



6-Month Follow-Up Program

Information Booklet
&
Next Steps to Enroll



Mission

Partners for Healthier Weight is committed to providing Nova Scotians with a realistic, evidence-based approach for long-term weight management. Our team is also committed to supporting family physicians and other health care professionals to understand the complexity of obesity management and effective treatment options.

Vision

Partners for Healthier Weight aspires to be a leader in obesity management and improve the long-term health outcomes of Nova Scotians.

Guiding Principles of Partners for Healthier Weight Program

Partners for Healthier Weight (PfHW) recognizes the great need for comprehensive, multidisciplinary, and evidence based weight management treatment in Nova Scotia. The professionals and clinicians of PfHW include physicians, psychologists, nurses, dietitians, physiotherapists, and administrators. The PfHW Program emphasizes treatment for the obese population that targets lifestyle modification to encourage behaviours supportive of healthier weight as evidenced by the most current scientific research.

The Program's guiding principles include: 1) availability of food predicts choice and amount of consumption creating a risk for obesity when our environment contains calorically dense, nutritionally sparse, over-processed foods in mass quantities; 2) eating does not occur exclusively as a health choice, but also as social and emotional experience; 3) substances such as sugar, salt, and fat have been implicated in scientific research as having addictive properties potentially necessitating addiction treatments for those that consume foods with these substances to the extent it affects their health, and; 4) single modality interventions for obesity have low success necessitating treatments that include a comprehensive, evidence-based approach that encompasses dietary intervention, psychological intervention, and physical activity components to maximize success.

In line with these principles, the 6-Month Follow-Up Program will focus on reinforcing behaviours, skills and knowledge from our 52-week Core Program, while introducing new concepts, skills and tools to further establish a healthy behaviour around weight management. The 6-Month Follow-Up program is only available for Core Program Graduates. A short-term meal replacement phase is utilized to accomplish the elimination of choice and withdrawal from food to produce optimal weight loss during the first phase. This phase allows participants to explore relationships with food, including the factors contributing to weight and other health indicators. The Program also utilizes a multidisciplinary approach to facilitate teaching, discussing and employing lifestyle modification tools to foster skills that will support participants in long-term behavior change.

The PfHW Program approaches success as it occurs through changing behaviours, attitudes, relationships, and emotions, rather than rewarding individuals for losing pounds or inches. This approach is coupled with the management of expectations of healthy weight and weight loss in our participants, other health care professionals, and our environment that are so often unreasonable or unrealistic.

Partners for Healthier Weight 52 week Program

Program Timetable

Phase	Timetable	Purpose	Activities
Pre-Program Preparation	Referral & Assessments prior to program start	<i>To assess your readiness for treatment and determine if you are appropriate to participate in the Program</i>	<ul style="list-style-type: none"> • 30 minute Readiness assessment • Obesity focused medical assessment • Initial blood work
Introduction	Weeks 1 - 2 (2hrs weekly)	<i>To prepare for dietary and lifestyle changes</i>	<ul style="list-style-type: none"> • Welcome & Introduction Session (baseline activity & biometric measurements) • Preparation of social support (e.g., family, friends) and environments (e.g., home, office) • 1200 calorie meal plan and awareness building activities (weeks 1 & 2) • Weekly visits with Program nurse (with the exception of week 2) and concurrent group discussion (1hr) • Weekly PfHW team facilitated modules and activities (1hr)
Meal Replacement	Weeks 3 - 10 (2hrs weekly)	<p><i>To produce optimal weight loss while preserving lean body mass (muscle)</i></p> <p><i>Develop and practice new lifestyle skills and gain insight to enable long term weight management.</i></p>	<ul style="list-style-type: none"> • Optifast® 900 calorie meal replacements used in place of solid food • Weekly visits with Program nurse and concurrent group discussion (1hr) • Weekly PfHW team facilitated modules and activities (1hr) • Blood work at specified times
Transition	Weeks 11-15 (2hrs weekly)	<i>To gradually re-introduce solid foods while giving the opportunity to practice and refine skills learned during the meal replacement phase</i>	<ul style="list-style-type: none"> • Progressive re-introduction of food with modified use of Optifast® 900 meal replacement • Weekly visits with Program nurse and concurrent group discussion (1hr) • Weekly PfHW team facilitated modules and activities (1hr) • Blood work at specified times • Consult with Program dietitian (30min)
Stabilization & Maintenance	Weeks 16-25 (3hrs weekly)	<i>To stabilize and maintain your weight and to continue to reinforce long-term lifestyle changes</i>	<ul style="list-style-type: none"> • Biweekly PfHW team facilitated modules and activities (1.5 hours) • Blood work at specified times • Consult with Program dietitian (30min) • End of program assessment

