

## Weight Loss Maintenance

### Help Veterans Put Lapses Into Perspective

- Frame as a temporary dip in the trend line.
- Avoid self recrimination or other negative emotional reactions.
- Avoid giving up because of a brief lapse.
- Engage in realistic positive thinking.
- Immediately resume appropriate weight control habits.

### Ten Relapse Prevention Strategies

- Continued counseling contact
- Social support
- Contingency plans for high-risk situations
- Self-monitoring
- Environmental cues for weight control behaviors
- Achievable daily goals
- Self-reinforcement system
- Alternative sources of pleasure besides food
- Positive thinking
- “Alarm” system for behaviors and weight

### Strategies For Long-Term Weight Loss Maintenance\*

- Use of both dietary restriction and physical activity
- Limiting calorie and fat intake and limiting portion sizes
- Use of regular (daily) physical activity, average of 60-90 min/day
- Consuming breakfast daily
- Self-monitoring of weight, at least weekly
- Maintaining dietary consistency over the weekends and holidays

\*From participants in the National Weight Control Registry

Patient handouts for maintenance available on the *MOVE!* website

# **MOVE!**

## Pocket Guide

for

## Behavioral Health Professionals

Developed by:

**VA National Center for Health Promotion  
and Disease Prevention —  
a program office of VHA Patient Care Services**

and

**VA Employee Education System**

***MOVE!* Website  
[vawww.move.med.va.gov](http://vawww.move.med.va.gov)**



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## Level 5 - Bariatric Surgery - 2

### Categorize Candidates After Psychological Evaluation

- Serious active psychopathology, not a surgical candidate.
- Decision on acceptability for surgery should be delayed pending response to further psychological evaluation and treatment.
- Considered psychologically acceptable for surgery, but should be provided with ongoing psychological treatment before and after surgery.
- Considered psychologically acceptable for surgery; provide psychological treatment on an as-needed basis.

See *MOVE!* website for more information on pre-op psychological assessment and for instruments not available on VISTA/CPRS.

### Post-Operative Patient Guidance

- Expected Wt Loss ≈ 30-35% of body weight, peak loss at 12-18 mos
- General wound care unless otherwise directed
- Nutrition - diet slowly advanced from clear liquids to solids over 6-8 weeks
  - Avoid drinking liquids with meals and avoid carbonated beverages
  - Prioritize protein-rich foods
  - Slow pace of eating, chew food thoroughly
  - Meal should be sized to fit in palm of hand
  - Daily multivitamin/mineral supplement, other supplements as directed by surgeon, primary care provider, or dietitian.
- Psychologic - anticipate changes in self-image and relationships
- Physical Activity - begin slow and gradually increase
- Lifelong surveillance and care required

## Level 4 - Brief Residential Treatment

Currently, this service is limited to very few VHA facilities and may not be available for all qualified patients at this time. Consult the *MOVE!* website for the latest information on availability.

## Level 5 - Bariatric Surgery - 1

Currently, this service is limited to few VHA facilities and may not be available for all qualified patients at this time. Consult the *MOVE!* website for the latest information on availability.

### Complications

- Up to 2% risk of death
- 20% risk of nonfatal complications: surgical complications, gallstones, ulcers, stenosis, nausea/vomiting, dumping syndrome
- Other side effects [loss of hair, body odors, large amounts of excess skin]

### Candidates For Bariatric Surgery

1. BMI  $\geq$  40; (BMI  $\geq$  35 with obesity-associated conditions considered case-by-case), AND
2. Participation in *MOVE!* Levels 1-2 or a similar program for at least three months, AND
3. Formal psychological evaluation, AND
  - Review of the medical record
  - A clinical interview. (e.g., The Boston Interview )
  - Suggested psychological screening instruments include:
    - Alcohol Use Disorder Test (AUDIT-C)
    - Drug Abuse Screening Test (DAST<sup>®</sup>)
    - Millon Behavioral Medicine Diagnostic (MBMD<sup>®</sup>)
    - Multidimensional Health Locus of Control (MHLC)
    - Questionnaire on Weight and Eating Patterns (QWEP<sup>®</sup>)
4. Medical evaluation that finds patient has no contraindications to surgery.

