

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

Dietitians

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**



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Level 5 - Bariatric Surgery - 3

Supplementation

- Daily multivitamin/mineral supplement at a minimum
- Other supplements as indicated based on procedure and/or micronutrient evaluation
 - Calcium (take separately from iron)
 - Iron
 - Vitamin B12 (oral, nasal spray, injection)
 - Folic acid
 - Thiamin
 - Fat-soluble vitamins (A, D, E, K)
 - Electrolytes
 - Protein (powder)

Problem	Potential Solution
Nausea	<ul style="list-style-type: none"> • eat smaller amounts • slow down pace of eating • introduce new foods one at a time
Vomiting	<ul style="list-style-type: none"> • eat smaller amounts • chew food thoroughly • slow down pace of eating • introduce new foods one at a time • consider evaluation for strictures and stenosis if vomiting is particularly severe or develops 6 months or later after surgery
Intolerance for solid foods	<ul style="list-style-type: none"> • evaluate for stricture or stenosis
Dumping syndrome	<ul style="list-style-type: none"> • limit foods with added sugar and fats • eliminate known trigger foods • consume liquids separately from meals, wait at least 30 minutes before or after a meal before drinking liquids
Dehydration	<ul style="list-style-type: none"> • sip fluids constantly throughout the day • IV rehydration if necessary
Gallstone formation	<ul style="list-style-type: none"> • prevented by removal of gallbladder before or at the time of surgery • if gallbladder intact then use a solubilizing agent for 6 months post-surgery • surgery for symptomatic cases
Lactose-intolerance	<ul style="list-style-type: none"> • use lactase enzyme supplements • substitute Lactaid or soy-based products for regular dairy products

Level 5 - Bariatric Surgery - 2

Post-Operative Patient General Guidance

- Expected Wt Loss ≈30-35% of body weight, peak loss 12-18 mos
- General wound care unless otherwise directed
- Psychologic - anticipate changes in self-image and relationships
- Physical Activity - begin slow and gradually increase
- Lifelong surveillance and care required.

Post-Operative Nutrition Guidance

- Nutrition - diet slowly advanced from clear liquids to solids over 6-8 weeks
 - Stage 1: water and clear liquids
 - Stage 2: clear and full liquids
 - Stage 3: pureed foods
 - Stage 4: soft diet
- Measure portions.
- Chew solid foods thoroughly (25 chews/bite), take small bites, and slow down the pace of eating (30 minutes to eat).
- Avoid constant nibbling.
- Avoid drinking liquids just before, during, or just after meals (30 minute spacing). Sip; do not gulp fluids.
- Avoid foods or liquids with added sugar or fat or those high in sugar or fat.
- Avoid carbonated beverages, particularly within the first six weeks after surgery.
- Avoid alcohol for at least 6 months after surgery.
- Lactaid® or calcium fortified soy milk can be substituted if cow's milk is not well tolerated.
- Remove all fat and skin before cooking poultry.
- Trim all visible fat from veal, beef, lamb, and pork before cooking; use lean cuts.
- Bake, broil, roast, grill, boil, stew, poach, or microwave instead of frying.
- Use a rack when baking, broiling, or roasting to allow fat to drain.
- Cook with little or no added fat.

