



# MEDIFAST NEWS

Updates on clinical obesity management with Medifast



winter 2009

## Welcome to Medifast News!

Here's what's new from Medifast, your resource for clinical management of obesity.

This month:

**Program update - Introducing Medifast's New Crunch Bars**

**Food science - Sugar Alcohols**

**Nutrition - MEDIFAST and GOUT**

**Compliance - Circle of Support**

## Medifast Program Updates and News

### Introducing Medifast's New Crunch Bars

Medifast has recently introduced a new line of Crunch Bar meal replacements that add variety to your patient's meal plans. The beauty of the new Crunch Bars (in the yellow wrapper) is they are completely interchangeable with other Medifast Meals, offering not only a great new texture and flavors, but also lower total fat and carbohydrates. That means patients on the 5 & 1 Plan can enjoy the new Crunch Bars up to five times daily, as they would any other Medifast Meal.

The 5 & 1 Plan limits our original Bars (in the green wrapper) to one each day due to their higher calorie and carbohydrate content. Certain varieties (Chocolate Mint, Oatmeal Raisin, Caramel Nut) of the original Bars will still be available for patients in the Maintenance phase.

Like the originals, the new Crunch Bars are tremendously popular, and have been a huge success since their launch in November 2008. Patients like the fact that the Bars are convenient and portable, and satisfying due to their optimal balance of protein and fiber. Bars can be a great emergency meal when your patients are stuck at work or in traffic, and are wonderful for recharging after a workout. The whole family can enjoy Medifast Crunch Bars as a filling and nutritious alternative to cookies or candy bars.

The new Crunch versions pack all the protein and fiber of the originals (or more) in a new, lower-fat, lower-carbohydrate, and lower-calorie formula. Compare below:

	New Crunch Bars	Maintenance Bars
<b>Calories</b>	<b>110</b>	150-170
<b>Total fat</b>	<b>2.5-3.5 g</b>	3-5 g
<b>Saturated fat</b>	<b>0-2 g</b>	0.5-3 g
<b>Trans fat</b>	<b>0 g</b>	0 g
<b>Cholesterol</b>	<b>0 mg</b>	0 mg
<b>Sodium</b>	<b>160-230 mg</b>	140-170 mg
<b>Potassium</b>	<b>290 mg</b>	260-310 mg
<b>Total Carbohydrates</b>	<b>12-13 g</b>	18-23 g
<b>Dietary Fiber</b>	<b>4 g</b>	2-4 g
<b>Sugar</b>	<b>2-6 g</b>	8-13 g
<b>Protein</b>	<b>11 g</b>	10-11 g
<b>Vitamin/Mineral Range</b>	<b>20%</b>	15-70%

# Food

## Science:

### Sugar Alcohols



Sugar alcohols are carbohydrates widely used in commercial products as low-calorie sweeteners. They are regulated by the FDA as food additives and are generally recognized as safe (GRAS). Part of their chemical structure resembles sugar; part resembles an alcohol molecule; however, they are neither. Sugar alcohols occur

naturally in plants, and common varieties include mannitol, sorbitol, xylitol, lactitol, isomalt, maltitol, erythritol, and hydrogenated starch hydrolysates.

As a sugar substitute, they provide fewer calories than regular sugar. Sugar alcohols are useful in foods intended for people with diabetes since they are converted to glucose more slowly than sugar, require little or no insulin to be metabolized, and don't cause sudden increases in blood sugar.

Sugar alcohols are incompletely absorbed and metabolized by the body, and may contribute to gastrointestinal upset. Products

containing 50 grams or more of sorbitol, or 20 grams or more of mannitol, must carry the statement "excessive consumption may have a laxative effect."

Medifast uses a combination of non-nutritive and nutritive sweeteners, including sugar alcohols. Sugar alcohols are found only in certain bars and the whey-protein shakes featuring antioxidants. The content ranges from 1 to 3 grams per product.



**Sorbitol:**  
S'more Granola



**Mannitol:**  
Caramel Nut

**Lactitol:**  
None



Dark  
Chocolate



Cherry  
Pomegranate



Blueberry

**Erythritol:**  
Medifast Shakes featuring antioxidants

### Maltitol:

Caramel Nut

Caramel  
Crunch

Peanut Butter  
Crunch

Chocolate  
Crunch

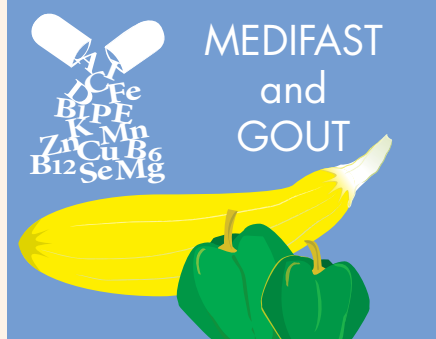
Chocolate Mint  
Crunch

Oatmeal Raisin  
Crunch



# Nutrition

## Corner:



For comments or questions regarding nutrition, please contact:

NutritionSupport@ChooseMedifast.com

Gout is a form of arthritis characterized by the sudden onset of painful, inflamed joints and is typically caused by an accumulation of uric acid crystals in the joints. Gout flare-ups can occur without a specific cause, but excessive weight gain, certain medications, high alcohol intake, and foods high in purines may increase chances of an occurrence.