## Program Overview - 1

### General Characteristics Of *MOVE!*

- Emphasis on health and well-being, not appearance
- Lifetime/lifestyle focus
- Population-based
- Evidence-based
- Tiered treatment
- Multidisciplinary content: behavior, nutrition, physical activity
- Individually tailored with patient-determined intensity of treatment
- Integration within primary care and existing resources
- Standard program tools and materials available

### Program Flow--See Algorithm On Page 4

1. Screen for overweight/obesity at least once every 2 years.
2. Determine benefit from or eligibility for weight management.
3. Risk educate overweight or obese patients who would benefit.
4. Offer *MOVE!* participation.
5. Enroll into *MOVE!* using the *MOVE!*23 Patient Questionnaire.
6. Determine intensity of treatment with veteran`.
7. Support self-management; provide additional treatment as requested/needed.
8. Monitor progress, address barriers, and support maintenance.

### *MOVE!* Program Levels

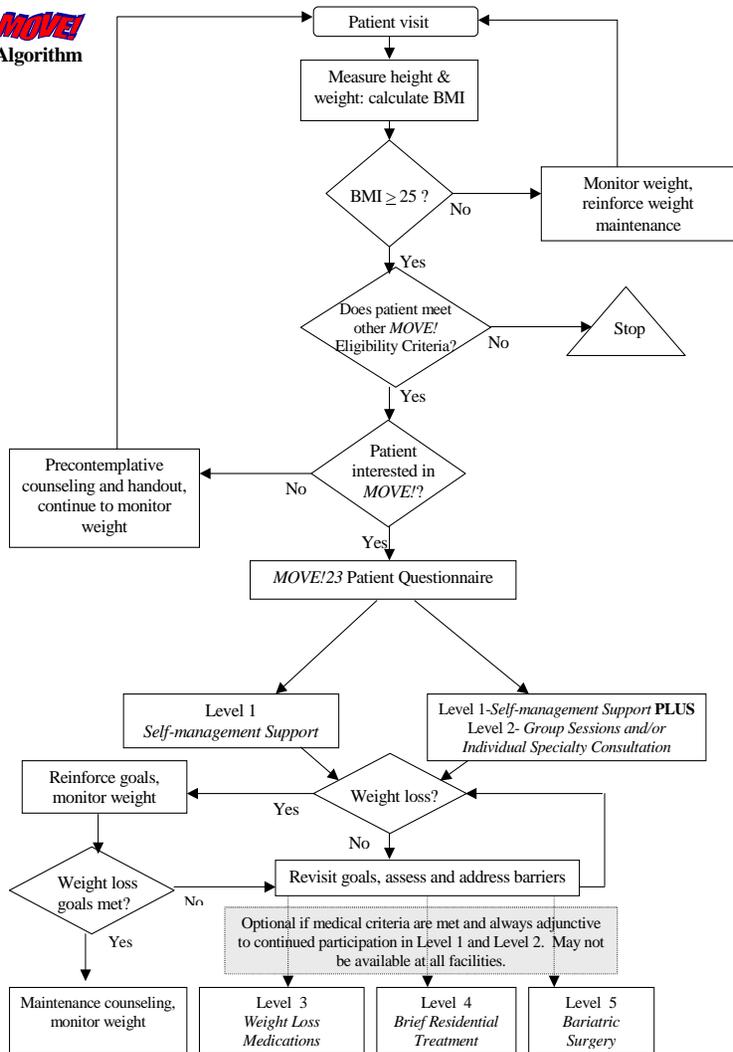
Level 1 - *Self-management Support*

Level 2 - *Group Sessions and/or Individual Specialty Consultation*

Level 3 - *Weight Loss Medications*

Level 4 - *Brief Residential Treatment*

Level 5 - *Bariatric Surgery*



## Level 3 - Weight Loss Medications

### Medications For Weight Loss And Maintenance

- Require a non-formulary drug request
- Should always be used in conjunction with other weight management behaviors (reduced calorie diet and/or increases in physical activity) as part of Level 1 or Level 2
- Result in an average additional loss of 5-11 lbs over a 12 month period compared to a behavioral program alone