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

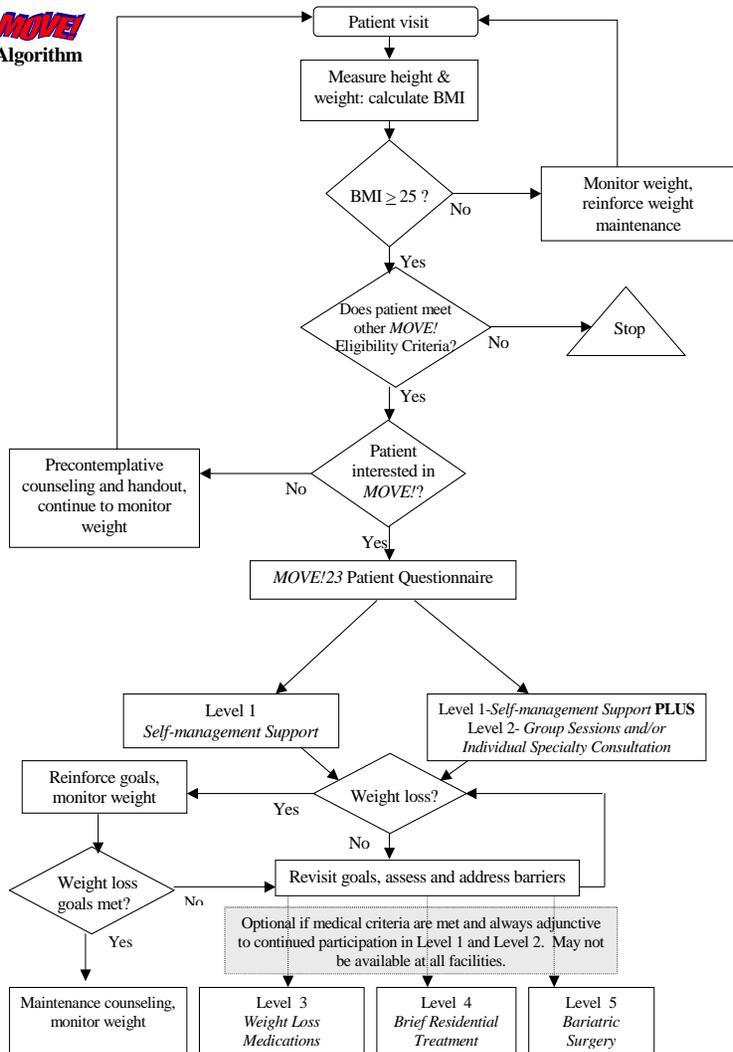
Level 1 - *Self-management Support*

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

Level 3 - *Weight Loss Medications*

Level 4 - *Brief Residential Treatment*

Level 5 - *Bariatric Surgery*



Level 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.

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 multidisciplinary, behaviorally based weight management program for at least three months, AND
3. Formal psychological evaluation that finds patient mentally and emotionally stable, likely to be able to control eating related impulses and comply with a restricted diet post-surgery, and likely to maintain the frequent and long term follow up necessary after this procedure; AND
4. Medical evaluation that finds patient has no medical contraindications to surgery.

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]

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 ≥ 30 , or ≥ 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 ≥ 30 , or ≥ 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

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)

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

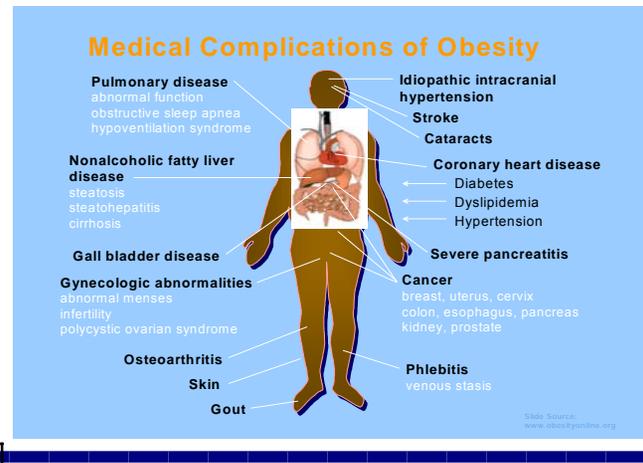
Classify Veteran By BMI Category

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)

	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	46	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	43	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"	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64
5'2"	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63
5'3"	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
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	43	44	46	47	49	50	52
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5'9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	39	40	41	43	44	46	47	49
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	43
6'2"	15	17	18	19	21	22	23	24	25	26	27	28	30	31	32	33	35	36	37	39	40	41
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6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36
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 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

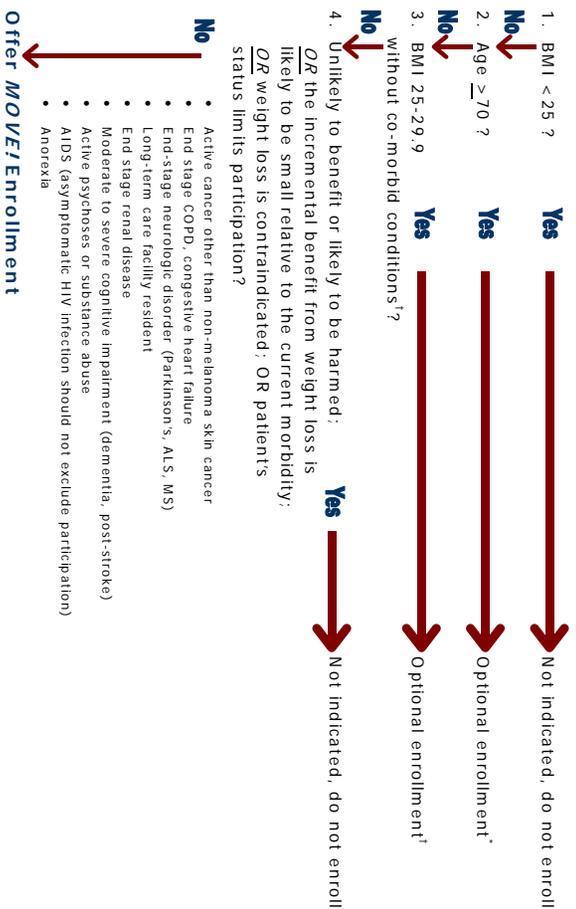
Sample group modules are available on the *MOVE!* website.

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.

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 - 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

Health Behavior Change Counseling - 1

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

Assess Readiness And Interest

"Mr. Jones, your body mass index is 33; this is considered unhealthy. Your weight is probably contributing to your diabetes and it may lead to future health problems like sleep apnea or high blood pressure. I'm concerned about your health...have you thought about trying to lose some weight?"