For additional support, we offer:

1. Group follow-up sessions. Call the office for schedule and prices.
2. Individual sessions with any of the team members for an additional cost. Call the office for schedule and prices.
3. Optifast® for purchase after week 17 for use once daily at an additional cost. Ask a team member for details.

Group Sessions

- During the Program you will learn healthy lifestyle skills from the registered dietitian, psychologist and physiotherapist.
- At your first group meeting, you will be given a schedule outlining the list of topics to be covered. You will receive a folder to collect information and handouts from the group facilitator throughout the Program. This folder will become a resource of information. Please keep all information pertaining to the Program here for quick and easy reference and bring it to every session.
- For the first 15 weeks, the required commitment for this Program is 2 hours weekly:
 - 1 hour will be spent in group discussion or activities during which the Program nurse assesses each group member individually.
 - Please note that medical assessments with the Program nurse occur weekly (with the exception of week 2) and as scheduled from weeks 15-25. These are brief assessments.
 - 1 hour will be spent in a facilitated group module by a PfHW team member.
- For the last 8 weeks, the required commitment for this Program is 1.5 hours biweekly:
 - 0.5 hours will be spent in group discussion or activities.
 - Please note the Program nurse does not complete medical assessments after week 15.
 - 1 hour will be spent in with a PfHW team member in a group module.
- Be a helpful, positive group member! Lifestyle change is NOT easy. As we all have different lifestyles, everyone will be dealing with different issues and situations. Participants often find other group members to be a source of support.
- No children, spouses, etc. are permitted to attend group sessions. We ask that spouses, friends etc. wait for you in the seating area outside of the clinic.

Blood Work

Participants are required to adhere strictly to the medical portion of this Program. Along with seeing the Program nurse when scheduled, participants are required to have blood work according to schedule. All blood tests should be ordered by your family physician. PfHW will provide you with a schedule and requisition for blood work.

PfHW Blood Work Schedule:

Week	Description	Comments
Initial (pre-Optifast)	Initial complete blood work	8 hour fast required
End of Week 4	Follow-up blood work	No fast required
End of Week 8	Follow-up blood work	No fast required
End of Week 23	Final complete blood work	8 hour fast required

Please note: if a participant is considered high risk (as determined by the Program nurse and family physician), then they may be required to do additional lab tests.

All blood work is mandatory. Should a participant fail to have the necessary tests completed, the PfHW team **will not** dispense the Optifast® product.

Potential Side Effects

It's important to know what to expect when you are enrolling in any kind of Program. Listed below are some of the medical side effects and possible adaptations to dietary change that you may experience. You likely won't experience all of these side effects, but you do need to be aware of the possibility.

If you should experience any of these symptoms during the Program, please be aware that most are only temporary. Do make note of any symptoms that you experience and be prepared to report all these to the team nurse and your family physician. You may contact the clinic at any time during the Program. If there is a concern outside of regular office hours that cannot wait, please report to your nearest Emergency Department.

The PfHW Program is medically supervised. We want to be sure that your body is adjusting properly to a lower number of calories. As discussed above, the team nurse along with your family physician will follow your progress very carefully, reviewing your blood work and making necessary recommendations. The importance of keeping all your scheduled appointments and following the blood work schedule cannot be emphasized enough.