#### Orlistat (Xenical®)

- Blocks fat absorption by the gut
- Dosed as 120 mg capsules t.i.d. with meals
- Side effects:
 

fatty/oily stools	oily spotting
fecal urgency and incontinence	abdominal pain
dyspepsia	bloating
- Potential for fat-soluble vitamin deficiencies

#### Criteria for Initial 30-day supply:

- BMI  $\geq 30$ , or  $\geq 27$  with obesity-associated condition(s)
- Enrolled in *MOVE!* Level 1 and/or 2 or similar program
- No allergy to orlistat, malabsorption syndromes, or cholestasis
- Demonstrated ability to comply with low-fat diet
- Taking a multivitamin/mineral supplement with Vitamins A, D, E, K

#### Sibutramine (Meridia®)

- Suppresses appetite and induces a feeling of fullness
- Starting dose is 10 mg q.d. Maximum dose is 15 mg q.d.
- Side effects:
 

increase in heart rate	insomnia	constipation
increase in blood pressure	dry mouth	nausea

#### Criteria for initial 30-day supply:

- BMI  $\geq 30$ , or  $\geq 27$  with obesity-associated condition(s)
- Enrolled in *MOVE!* Level 1 and/or 2 or similar program
- No allergy or contraindications to sibutramine
  - Pseudoephedrine or MAOI, SSRI, SNRI, triptan or other serotonin affecting drug use within 2 weeks
  - Anorexia or bulimia
  - Uncontrolled hypertension (BP >145/90 mmHg)
  - History of CAD, CHF, arrhythmia, stroke, narrow angle glaucoma
- Enrolled in the VA sibutramine safety registry by pharmacist

## Level 2 - Group Sessions and Individual Specialty Consultation

Provide Level 2 services at any time you or the veteran feels it would be beneficial.

### Group Sessions

General format:

- Individual weigh-in
- 1-2 topic discussions (nutrition, physical activity, behavior)
- General group discussion, problem-solving, and support

Engaging Patients in Discussion:

- Write major points on a whiteboard
- Ask veterans to read parts of handout out loud
- Encourage questions
- Solicit thoughts, feelings, opinions
- Ask how topic applies to them personally
- Ask veterans to complete specific written or verbal exercises
- Ask veterans to complete some "homework" for the next session
- Ask veterans to bring information on a selected topic for the next session
- Ask veterans how they personally plan to implement the information or suggestions discussed

Sample group modules are available on the *MOVE!* website.

### Individual Specialty Consultation

Use this option when veterans require additional evaluation, treatment, or guidance beyond that available through Level 1-*Self-management Support* or Level 2-*Group Session* participation.

## Screening - 1

Use BMI To Screen For Overweight/Obesity (every 2 yrs)

- Measure height without shoes
- Measure weight
- Calculate BMI (in CPRS or use chart on page 6)

$$\text{BMI} = \frac{\text{weight (in kilograms)}}{\text{height (meters)}^2}$$

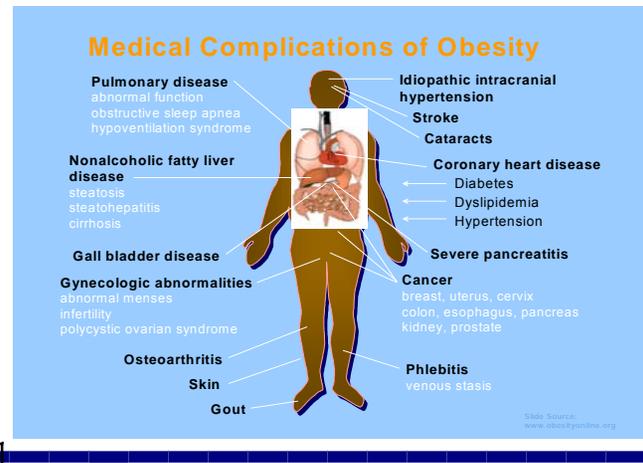
Classify Veteran By BMI Category

BMI	Classification
< 18.5	Underweight
18.5-24.9	Normal Weight
25-29.9	Overweight
≥ 30	Obese

