

Medical Weight Management (MWM)

Clinical Mission:

Medical Weight Management uses science and patient-centered care delivered by a team of experts to empower individuals and families improve health and make permanent lifestyle changes.

Program Vision:

We will promote wellness in West Virginia and the populations we serve through obesity clinical care, outreach, education, and research.

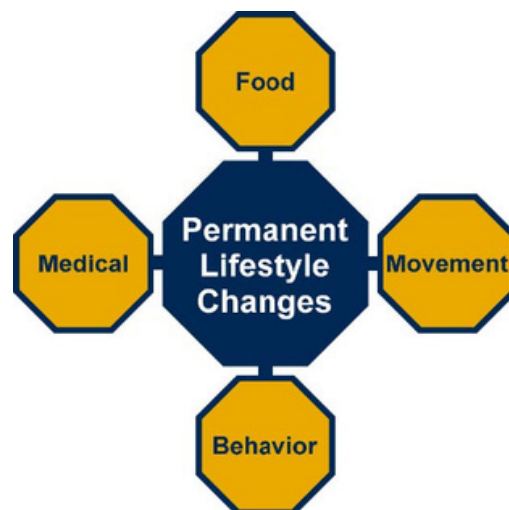


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WVU Medical Weight Management
PO Box 782
1 Medical Center Drive, 4th Floor POC
Morgantown, WV 26506

Phone / 304-598-4890 | Fax / 304-598-6249

Wvumedicine.org/weightmgmt

Facebook support group: WVU Medicine Medical Weight Management

Hello,

Welcome to WVU Medical Weight Management. This non-surgical program helps you make permanent changes to improve your health and lose weight using scientific, patient-centered care.

Please first watch our orientation video: [Medical Weight Management orientation](#). Then complete the following questionnaire: <https://redcap.wvctsi.org/redcap/surveys/?s=P3KDRHCTT7> Several of the program's options are explained in the video. Once completed, please call 304-598-4890 and we will get you scheduled!

We also offer additional support through a private Facebook group that you can join at any time:

<https://www.facebook.com/groups/wvumedweightloss/>.

We look forward to seeing you and starting this life changing journey with you! If you have any questions, you can also reach someone from the team at: medicalweightmanagement@hsc.wvu.edu.

Thank you,

The WVU Medical Weight Management Team



Medical Weight Management



Laura Davisson, MD



Trea Haggerty, MD



Ayesha Hassan, MD



Tara Rickard, MD



Caroline Rosenberger, RN



Sue Faverio, RN



Cathy Shaw, RD



Robin Elkins, APP



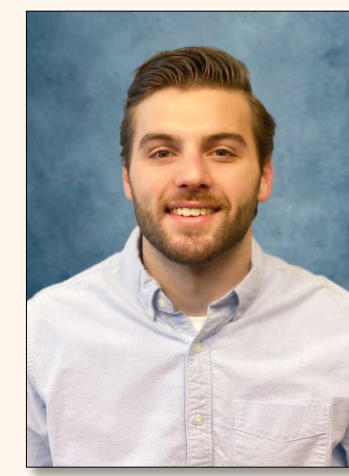
Amber Shaffer, APP



Lyn DeChristopher, APP



Judy Siebart, RD



Brice Haines, PN

Meet Our Team

Laura Davisson, MD, MPH, FACP

Dr. Davisson is a Professor in the Department of Internal Medicine at West Virginia University (WVU). She received her undergraduate degree from Northwestern University and earned her medical degree and MPH from WVU. Dr. Davisson completed an internal medicine residency at WVU and served as Chief Resident. She is board certified by the American Board of Internal Medicine and the American Board of Obesity Medicine. In two decades of practicing internal medicine with a focus on women's health and prevention, Dr. Davisson saw the contribution of obesity to many chronic conditions she treated. This motivated her to get additional training to specialize in obesity treatment. She founded and now directs WVU Medicine's Medical Weight Management Program, which works in collaboration with Bariatric surgery to comprise the WVU Medicine Medical and Surgical Weight Loss Center.

Dr. Davisson wants to create a workforce to treat obesity in WV and the surrounding region by educating primary care clinicians, students, residents, and now, fellows. Medical Weight Management is the main training site for the WVU Nutrition and Metabolic Diseases Fellowship. Dr. Davisson is the Program Director for this fellowship, which is the first program in WV to train fellows in obesity medicine.