Stages Of Readiness To Change

Pre-contemplation..... no intention to change at the present time

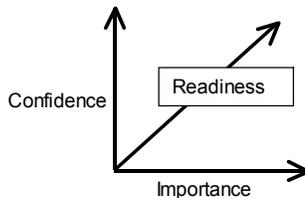
Contemplationconsidering a change

Preparation.....preparation following the decision to change behavior

Action.....currently engaged in behavior change activities

Maintenance.....continuation of changed behavior beyond six months

Factors That Determine Readiness



Effective Counseling

- 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

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: vwww.move.med.va.gov
 - Internet: www.move.med.va.gov
 - MyHealthVet: 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."

Physical Activity - 3

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

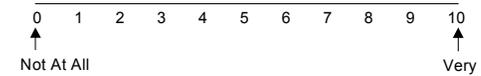
Self-perceived Exertion:

The Borg Category Rating Scale		
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		

Health Behavior Change Counseling - 2

Pre-contemplation Counseling

- 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.



• Sample Dialog:

Staff: Now, I'd like to understand more about how confident you are that you can make changes in your eating and physical activity to manage your weight. On a scale of 0-10 with 0 meaning not confident at all and 10 meaning very confident, you gave yourself a "2". Why did you give yourself a "2" instead of a "0" or "1"?

Patient: Well, I was able to lose a little bit of weight in the past by taking regular walks after dinner; so, I know this can help, but it was hard to keep up.

Staff: So you know from past success that you CAN do this. What would it take to give yourself a "4" or "5" in confidence?

Patient: I would need to find a way to keep walking; also, I'd have to learn more about what diet I should try and what foods I should or shouldn't eat.

• More Tips

- Exchange information (elicit knowledge, provide information, elicit reaction).
- Give good news, support self-efficacy.
- Explore past successes.
- Convey health importance and reinforce relevance.
- Explore the pros and cons of change.
- Develop discrepancy.
- Avoid argument and roll with resistance.

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

[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

[Components Of An Exercise Prescription - FITT](#)

Frequency
Intensity
Time (duration)
Types of Activities

Physical activity patient handouts are available on the [MOVE!](#) website.

Nutrition Basics - 1

Calculating Energy Needs

	Energy Needs (kcal/kg)		
	Sedentary	Moderate	Active
Overweight	20-25	30	35
Normal	30	35	40
Underweight	30	40	45-50

Formulas

W = weight in kg; H = height in cm; A = age in years

Activity Level Physical Activity Factor (PAF)

	Female	Male
Very Light	1.3	1.3
Light	1.5	1.6
Moderate	1.6	1.7
Heavy	1.9	2.1

Harris-Benedict Energy Equation (HBEE)

Male: kcal/day = $[66.5 + (13.7 \times W) + (5.0 \times H) - (6.8 \times A)] \times \text{PAF}$
 Female: kcal/day = $[655 + (9.6 \times W) + (1.85 \times H) - (4.7 \times A)] \times \text{PAF}$

Mifflin-St. Jeor

Male: kcal/day = $[(10 \times W) + (6.25 \times H) - (5 \times A) + 5] \times \text{PAF}$
 Female: kcal/day = $[(10 \times W) + (6.25 \times H) - (5 \times A) - 161] \times \text{PAF}$

Ireton-Jones Energy Equation (IJEE)

kcal/day = $629 - 11 \times A + 25 \times W - 609 \times O$
 (O = 1 if BMI >27 otherwise O = 0)

Weight Loss Per Week	Approximate Weekly Calorie Deficit	Approximate Daily Calorie Deficit
1/2 lb	1750	250
1 lb	3500	500

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 Heart Disease: heart attack (MI), CABG/open heart surgery or angioplasty, angina, valvular heart disease, congestive heart failure, arrhythmias, pacemaker or implantable defibrillators Peripheral Artery Disease: bypass surgery in lower extremities, claudication, ischemic foot ulcers or amputation due to ischemia Cerebrovascular Disease: stroke, transient ischemic attack (TIA), carotid artery surgery Pulmonary Disease: 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 (- 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

Risks Of Dietary Change And/Or Weight Loss

- Diuresis
- Dehydration
- Aggravation of heart disease (arrhythmias, heart failure)
- Lowering of blood pressure
- Hypokalemia
- Hyperuricemia
- Dyslipidemia (may decrease HDL-C or increase total chol)
- Gallbladder disease
- Hepatic inflammation, transient worsening of fatty liver
- Hypoglycemia
- Constipation or diarrhea
- Depression

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
- 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 are available for some of these issues.

Nutrition Basics - 3

Nutrition Education Topics

- Description of macronutrients and micronutrients
- Demonstration of creating balanced (carbohydrate, protein, and fat) meals and snacks for sustained energy
- Variety among and within food groups
- Portion control/moderation
- Focus on volume foods higher in water, fiber and micronutrients that are lower in fat and calories
- Hydration
- How to listen to the body – hunger, satiety
- How to deal with cravings
- How to read food labels
- How to keep a food journal
- How to prepare food with less fat, sugar, and salt
- Meal planning
- Shopping tips
- Food budgeting
- Planning ahead, i.e., normal daily eating as well as special events
- Tips for eating away from home
- Energy for physical activity
- Health literacy – how to evaluate nutrition information in the media and from other sources

Dietary Composition

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

MOVE! philosophy:

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