Assess Benefit From Weight Management Participation

See *MOVE!* Eligibility Screening Chart (page 7)

Discuss Risks Of Overweight/obesity With Those Eligible



**MOVE! Body Mass Index**

HEIGHT (ft/in)

HEIGHT (ft/in)	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
4'5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
4'7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
4'9"	26	28	30	33	35	37	39	41	43	45	48	50	52	54	56	59	61	63	65	67	69	72
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69
4'11"	24	26	28	30	32	34	36	38	40	42	45	47	49	51	53	55	57	59	61	63	65	67
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
5'1"	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	54	57	59	61	62
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
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5'6"	19	21	22	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
5'7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
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5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46
6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45
6'1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
6'3"	15	16	18	19	20	21	23	24	26	27	28	29	30	31	33	34	35	36	38	39	40	41
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6'5"	14	15	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	36	37
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	33	34	35	36	37
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6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
6'9"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
6'10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

WEIGHT (LBS)

Underweight:  
BMI = less than 18.5

Normal weight:  
BMI = 18.5 to 24.9

Overweight:  
BMI = 25 to 29.9

Obesity:  
BMI = 30 to 39.9

Extreme Obesity:  
BMI = 40 and above

Source: National Obesity Educational Initiative

## Level 1 - Self-management Support - 2

Patient Handouts (available on the [MOVE! website](#))

- 10 standard handouts (S01-S10)
- Nutrition log
- Physical activity log
- Other nutrition, physical activity, and behavior handouts
- Select additional handouts based on patient barriers, patient request, or relevant goals for the week

Arrange Follow-up

- Within 1 week of initial enrollment
- Every 2-4 weeks thereafter, adjust intervals as needed
- Use telephone follow-up when possible

Suggested Format For Telephone Follow-up

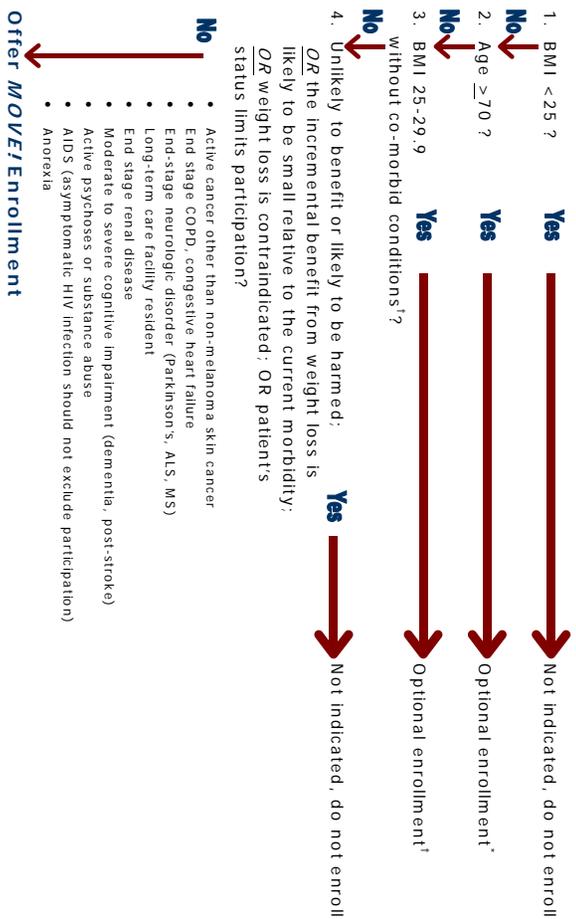
- Call patient (or they call you)
- Reestablish rapport
- Assess progress on weight and established goals
- If appropriate, reevaluate importance, and confidence
- Discuss barriers and assist with problem-solving
- Provide positive reinforcement
- Provide information as needed
- Agree on new (or same) goals
- Arrange next follow-up contact