Dr. Davisson serves on committees for the Obesity Medicine Association (OMA) and American Board of Obesity Medicine. She has been a contributing author for the OMA's Obesity Algorithm. Dr. Davisson enjoys participating in outreach activities, such as speaking and writing on various health topics and advocating for the prevention and treatment of obesity and related illnesses.



Treah Haggerty, MD, MS

Dr. Treah Haggerty is a family medicine physician and a diplomat of the American Board of Obesity Medicine. She is an associate professor in the West Virginia University Department of Family Medicine and director of Pediatric, Family-based Medical Weight Management at WVU Medicine. Dr. Haggerty completed her MD at the WVU School of Medicine in 2007. She completed her residency in Family Medicine in 2010. Dr. Haggerty is co-director of the WVU Dept of Family Medicine Rural Scholars Program and co-director of the WVU School of Medicine Rural Track. She is Associate Program Director for the WVU Nutrition and Metabolic Diseases Fellowship to train physicians in obesity medicine. Her research interests involved improving health in rural West Virginia residents with a focus on obesity treatment.



Jennifer Ludrosky, PhD

Dr. Jennifer Ludrosky is a pediatric psychologist. She is an assistant professor at West Virginia University Department of Behavioral Medicine and psychiatry, where she is the Director of Child and Pediatric Psychology and the Program Director of the Clinical Psychology pre-doctoral internship. Dr. Ludrosky earned her PhD in Clinical Psychology at Miami University in 2006. She completed her internship and postdoctoral fellowship at Golisano Children's Hospital at the University of Rochester School of Medicine and Dentistry. Dr. Ludrosky's clinical and research work focuses on the unique needs of rural populations in pediatric settings.



Ayesha Hassan, MD

Ayesha Hassan received her Bachelors of Medicine, Bachelors of Surgery from Shifa College of Medicine. She completed her internal medicine residency training from West Virginia University.

She is a member of both the American Medical Association and the American College of Physicians. She practices general internal medicine and obesity medicine. She is both ACLS and BLS certified .



Tara Rickard, MD

Tara Rickard received her PharmD degree and MD degree from West Virginia University. She completed Internal Medicine residency at the Medical University of South Carolina. She became certified in obesity medicine through the American Board of Obesity Medicine in 2023.

She practices primary care, general internal medicine and obesity medicine. She is an Associate Program Director for the Internal Medicine Residency Program at WVU Medicine and participates in several Departmental and hospital committees.



Robin Elkins, MSN, APRN, FNP-C

Robin Elkins received her Bachelors of Science degree in nursing from Alderson-Broaddus College in Philippi WV in 2002 and earned a Master of Science in Nursing degree from the Wheeling Jesuit University in 2012. She also received a post Master's Certification in Nursing Education from Wheeling Jesuit University in 2020. Robin is certified with the American Academy of Nurse Practitioners (FNP-C). She is also working towards a Certificate of Advanced Education in Obesity Medicine through the Obesity Medicine Association. Robin has practiced as an RN for the past 20 years. During this time, she has worked in Cardiology, Neurology, Research, and as a clinical nursing instructor. She has worked as a Nurse Practitioner for the past 10 years in Cardiology, Neurology, and Medical Weight Management. She is a member of the Sigma Theta Tau International Honor Society of Nursing, the American Academy of Nurse Practitioners, and Obesity Medical Association.



Amber Shaffer, MSN, APRN, FNP-BC

Amber Shaffer received her undergraduate degree in nursing from West Liberty University and earned a Master of Science in Nursing degree from the University of Cincinnati. Amber obtained a Family Nurse Practitioner Certification (FNP-BC) through the American Nurse's Credentialing Center and is working toward a Certificate of Advanced Education in Obesity Medicine through the Obesity Medicine Association. Amber practiced at WVU Medicine for 11 years as a Registered Nurse in the Internal Medicine Medical Group Practice clinic prior to becoming a Nurse Practitioner.

Amber is a member of the Advanced Practice Professional Wellness Committee at WVU Medicine. She is also a member of the Obesity Medicine Association and serves as a liaison for the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) at WVU Medicine.



Lyn DeChristopher, MS, PA-C

Lynette DeChristopher is a Physician Assistant who was recently given an opportunity to become part of the WVU Medical Weight Management team. She was born in Morgantown WV, went to Morgantown High School and received her undergraduate and master's degrees from WVU in Exercise Physiology. In 2005, she started her career as a certified Physician Assistant after earning her degree from Alderson Broaddus University. For the past 17 years, she had been a practicing PA in cardiology at Mon Health Medical Center.