Gallstones

People who are overweight and who have a family history of gallstones are much more likely than the general public to develop gallstones. On a low-fat diet such as this, there is also a risk that gallstones may form. To

reduce your risk, you must consume the daily allotment of the Optifast product. If you cut down to below 4 supplement packages per day, you do not get enough fat in your diet to have your gallbladder contract effectively and therefore may set yourself up for stone formation. It is mandatory to take 4 packages per day.

Cold Intolerance

During the Program, you will be losing fat tissue. This fat tissue acts much like an electric blanket in your body by generating heat and keeping you warm. When you lose this blanket of fat, you tend to feel cold.

Constipation/Diarrhea

Many participants have varied diets with different amounts of fibre. When you go onto a liquid meal replacement, many of you will notice that your bowel habits will change. Usually the frequency of bowel movements decreases. Some may have problems with constipation and some may have problems with diarrhea. Be sure to report any problems with constipation and diarrhea to reduce your risk of developing rectal problems such as hemorrhoids.

- Constipation- due to adjustment in fibre intake, you may only have bowel movements every two to four days, instead of daily. If you have to force a bowel movement, or if you experience pain or enlarged hemorrhoids, this should be reported to the medical staff. An inulin fibre supplement may be prescribed for you. Be sure to drink 3 litres of water every day, including the water used to mix your Optifast®. The Program nurse may make adjustments as necessary.
- Diarrhea- it is unlikely that something in the meal replacement would cause diarrhea. However, your body may be responding to the change in diet. Be sure to drink 3 litres of water every day, including the water used to mix your Optifast®. The Program nurse may make adjustments as necessary.

Bad Breath

The higher protein, lower carbohydrate (30% of calories) meal replacement, coupled with metabolizing fat tissue during weight loss, can cause a mild build-up of ketones in the blood. They build up slowly over a 3-4 day period. For most, these ketone bodies give more energy and suppress the appetite. Your body excretes ketones through the lungs, which gives the breath an odd fruity odor. You may need to pay more attention to dental hygiene, including more frequent brushing and flossing to avoid bad breath. Use mouthwash and drink water after consuming the meal replacement.

Fatigue

You are consuming fewer calories than your body is used to. Until it adjusts, you may feel more tired or weak or feel a lack of energy. Get plenty of rest, eat all of the prescribed items in your food plan, do only moderate activities, and be sure to drink 3 litres of water every day, including the water used to mix your Optifast®.

Dizziness

This occurs because the body eliminates large amounts of water and salt during weight loss. One benefit is lowered blood pressure, but it can become a problem if it produces light-headedness. Be sure to drink 3 litres

of water per day including the water used to mix your Optifast®. Always rise slowly to allow your blood pressure to adjust.

Headache

Many factors, most of them unrelated to your food plan, can cause headaches.

Follow your food plan, don't skip meals, and see the medications list (included in your Welcome & Introduction package, received upon entering the Program) for headache or pain relief.

Food Cravings

You may experience food cravings while on the meal replacement. These are likely to pass with time and will be discussed further in the group sessions.

Dry Mouth

A symptom of dehydration is dry mouth. Be sure to drink 3 litres of water every day, including the water used to mix your Optifast®. The Program nurse may make adjustments as necessary

Dry Skin, Brittle Nails, or Hair Loss

These temporary conditions are due to an adaptation in body metabolism. Growth of skin, nails, and hair will all return to normal when you resume eating regular food. Use moisturizing lotion after bathing, avoid deodorant soap, and keep nails well trimmed.

Muscle Cramps

Muscle cramps in the legs and feet may be due to changes in electrolyte balance or to your increase in physical activity. Be sure to drink 3 litres of water every day, including the water used to mix your Optifast. Perform stretching exercises frequently.

Frequent Urination

This is due to an increased loss of water. Be sure to drink the recommended 3 litres of water every day including the water to mix your Optifast®.

Participants' Rights and Responsibilities

If you decide to enroll in the PfHW Program, you will be asked to agree to the following responsibilities and obligations:

1. Participants have read and understood the "Related Documents" including the *Program Information Booklet* and *Next Steps to Enroll* and have had any questions answered by a PfHW team member.
2. Participants must be willing to make participation in the Program and the resulting long-term lifestyle changes a priority.