Connect Patient With VA And Community Resources

- [MOVE!](#) Program materials
- Pedometers
- Local parks and recreation facilities, community programs, low-cost, or free health department or cooperative extension services
- Church and community sponsored programs, facilities, or events

## MOVE! Eligibility Screening Chart

The MOVE! Program is designed to reach the most high-risk patients and those most likely to benefit. The enrollment eligibility screening chart provides population and evidence based guidance in addition to addressing workload concerns. As the MOVE! program evolves in your medical center, enrollment criteria can become less stringent.



\* BMI not as strongly correlated with mortality in elderly population, so weight/BMI reductions probably have decreased benefit compared to younger population. Enrolling patients over age 70 requires mandatory medical clearance prior to beginning new physical activity and closer nutritional supervision to minimize protein, vitamin, and mineral deficiencies.

† Co-morbid conditions include conditions such as diabetes, high blood pressure, high cholesterol, osteoarthritis, heart disease, sleep apnea, or other obesity associated conditions. Enrollment in MOVE! is strongly recommended for veterans with BMI 25-29 AND co-morbid conditions.

### Level 1 - Self-management Support - 1

#### Foundation For All Levels Of MOVE!

- Emphasizes patient's central role in treatment
- Uses goal-setting, action planning, problem-solving, and follow-up
- Connects patients to internal and external resources

#### MOVE!23 Patient Questionnaire And Reports

- Assesses importance, confidence, and readiness
- Identifies "red flags" for further medical evaluation
- Identifies problem nutrition & physical activity behaviors
- Offers problem-solving tips
- Points to specific patient handouts, tailoring advice

#### Using MOVE!23

- Patient access via:
  - VA intranet: [vaww.move.med.va.gov](http://vaww.move.med.va.gov)
  - Internet: [www.move.med.va.gov](http://www.move.med.va.gov)
  - MyHealthVet: [www.myhealth.va.gov](http://www.myhealth.va.gov)
  - Link from CPRS
- Review patient report with patient and print copy.
- Use staff report to guide discussion.
- Assist patient with setting between 1-3 short-term behavior, nutrition, or physical activity goals. Goals should be SMART:

- SPECIFIC:** "I will take a 30 minute walk after dinner each night for the next week."  
**MEASURABLE:** "I will eat one more fruit and vegetable each day this week."  
**ATTAINABLE:** "I will use the stairs instead of the elevator whenever I'm going up 2 flights or less."  
**RELEVANT:** "I will drink diet instead of regular whenever I drink soda."  
**TIME-BASED:** "Within 7 days, I will find out more information about local park trails for walking."

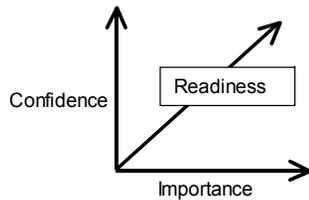
## Health Behavior Change Counseling - 1

Patients with BMI  $\geq 25$  who would benefit from weight management should be offered *MOVE!* participation.

### Stages Of Readiness To Change

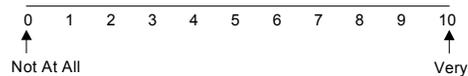
Pre-contemplation..... no intention to change at the present time  
 Contemplation ..... considering a change  
 Preparation..... preparation following a decision to change  
 Action..... currently engaged in behavior change  
 Maintenance..... continuation of behavior beyond 6 months

### Factors That Determine Readiness



### Explore Importance and Confidence

- Ask patient to rate on a scale of 0-10, how personally important it is for him/her to make changes to manage weight.
- Ask patient to rate on a scale of 0-10, how confident he/she is in his/her ability to make changes to manage weight.