While Medifast Meals are safe for individuals diagnosed or with a strong family history of gout, our team of registered, licensed dietitians has created a modified approach to the 5 & 1 Plan to better accommodate the nutritional needs of this population.

The modified plan:

- **Increases daily calories (1,200) and carbohydrates (130+)** to support more gradual weight loss and reduce the risk of elevating uric acid levels associated with ketosis.
- Limits animal protein to **6 ounces** (or less) each day and recommends lower purine choices.
- Incorporates **2 servings of low-fat or fat-free dairy** and **2 grain servings**.
- Encourages **food choices that are low or moderate in purines**.
- Continues to encourage **plenty of water** to help remove uric acid from the body.

Download the full Medifast for Gout guide FREE at: <http://MedifastMD.com/support.asp>

In the next issue of

### MEDIFAST NEWS

**Program update:** New "on-the-go" Medifast Meals

**Food science:** Satiety/Fullness Index™

**Nutrition:** Vegetarian Eating

**Compliance:** The Power of Positive Thinking



### GOUT MEAL PLAN

	Servings
Medifast Meals	<b>2</b>
Lean protein	<b>6 ounces total</b> (Two 3-ounce equivalents of low/moderate purine choices)
Vegetable servings	<b>3</b>
Fat servings	<b>1</b>
Fruit servings	<b>2</b>
Dairy servings	<b>2</b>
Grain servings	<b>2</b>
Water	At least 64 ounces per day
Calories	<b>1,200</b>
Carbohydrates	<b>130+ grams</b>
In fat-burning state	<b>No</b>

# Compliance:

## Circle of Support

The continuing behavior changes essential to weight loss can challenge your patients, even when they genuinely want to improve their health. Self-motivation and the Program itself may not be enough to sustain your patients as they strive to lose weight.

People are social beings, and cannot live in a vacuum while they are losing weight. Social influences can help your patients stay focused on their new behaviors. Research shows that social support is extremely important to your patient's outcomes when he or she is making positive changes to lose weight.

A randomized trial study conducted by Stanley Heshka, Ph.D., showed that participants involved in a commercial weight-loss group lost more weight than those in a self-help group.<sup>1</sup> The two-year study followed over 300 participants who were randomized into either a commercial weight-loss group or a self-help group. The results showed a modest weight loss

in the commercial weight-loss group (-2.9 kg at two years) and less weight loss among participants in the self-help group (-0.2 kg at two years).

Another study conducted at the Western Psychiatric Institute and Clinic at the University of Pittsburgh School of Medicine looked at social support for weight loss and weight maintenance.<sup>2</sup> This study recruited 166 participants who entered the study either alone or with three friends or family members. Participants were randomly assigned to standard behavior treatment (SBT) with social support strategies. Of the solitary recruits getting SBT alone, 76% completed treatment and 24% maintained their weight loss during a 7-month period. Among those recruited with friends or family and given SBT with the social support, 95% completed treatment and 66% maintained their weight loss during the entire time of the study.

When looking for encouragement from others, your patients should specify their needs clearly and precisely, as optimal support resources vary from patient to patient. For some patients, a larger social network is more beneficial; others will do better in smaller groups. Below are questions you can ask your patients to help

them determine the level of support they are seeking:

1. Do you have people in your daily life who share your lifestyle priorities?
2. What means of communication would you like from your circle of support? (i.e., phone, face-to-face communication, email, chat rooms, discussion boards, etc.)
3. How much time do you have to devote to your circle of support?
4. Are you looking for people who are just accountable, or do you seek additional qualities, such as empathy, experience, and knowledge?

Social support, regardless of type or quantity, has been shown to facilitate successful weight loss and weight maintenance. Helping your patients identify their needs for support will empower them to be successful in their weight-loss journey.

<sup>1</sup> Heshka S, *et al.* "Weight loss with self-help compared with a structured commercial program." *Journal of American Medical Association.* 2003; 289:1792-1798.

<sup>2</sup> Wing RR, Jeffrey RW. "Benefits of recruiting participants with friends and increasing social support for weight loss and maintenance." *Journal of Consulting and Clinical Psychology.* 1999 Feb; 67(1):132-8.



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PRE-SORTED  
STD U.S.  
POSTAGE  
PAID  
RIDGELY, MD  
PERMIT #40