4) Improve the symptoms of Type 2 diabetes

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