## Physical Activity - 4

### Measuring Intensity

#### Talk Test:

Light intensity: able to sing  
 Moderate intensity: able to carry on a conversation  
 Vigorous intensity: unable to carry on a conversation

#### Target Heart Rate:

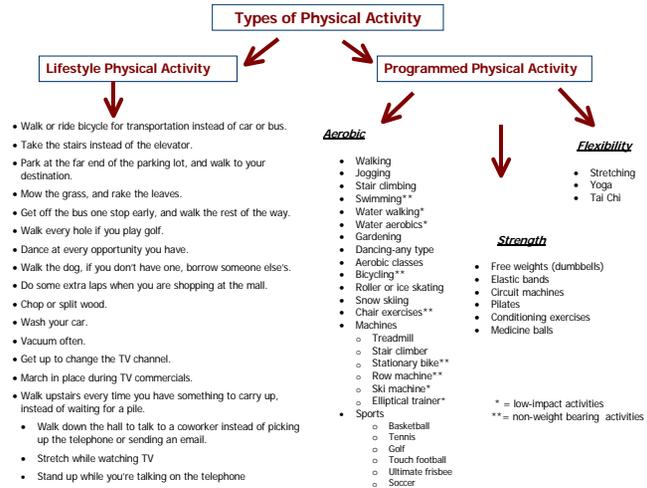
Moderate intensity: 50-70% of maximum heart rate  
 Vigorous intensity: 70-85% of maximum heart rate  
 Maximum heart rate (bpm) = 220 – Age

#### Self-perceived Exertion:

##### The Borg Category Rating Scale

The Borg Category Rating Scale		
Least Effort		
6		
7	very, very light	
8		
9	very light	
10		
11	fairly light	*****
12		Aerobic Training Zone
13	somewhat hard	*****
14		
15	hard	*****
16		Strength Training Zone
17	very hard	*****
18		
19	very, very hard	
20		
Maximum Effort		

## Physical Activity - 3



### Components Of An Exercise Prescription - FITT

Frequency  
Intensity  
Time (duration)  
Types of Activities

### Contingency Planning For High Risk Situations

- Bad weather
- Change of job or work schedule
- Out-of-town travel or vacation
- Increasing family or work demands on time
- Loss of access to gym, track, pool
- Injury or illness

## Health Behavior Change Counseling - 2

### Common Behavioral Problems In Weight Management

- Comorbid psychiatric conditions: depression, anxiety, binge eating disorder, PTSD
- Concurrent use of weight-gain inducing psychotropics
- Substance abuse (tobacco, alcohol, others)

### Effective Counseling Styles And Techniques

- Is supportive, empathetic, and patient-centered
- Targets stage of readiness to change
- Uses open-ended questions and affirmations
- Uses reflective listening, summarizing, and elicits self-motivational statements
- Exchanges information (elicit knowledge, provide information, elicit reaction)
- Gives good news
- Supports self-efficacy
- Explores past successes
- Conveys health importance and reinforces relevance
- Explores the pros and cons of change
- Develops discrepancy
- Avoids argument and rolls with resistance

### Strategies For Patients Needing Psychological Support

- Take a problem-solving approach.
- Assist with strategies to manage mood and maladaptive thinking.
- Build self-management skills.
- Assist with developing self-reward plans.
- Consult with other providers when appropriate for optimal comorbidity management.

