

Food Working Group Fall Speaker Series Session #2

October 8th, 2014 @4:00pm

Duke Diet and Fitness Center Staff

Topic: “Putting the Pieces Together: An Intensive, Multidisciplinary Obesity Treatment Model”

Dr. Ronald Sha – DFC Medical Director, Interim Program Director

Goal of Center: Lose weight and identify changes they can make at home

[see slides]

Christine Tenekjian - Dietitian Clinician

– Nutrition Component

[see slides]

Volumetrics – include less calorie-dense foods in the diet, rather, use food that are more filling on less calories

“coconut oil myth”

Resting Metabolic Rate – use a device to tell you how many calories you burn at rest

-*looking to collaborate on analyzing that data

Diet Comparisons for effectiveness (long-term/short-term)

-*looking to collaborate

Sofia Rydin-Gray– Director of Behavioral Health, Assistant Professor in Psychiatry and Behavioral Sciences at Duke University Medical Center (psychological aspect of lifestyle changes)

Her explanation to clients: we build the bridge between knowledge and action. Many say “I know what to do, I just don’t do it”. Will talk to clients about their barriers.

Clients coming to the Center are highly motivated. Many clients recognize that they will get highly motivated, but then slip back later once they are back in their normal environment.

Skillpower over willpower: not just willpower, but further skills to be successful

Goals should focus on positive aspects, not negative ones (like: “I want to feel healthy”, rather than “I don’t want to gain the weight back”)

Skillpower: Create If-Then statements “If I am tempted to eat while lonely, then I will....”

Brian Housle – Fitness Director/ Exercise Physiologist

Many clients’ tell him “I hate to exercise” – they think of it as super vigorous. He tries to change people’s thinking about it to “I like to be able to move easily” or “I like to do these activities”

“Move More, Eat Better” is a key mantra for everyone

Your activity or exercise should be something you will continue to do for the rest of your life

Many people don't even know where they could exercise back home

Ask them "Is there something you would really like to do again?" (they will respond with an activity hopefully)

New tech available to help w interventions (Garmin Vivofit, FitBit, journal, pedometer, smartphone apps)"wearable devices". They will do a study soon with either a Garmin or a FitBit

BodPod testing – body composition testing (often done outpatient as well)

Q: Average BMI is about 38, do you have a minimum?

A: Don't accept those with a normal BMI (they may have body image issues)

Q: Is there family involvement? Success w family/

A: Student study found that there will healthy eating change habits at home when their significant other went through the program

Q: How to decide to counsel for bariatric surgery?

A: After several trips to the Center and a very high BMI, but it is a very delicate conversation. And you also need to completely change your lifestyle after that, which can be dangerous for someone yo-yo-ing or with an either-or mentality

Q: What is a day-in-the-life like?

A: Building opens at 7am. Food 7-9. Lecture at 8. Classes until lunch. 11:30-1:30pm. Fitness offerings and lectures in afternoon. (First few days are pretty hectic, esp with one-on-one counseling) Some clients can get burned out quickly in the first few days, but it gets easier.

Q: How often do people stay?

A: Can't stay beyond 3 months (want them to get out on their own), but other than that, relatively evenly split between 2 and 4 week clients.

Q: How to customize menus to food needs of individuals?

A: Applications are screened for allergies or dietary needs. Most can be accommodated.

Q: Do you get many requesting gluten-free?

A: Sometimes, but many are gluten-intolerant and not Celiac's. Many decide to defer to the staff for food choices that are healthy for them.

Q: "Opti-fast" program?

A: Expertise in weight management, but we are not as geared towards the local community and many can't take significant time off of work and from home. More and more studies show that meal replacements are an effective and safe way to lose weight. Ex: 9 weeks of full- meal replacement and transition. Medical supervision throughout. Many seem to enjoy this component. Good for extremely

busy people, single people who don't like to cook. We are learning more about this program and are adjusting it accordingly. It's not eating farmers' market-type food. So these are shakes, bars, and soups – full meal replacement is eating nothing but these foods.

Q: What is the completion rate? Do some people leave early?

A: Some people initially freak out (the DFC freakout) because the first few days are intense, or it might be a young person with all older folks and they are uncomfortable. But someone leaving the program is rare. Some people may have psych problems they don't realize until they get here, and they need to leave for treatment.

[Tour of Facility Given]