Throughout her life, she has always been active and interested in fitness. She played basketball for WVU in the 90's and when she obtained her PA degree from AB she was afforded the opportunity to be an assistant coach/strength coach for their softball and basketball teams. She was able to use her exercise physiology background to guide and teach younger athletes the importance of fitness and healthy lifestyles to be the best they could be. She has always tried to elevate and encourage her patients, family, and friends to reach their goals of fitness, health, and weight loss.



Judy Siebart, MS, RD, CDCES, NCTTP, CSOWM

Judy has been a dietitian for over 30 years. She received her undergraduate in Nutritional Science from Penn State University and her Master's in Community Health from West Virginia University. She did her dietetic internship at Ruby Memorial Hospital. She has additional certification in diabetes, tobacco, and weight management. Judy recently formed a non-profit, Tobacco Free me, to help people quit tobacco for good. She has consulted at a local Head Start programs for over 25 years and enjoys working with all people, especially kids.



Cathy Shaw, RD, CSOWM, LD

Cathy Shaw is a Registered and Licensed Dietitian with over 30 years of experience as a clinical dietitian and counselor in a wide variety of practice areas including hospital, long term care, outpatient and community settings. She received her Bachelor of Science Degree from West Virginia Wesleyan College and went on to complete her Dietetic Internship at West Virginia University Hospitals, Inc. She is a Certified Specialist in Obesity and Weight Management and has been providing weight management counseling services in health care centers, private practice, and community programs to both children and adults since 2008. She has served as a nutrition consultant and educator/coach for various community-based wellness programs and has been involved in many statewide initiatives in WV, aiming to address the obesity crisis from a population health perspective.

As a truly patient centered dietitian, she takes pride in bringing her clients real life, evidence based, practical approaches to improving their health, combating chronic disease, and managing their weight. She is dedicated to helping them navigate their way through the ups and downs of everyday life and developing a positive relationship with food and the world around them.



Caroline Rosenberger, RN

Caroline Rosenberger is a Registered Nurse with Medical Weight Management. She currently acts as the Clinical Coordinator for the Medical Weight Management team. She graduated from Davis and Elkins College in 2004 and has been with WVU Medicine since 2003. She started as a nurse extern in Med Surg and Pediatrics. Caroline worked in pediatrics for 14 years in inpatient and outpatient care. She also worked at Hope and healing for 6 Months.



Sue Faverio, RN

Sue Faverio is a Registered Nurse with Medical Weight Management. She currently acts as the Clinical Coordinator for the Medical Weight Management team. She has worked in healthcare for over 30 years in various roles and has been a registered nurse for 12 years. For the past 5 years she had been the clinical manager for cardiology at Mon Health Medical Center.



Brice Haines, PN

Brice Haines is a Patient Navigator with the Medical Weight Management team. He received his Bachelors in Community Health Education from Fairmont State University. At Fairmont, he conducted research as a part of the LAIR research group.

With the MWM Team, he serves as a liaison between the clinical and administrative teams. He coordinates outreach activities, tracks QI data, and manages providers calendars



Frequently Asked Questions

What is the WVU Medicine Medical Weight Management program all about? What can I expect to get from this experience? What are some of the goals of this program?

The WVU Medicine Medical Weight Management program tackles topics of nutrition, exercise, behavior modification, and medical intervention. All of the information detailing the aims and goals of our program are currently featured in our online orientation video, which you can access [here](#). To expedite your enrollment process, you can also find a link to necessary patient intake forms available on that page.

Do I need a referral from a primary care physician to participate in this program?

You do not need a referral to make your first appointment with us.

What is the cost of participation in this program? Does my insurance offer any coverage?

The Medical Weight Management program does not only treat obesity; rather, we address patient health as a whole. As such, appointments with our program are billed to individual insurance providers under "primary care specialties." Co-pays and costs vary from insurance to insurance, so we encourage each patient to contact their providers to learn more about how much the program will be billed to them.

What is a Shared Medical Appointment?

Shared Medical Appointments (SMAs) are small group sessions wherein patients can check in with a provider and their peers about their goals and progress. An SMA may have a particular theme—such as "sleep" or "cravings"—and it's a great opportunity to support and be supported by other patients on a similar path to a healthier lifestyle.



What platforms does the Medical Weight Management program use for telemedicine?

Telemedicine visits are easily accessible via Haiku or Canto for patients located in WV. Ask about this if you need more specific direction about when your appointments are scheduled.

Can I participate in this program if I am pregnant or breastfeeding?