Stage of Change	Barriers	Goal of Counseling	Techniques to Use
Pre-Contemplation (not ready to change diet and physical activity behaviors to lose weight)	Not important to patient Low confidence Denial Defensiveness Lack of awareness	Advise and encourage	Express empathy Develop discrepancy Listen reflectively Examine the pros and cons of change, summarize Provide information if needed Acknowledge decision Offer help when ready
Contemplation (thinking about changing diet and physical activity behaviors to lose weight)	Low confidence Procrastination Low social or environmental support Competing demands	Explore ambivalence and shift towards making a decision to change	Express empathy Develop discrepancy Acknowledge ambivalence Listen reflectively Examine pros and cons of change, summarize Provide information if needed Affirm positive statements Reinforce partnership and willingness to help
Preparation (getting ready to change diet and physical activity behaviors to lose weight)	Confidence may still be low Unsure of specific actions	Strengthen commitment, plan specific actions	Provide information and discuss options Provide assistance with selected actions Express confidence in patient Affirm positive statements Reinforce partnership and willingness to help
Action (has begun changes in diet and physical activity behaviors)	Some obstacles persist Confidence may still be low At risk for relapse	Praise and reinforce, plan for contingencies	Provide frequent positive affirmation Provide ongoing assistance with barriers Express confidence in ability to maintain the change
Maintenance (successfully maintained new behaviors for at least 6 months)	At risk for relapse	Praise and reinforce, plan for contingencies	Provide frequent positive affirmation Provide ongoing assistance with barriers Express confidence in ability to maintain the change

## Physical Activity - 2

[Four-step Approach To Counseling On Physical Activity](#)

1. Set goals and choose activities.
2. Start slow and keep it simple.
3. Increase duration and/or intensity.
4. Maintain activity and prevent relapse.

[Physical Activity Recommendations For Health Benefits](#)

Moderate activity for 30 minutes or more on 5 or more days per week  
or  
Vigorous activity for 20 minutes or more on 3 or more days per week

[Physical Activity For Weight Loss](#)

Aerobic activities: longer duration is better than harder intensity  
Strength activities: 2-3 times per week, examples:

- own body weight for resistance (sit-ups, push-ups)
- elastic bands, dumbbells, or household objects (water bottles)
- specialized machines at gym or fitness club

Flexibility activities: end aerobic and strength activities with 10-20 minutes of gentle stretching

[Pedometer Reference](#)

1 mile ≈ 2,000 steps  
10 minutes moderately-paced walking ≈ 1,200 steps  
Leisurely cycling ≈ 100 steps/minute  
Raking yard 30 minutes ≈ 1,000 steps

Physical activity patient handouts are available on the *MOVE!* website.

## Nutrition Basics - 1

1 gm carbohydrate = 4 Calories  
 1 gm fat = 9 Calories  
 1 gm protein = 4 Calories  
 1 gm alcohol = 7 Calories  
 1 lb weight loss ≈ 3500 Calories

### Food Categories

- Grains
- Fruits
- Vegetables
- Dairy
- Protein (eggs, meat, poultry, fish, beans, nuts, seeds)
- Fats and oils
- Refined sugars

### Food Selection

- Match energy intake with energy needs
- Balance
- Moderation
- Variety

### Individual Energy Needs

	Calorie Range	
	(Sedentary → Active)	
<b>Females</b>		
19-30 years	2,000	→2,400
31-50 years	1,800	→2,200
51+ years	1,600	→2,200
<b>Males</b>		
19-30 years	2,400	→3,000
31-50 years	2,200	→3,000
51+ years	2,000	→2,800

Weight Loss Per Week	Approximate Weekly Calorie Deficit	Approximate Daily Calorie Deficit
½lb	1750	250
1 lb	3500	500
1 ½lbs	5250	750