- 3.** Participants must be prompt in attendance for each session. Participants understand that each session is approximately TWO (2) HOURS LONG and may include the medical assessment, group discussion, and activities and/or facilitated modules.
- 4.** Participants must have their weekly medical assessment form completed prior to attending their session.
- 5.** Participants are expected to read the handouts and complete all assignments before each session understanding that these assignments are an important aspect of this Program and are beneficial to progress.
- 6.** Participants are required to notify the medical staff regarding any changes in medications or changes in their medical status.
- 7.** Participants must accurately report weekly consumption of Optifast® and other food and beverage.
- 8.** Participants are expected to adhere strictly to the medical portion of this Program. This includes seeing the Program nurse, attending family physician appointments as recommended, following medical advice, and having necessary blood tests done according to schedule, including other tests that the medical team or their family physician deem necessary.
- 9.** Participants are required to notify the PfHW team if they will be absent from a weekly session and book required assessments with their family physician.
- 10.** Participants must attend each scheduled group session. These sessions permit the participants to work on improving eating, exercise, and other health behaviours and are an essential part of treatment.
- 11.** If participants choose to discontinue the Program at any time, they must inform the PfHW at the time of the decision. In some cases, a participant may be asked to leave the Program, due to non-compliance. Monies paid for services and products rendered are not refundable.
- 12.** If a participant is required to discontinue the program due to medical reasons, they will receive a prorated refund from PfHW for the lifestyle fee and will also be issued a refund for the product not yet dispensed, according to the payment balance that PfHW has received at the time of leaving the Program.
- 13.** Participants are required to pay for services according to the prescribed payment schedule. Failure to follow the payment schedule will result in temporary suspension of the Program until monies owed are paid. This cost includes the meal replacement product, group sessions, and associated Program costs.
- 14.** PfHW does not guarantee insurance reimbursement.

15. Participants will receive receipts every 4 - 5 weeks outlining the amount paid and the services rendered for the Program during that time period.

Issues of Interest and Concern

1. **Health Records:** The participant's health record serves as a legal document for recording healthcare service provided to the participant. The health record provides a vehicle for clinical communication and care planning and serves as a resource for health care practitioner education as appropriate. PfHW compiles and stores your information for 10 years as part of your medical record in a confidential manner. PfHW may also compile your information without your name for quality assurance purposes. Your records will only be accessible to PfHW team members.
2. **Services provided to participants enrolled in PfHW,** including their initial assessment and weekly medical assessment, will be documented for purposes of the participants health record and will be communicated to the participant's family physician.
3. **Cost:** The cost of the Program covers the course in lifestyle modification as well as the meal replacement supplement used. These are services not covered by MSI.

Some ideas regarding Program expense:

- If you live by yourself, you can apply the money you would normally spend on food for 2 months toward this Program, as well as the money you would spend on things such as restaurant dining, alcohol, and so on.
 - If you have private medical insurance, we can give you the necessary documentation to submit a claim. However, because all insurance plans are different, we cannot tell you whether or not your plan will cover the cost of this Program.
4. **Parking:** Parking at Mumford Road Professional Centre is available free of charge. Please note: Underground parking lot is closed from 11pm-5am.
 5. **Achieving Long Term Success:** Understanding the importance of and making a commitment to changes in eating and activity patterns is essential for long term weight management. These changes may happen through learning and modifying some of the lifestyle factors that have contributed to your obesity. All of these topics and more will be covered in the PfHW Program. Seeking out the support of your family and friends while being assertive about your new lifestyle is essential.

We look forward to working with you. Please feel free to contact a PfHW team member if you have any questions or concerns. Also, if after having read this package you have decided that this is your Program of choice, please complete the enrollment steps listed below.