Yes! The only restrictions for pregnant or breastfeeding patients relate to obesity medication prescriptions. Beyond that, full participation is possible and encouraged.

I'm considering bariatric surgery. Where can I get more information about that process?

While the Medical Weight Management program isn't a surgical program, we do have a bariatric surgery group here at WVU Medicine. To learn more, click [here](#). You can also ask us at your appointment about bariatric endoscopy options that are now available.

How often will I have appointments in this program?

Your first visit will be a medical visit and your individualized plan will be determined at that visit. Generally, most people will have a medical visit every 4-6 weeks. You will also have 1-2 appointments with the registered dietitian and the option to join group visits for additional support.

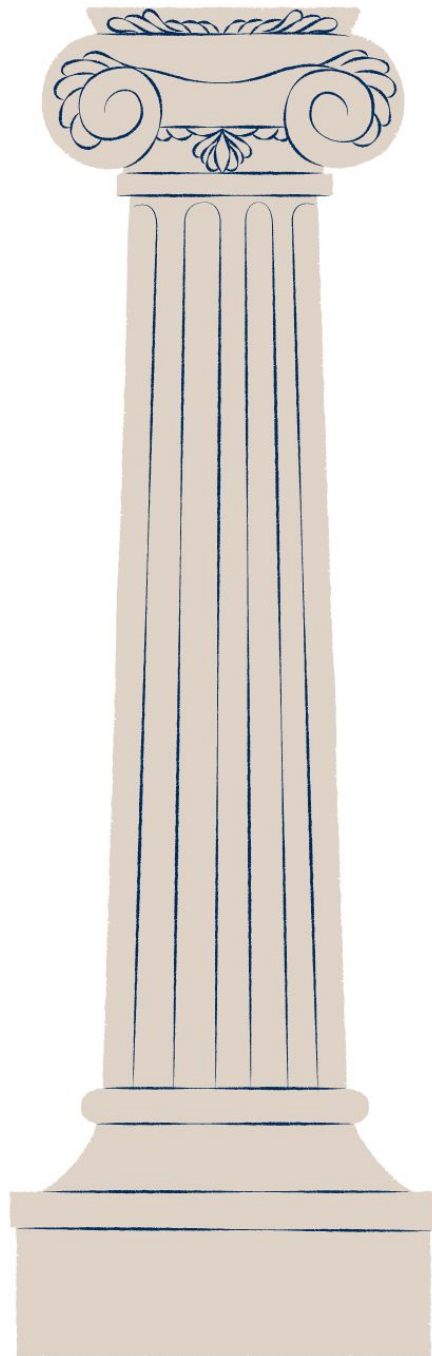
Will you be able to get my insurance cover anti-obesity medications?

Insurance coverage is variable and we cannot guarantee we will be able to get these medications covered for you. We have a separate handout about how to assess if you have insurance coverage.



Medical & Surgical
Weight Loss Center

Movement



Medical Weight Management Special Pricing
304-293-5497

HPL Services	Regular Price	MWM Price
Bod Pod (Body composition analysis)	\$25	\$10
RMR Test (resting metabolic rate)	\$50	\$25
Bod Pod & RMR Package	\$60	\$30
Fitness Membership (Includes personalized workout plan)	\$50 enrollment fee \$10 per month	Enrollment fee waived First month free \$10 per month

***Credit cards are not accepted, payments
must be made in cash or check***

STAFF

The West Virginia Human Performance Lab is staffed full-time by the Faculty of the Division of Exercise Physiology, Graduate Assistants in our Master of Science program, and Undergraduate Interns