### Recommended Dietary Composition

15-20% protein    20-30% fat    50-60% carbohydrate

## Physical Activity Decision Aid

1. Acutely ill? No	Yes → Delay discussion of physical activity until condition improved/resolved
2. Known Cardiovascular or Pulmonary Disease? No	Yes → Refer for medical evaluation prior to beginning moderate or vigorous physical activity  <i>Heart Disease:</i> heart attack (MI), CABG/open heart surgery or angioplasty, angina, valvular heart disease, congestive heart failure, arrhythmias, pacemaker or implantable defibrillators <i>Peripheral Artery Disease:</i> bypass surgery in lower extremities, claudication, ischemic foot ulcers or amputation due to ischemia <i>Carotid Artery Disease:</i> stroke, transient ischemic attack (TIA), carotid artery surgery <i>Pulmonary Disease:</i> COPD or emphysema, asthma, shortness of breath
3. Diabetes, HTN or ≥ 2 Cardiac Risk Factors? No	Yes → Moderate aerobic activity okay, refer for medical evaluation prior to vigorous activity  Smoking, high cholesterol or taking cholesterol lowering medication or special diet, family history of early heart disease (age < 50).
4. Limiting Musculoskeletal or Joint Condition? No	Yes → Moderate aerobic activity okay, refer for medical evaluation prior to vigorous activity or strength and flexibility training  Chronic low back pain, symptomatic arthritis, amputation, spinal cord injury, osteoporosis
5. Man > 45 y or Woman > 55 y? No	Yes → Moderate aerobic, strength and flexibility training activity okay; refer for medical evaluation prior to vigorous aerobic activity
May participate in moderate or vigorous aerobic, strength, and flexibility activities	

**Definition of Moderate Exercise:** Activities that are the equivalent of brisk walking at 3-4 miles/hour (i.e., a 15-20 minute mile pace). This may be considered "hard" or "very hard" by some sedentary or older individuals so moderate can alternatively be defined as intensity within the individual's capacity to sustain for a prolonged period of time (i.e., 45 minutes), which has a gradual initiation and progression and is noncompetitive. Some increase in heart rate and breathing, and light sweating.

**Definition of Vigorous Exercise:** Exercise intense enough to represent a substantial cardiorespiratory challenge (hard breathing, fast heart rate, large sweating).

## Nutrition Basics - 2

### Minimize

- Added salt (limit to < 2,300 mg, lower for certain patients)
- Added sugars and caloric sweeteners
- Total fats, saturated fats, and cholesterol (animal sources)
- Trans-fat (found in margarine, baked goods, prepared foods– “partially hydrogenated” on food label indicates trans-fat)
- Alcohol (empty calories)

### Maximize

- Low fat dairy products (for the lactose intolerant consider lactose-free dairy, or non-dairy sources of calcium like fortified juices and cereals, soy products, canned fish, leafy greens)
- Whole grains (at least 1/2 of daily grain consumption should be from whole grain sources – whole wheat, oats, brown or wild rice, bulghur, barley, whole rye, buckwheat)
- Fruits and vegetables (choose a variety of colors)

### Other Healthy Food Tips

- Get fats from monounsaturated and polyunsaturated sources like fish, nuts, vegetable oils (canola, olive, peanut, safflower, sunflower, corn, soybean)
- Select and prepare lean, low-fat, or fat-free meat, poultry, bean, and dairy products
- Use a food log or journal

### Special Populations

- Age > 50 → consume foods fortified with vitamin B12 or supplement
- Older adults, dark-skinned adults, adults in northern climates or who are housebound → consume foods fortified with vitamin D or supplement
- Women of childbearing age → consume foods high in iron and folic acid or supplement

## Nutrition Basics - 3

### Address Problem Eating Behaviors

- Not eating breakfast
- Skipping meals
- Constant nibbling, grazing, or snacking
- Eating while watching TV, working on the computer, reading, driving, or on the go
- High intake of calorie-dense, micronutrient-poor foods
- Large portions
- Frequent consumption of meals/snacks from restaurants, fast food places, vending machines, convenience stores, etc.
- Liquid calories (sugar-sweetened beverages, alcohol)
- Overeating at meals
- Binge eating
- Eating too fast
- Splurging at holidays, parties, or other gatherings
- Eating based on emotions/stress

*MOVE!* handouts available for some of these issues

### Other Resources:

Food Guide Pyramid: [www.MyPyramid.gov](http://www.MyPyramid.gov)  
Fruits & Vegetables: [www.5aday.com](http://www.5aday.com) & [www.5aday.gov](http://www.5aday.gov)  
Dietary Guidelines: [www.health.gov/dietaryguidelines](http://www.health.gov/dietaryguidelines)  
American Dietetic Association: [www.eatright.org](http://www.eatright.org)

*MOVE!* philosophy:

One size does not fit all with respect to dietary change.