Next Steps to Enroll

If you are interested in participating in the PfHW 6-Month Follow-Up Program, please complete the following steps:

1. View our website (www.partnersforhealthierweight.ca) & read the Program Information Booklet.
2. Submit your completed *Availability Form* to our administrative assistant by fax (902-454-2686) or email (healthier.weight@partnersforcare.ca)
 - a. Upon receiving this form, our administrative assistant will fax your physician the required *Laboratory Requisition* and *Referral Form* to be completed prior to your start date.
3. **Book an appointment with your family physician. Your family physician should:**
 - a. Complete the program referral form and fax it to 454-2686.
 - b. Complete the 2 blood work requisitions by filling in their contact information and PMB number - you need to keep these for your required blood work.
 - c. Complete the obesity focused medical assessment and fax report to 454-2686 OR complete the referral for a specialist to complete the obesity focused medical assessment.

Once your referral from your family physician is received, you will be contacted by our administrative assistant to schedule your pre-program assessment. If you are interested in enrolling in the next available Program, submit a \$150 non-refundable down payment to cover the cost of your initial assessments and hold your spot in the program. You will then be scheduled for your initial readiness assessment with a PfHW team member. The purpose of the initial assessments is to determine if you are appropriate for the Program. Please note that initial assessments are typically scheduled during the day and take about 30min in total.

4. Complete your initial blood work at least 3 business days prior to your initial assessment.
5. **Arrive 15 minutes before the start time of your initial assessments to allow time for any questions to be answered prior to signing the following documents in clinic:**
 - a. Participant Informed Consent - The Program
 - b. Participant's Responsibilities - The Program

If you have any questions, please ensure that you ask the clinical team prior to signing these documents.

6. **Choose your payment option from the payment schedule on the following page.**

Please arrive at least 15 minutes before the start time of any session if you are making a payment on that day.

Note that Debit or Credit card, Money Order or Certified Cheque may be accepted as form of payment **only at registration and only for full payment.**

All Pre-Authorized Payment Schedules include an installment fee. **A form must be completed prior to Week 1 of the program for the Pre-Authorized Payment Schedule. A "VOID" cheque must be included for those wishing to use their chequing account.**

PAYMENT SCHEDULE effective April 1st, 2015

Please use this payment schedule as a guide only. *Prices include HST and are subject to change without prior notice.

PAYMENT OPTIONS	PfHW 6-Month Follow-Up Program																				
Full Payment Debit or Credit Card, Money Order, Certified Cheque	Total payment for the program is \$2,100* \$150 for initial down payment + \$1950.00 for 6-month program Debit or Credit card, Money Order or Certified Cheque may be accepted as form of payment <u>only at registration and only for full payment.</u>																				
Pre-Authorized Payment Schedule Opt. 1** \$ 2,150	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Week 1</td> <td style="width: 25%;">\$ 500.00</td> <td style="width: 25%;">Week 5</td> <td style="width: 25%;">\$ 500.00</td> </tr> <tr> <td>Week 3</td> <td>\$ 500.00</td> <td>Week 7</td> <td>\$ 500.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">-\$150.00 down payment</td> </tr> </table>	Week 1	\$ 500.00	Week 5	\$ 500.00	Week 3	\$ 500.00	Week 7	\$ 500.00	-\$150.00 down payment											
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Pre-Authorized Payment Schedule Opt. 2** \$ 2,200	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Week 1</td> <td style="width: 25%;">\$ 292.86</td> <td style="width: 25%;">Week 9</td> <td style="width: 25%;">\$ 292.86</td> </tr> <tr> <td>Week 3</td> <td>\$ 292.86</td> <td>Week 11</td> <td>\$ 292.86</td> </tr> <tr> <td>Week 5</td> <td>\$ 292.86</td> <td>Week 13</td> <td>\$ 292.86</td> </tr> <tr> <td>Week 7</td> <td>\$ 292.86</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">-\$150.00 down payment</td> </tr> </table>	Week 1	\$ 292.86	Week 9	\$ 292.86	Week 3	\$ 292.86	Week 11	\$ 292.86	Week 5	\$ 292.86	Week 13	\$ 292.86	Week 7	\$ 292.86			-\$150.00 down payment			
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