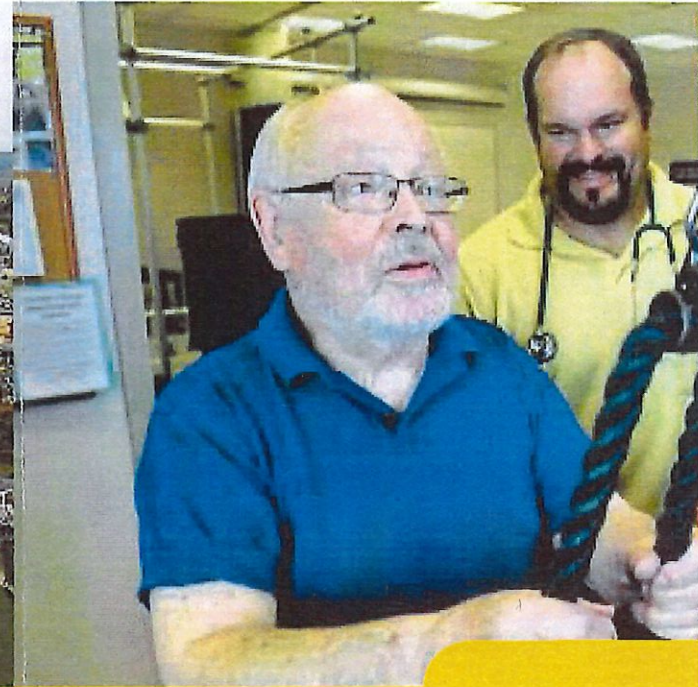
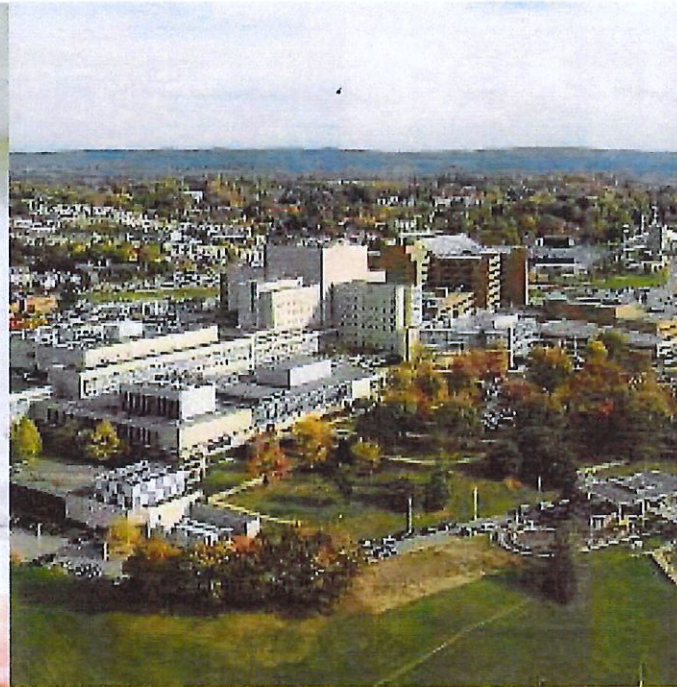
Thank You for Considering Us!

We have been a comprehensive fitness and health-care center in the Morgantown area for more than 40 years.

We appreciate your business!



WVU HUMAN PERFORMANCE LAB



DIRECTOR:

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Email: pchantler@hsc.wvu.edu

MANAGER:

Diana Gilleland, M.S., MBA

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Morgantown, WV 26505



pchantler@hsc.wvu.edu

**YOUR HEALTH AND
FITNESS ARE OUR
PRIORITY**

(304) 293-5497

OUR SERVICES

We provide our clients with top-of-the-line access to exercise professionals and equipment to meet your health and fitness goals. We also offer a variety of testing to ensure an individualized exercise prescription is tailored to your specific needs!

Facilities

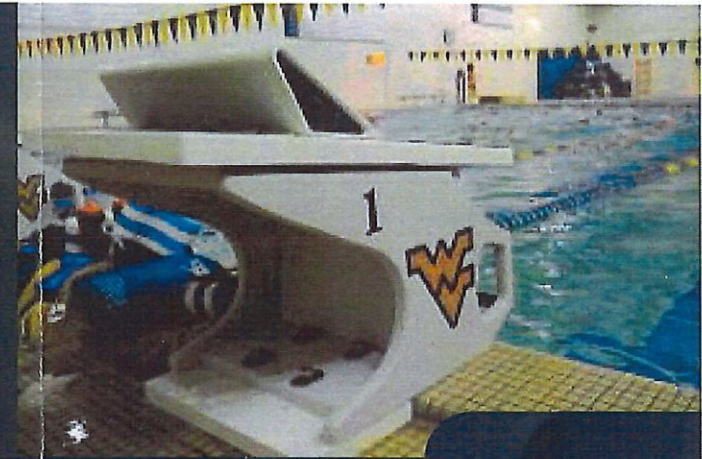
The Human Performance Lab is proud to offer 1,725 square feet of space and equipment on the ground floor of the West Virginia University Health Sciences Center as part of the WVU School of Medicine's Exercise Physiology Program.

Deep Water Running Program

All members may also participate in our Aquatic Exercise Program. Directed by Dr. Lori Sherlock of the WVU School of Medicine, this program is provided in the WVU Natatorium in the same pool in which our D1 school team competes! The Aquatic Exercise program also includes lap swimming for members who are interested.



- 2 Fitness Areas!
- Cardiovascular equipment for all populations!
- Freeweights and resistance machines!
- Opportunities to participate in groundbreaking research!



1 Fitness Membership

Membership is open to the public and pricing varies :

Monthly	\$30.00
Trimester	\$100.00
Yearly	\$275.00

2 Aerobic and Fitness Testing

Metabolic and fitness exercise testing. packages are available:

Aerobic function testing
Lactate threshold testing

3 Cardiovascular Assessment

A variety of non-invasive cardiovascular tests are available to the public and our members. We can help determine your vascular health and age!

4 Body Composition Analysis

We can provide accurate measures of body-fat percentage using our state of the art BodPod machine and skinfold caliper testing.

* For all services other than membership, please call to inquire pricing

Why choose us:

The West Virginia University Human Performance Lab is committed to providing our clients with science-based opportunities to effectively:

- Lose weight and gain lean mass
- Increase aerobic fitness
- Decrease the risk of developing cardiovascular disease
- Decrease the risk of falls and injuries

Unlike other area facilities, we establish a dynamic exercise prescription for our clients based on the results of their individual clinical cardio-pulmonary exercise. strength/endurance. and flexibility tests.



IM for Health 5K/2K Event

September 24, 2023
@Edith Barill Riverfront Park Star City, WV

ABOUT THE EVENT

The WVU Internal Medicine (IM) for Health 5K/2K race time will be 5pm with day of race registration starting at 3pm. It is an out and back course on our paved rail trail. The event will be hosted by WVU's Medical Weight Management and Internal Medicine Residency's Global Health programs. Local food vendors and farmers will have booths set up at the event selling meat and produce.

HOW TO REGISTER

Register to run or walk at the event by following the link attached below or by scanning the QR code. All participants will receive a gift bag full of educational materials, produce, and brand sponsored merchandise.

<https://www.raceentry.com/races/im-for-health-5k2k/2023/register>



ABOUT OUR GROUPS

The Medical Weight Management clinic is a non-surgical weight management program that provides each patient with a team of highly trained healthcare professionals who specialize in safe and healthy weight management. They are an accredited center through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program.

The mission of the Global Health Program is to foster learning, collaboration, and service in the global health community. The Global Health Program provides opportunities to WVU faculty, residents, and students in global health environments in order to expand their knowledge of health care delivery systems, public health programs, and medical education systems in developing countries.

EMAIL US FOR MORE INFO

MEDICALWEIGHTMANAGEMENT@HSC.WVU.EDU

Fitnessblender

<https://www.fitnessblender.com/>

Les Mills

<https://watch.lesmillsondemand.com/at-home-workouts/season:1?fbclid=IwAR3avx82wuMKDgy34GDmZpXXJio6t-Tv8eJNRU7mIRWrqFAnoeTB1f3EDhg>

Body Groove Fitness

<https://www.bodygroove.com/>

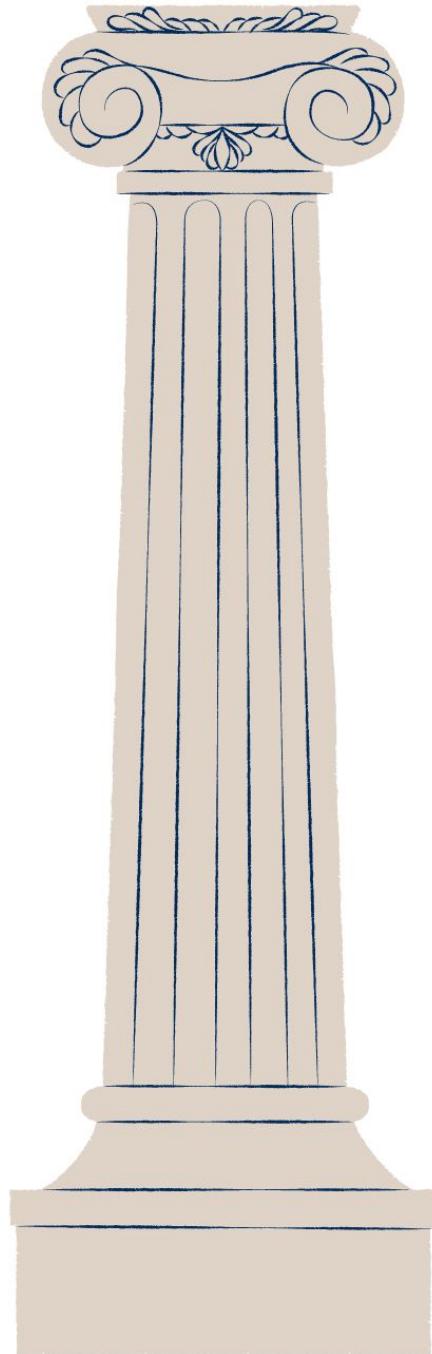
Mike Peele hip hop dance fitness

<https://www.youtube.com/@MikePeele>



Medical & Surgical
Weight Loss Center

Behavior



WEEK OF: _____

WEEKLY FOOD & ACTIVITY JOURNAL

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

BREAKFAST

LUNCH

DINNER

SNACKS

WATER

ACTIVITY

SLEEP

WEIGHT

NOTES



MWM Group Visits

Eat Well, Live Well Group Visits

The Eat Well, Live Well group program is an eight-week weight management and health promotion course designed to help our patients improve their wellness. Based on the latest nutrition science, participants are provided weekly ideas on what lifestyle changes would best benefit them. Through interactions with the dietitians and the other group members, small, weekly goals are set and often achieved. Together, we encourage members to eat healthy, increase movement, and help to establish behaviors that will last.

Eat Well, Live Well classes occur on Monday and Tuesday from 4:30 – 5:30 pm via WVU MyChart. Please join us in our next session and receive your road map to success. To register for the program, email medicalweightmanagement@hsc.wvu.edu or ask your provider at your next appointment.

Continue to Eat Well

We offer a monthly support group for those who have completed the eight-week Eat Well, Live Well series. This group offers encouragement, shares success stories, and provides tips to help empower one another on their journey. Once you have completed the Eat Well, Live Well course, make sure to sign up with Judy Siebart or email medicalweightmanagement@hsc.wvu.edu.

Lunch and Learn Group Visits

We are offering an informative and fun lecture series via Microsoft Teams every second and fourth Friday of the month from noon – 12:30 pm. Our providers will present conversations on current weight management strategies. Topics range from medications for weight loss to the meal planning and recipes for success. Our staff, including doctors, advanced practice providers and dietitians will present the thought-provoking topics to help you gain a deeper understanding on your journey to establish lifelong healthy habits.

Are you ready to
make healthy
changes?

**Finding Wellness is a FREE 8-
week program designed to help
you live a healthier lifestyle,
prevent chronic disease, and/or
manage a current medical
condition.**



For more information:

304-293-2604

findingwellness@wvumedicine.org

www.wvumedicine.org/findingwellness

A close-up photograph of a hand holding several bright red strawberries with green stems. The background is a soft, out-of-focus green, suggesting an outdoor setting. The image is partially obscured by a dark grey diagonal overlay on the right side of the page.

Finding Wellness



Topics Covered

Cooking Demo — Learn how easy and delicious healthy cooking can be and taste test new foods.

Finding Fitness — Link physical and mental benefits of exercise. Practice a variety of stretches.

Make S.M.A.R.T.E.R. Goals — Assess your motivation level and identify positive/negative influences on your success.

Menu Planning — Learn meal planning strategies and how to add/substitute healthier foods.

Mindful Eating — Recognize what mindless eating looks and feels like. Identify emotional, environmental, and physical triggers.

Portion Distortion — Learn how to read and understand food labels. Recognize common portion size pitfalls and how to avoid them.

Stress Management — Recognize stress and unhealthy coping habits and learn ways to quiet your mind.

Supermarket Safari — Acquire skills to shop healthier by comparing labels and prices.



Our Classes

- Weekly two-hour class for 8 weeks
- Offered in-person and online
- Educational, fun, and interactive
- Get help with personal goal setting in a supportive group environment



WVU Bariatrics
Binge/ Emotional Eating Therapy Virtual Group

Binge eating or emotional eating may happen when we eat to try to calm down, numb out, or to lessen or avoid negative feelings. Emotional eating can provide temporary relief or self-soothing, but can lead to more long-term problems like depression, anxiety, increased eating, or difficulty managing weight.

Our group is a chance to learn new strategies that can help improve eating habits and work toward weight loss. The group is open to everyone.

The group meets for **3 sessions** total, one hour per week online, on Wednesdays 2-3pm.

When:

Dates:	Time:	Location:
Feb 2023: Feb 15, 22, & March 1	Wednesday 2pm -3pm	Online via Zoom
April 2023: April 19, 26, & May 3	Wednesday 2pm -3pm	Online via Zoom
June 2023: June 21, 28, & July 5	Wednesday 2pm -3pm	Online via Zoom
Aug 2023: Aug 16, 23, & 30	Wednesday 2pm -3pm	Online via Zoom
Oct 2023: Oct 18, 25, & Nov 1	Wednesday 2pm -3pm	Online via Zoom
Nov/Dec 2023: Nov 29, Dec 6, 20	Wednesday 2pm -3pm	Online via Zoom

Where: The group is online via the video platform Zoom. Instructions will be provided via a Mychart message when you are signed up for the group. This is a virtual group- there is no in person attendance. Although you will see an appointment on your MyChart as a group visit, the group is held on zoom via the link provided and not on MyChart.

How to sign up:

- Call our Behavioral Medicine Team at [304-598-4214](tel:304-598-4214) and let us know you would like to join the Binge and Emotional Eating group with Dr. Cox.
- Let your medical weight management or surgery team know and we will sign you up for group.
- Once added to the group, you will be sent a mychart message with instructions on how to join the group virtually.

Please note that this is a virtual group therapy and copays for behavioral health visits may apply.

Looking forward to seeing you!

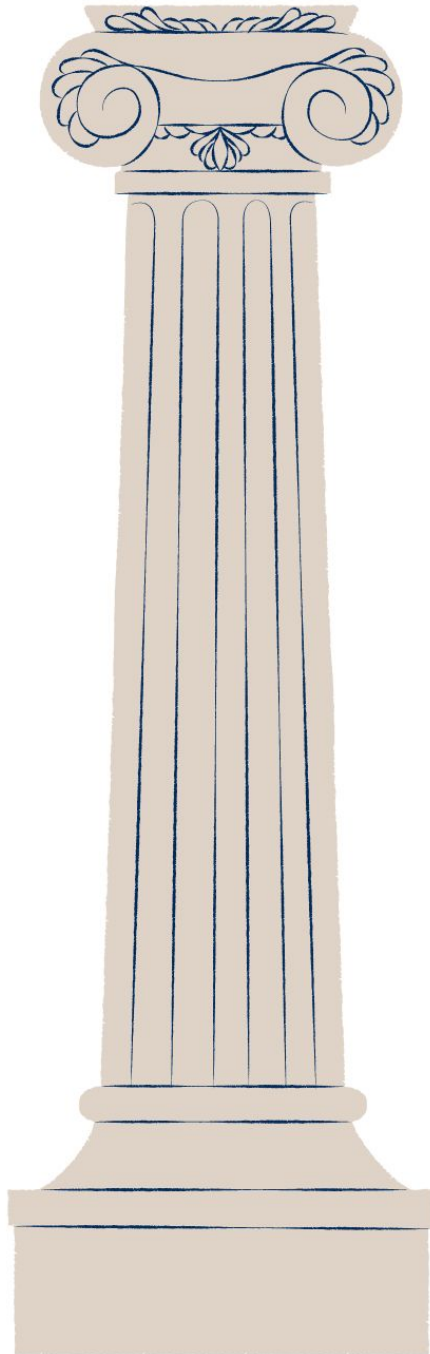


Stephanie Cox, PhD ABPP
Licensed Psychologist



Medical & Surgical
Weight Loss Center

Medical





Anti-obesity medications often used in Medical Weight Management

Bupropion/naltrexone (Contrave): Can order the combined medication through Ridgeway pharmacy at Contrave or the two components can be prescribed separately

- Combines two medications and works in the brain to help decrease appetite.
- **Bupropion** is used by itself as an antidepressant, for smoking cessation, or for weight (off label for this).
- **Naltrexone** is used by itself for addiction but does not help with weight unless combined with bupropion.

Liraglutide (As **Saxenda** is approved as an AOM, as **Victoza** is approved for Diabetes Mellitus Type 2 or DM2)

- Liraglutide is a GLP1 agonist which works in the brain and GI tract to decrease appetite.
- This medication is a daily subcutaneous injection.

Semaglutide (As **Wegovy** is approved as an AOM, as **Ozempic** is approved for DM2, and oral **semaglutide** as **Rybelsus** is approved for DM2)

- **Semaglutide** is a GLP1 agonist which works in the brain and GI tract to decrease appetite.
- This medication is a weekly subcutaneous injection except oral **semaglutide (Rybelsus)**.

Other GLP1 agonists and GIP agonists

- Other GLP1 agonists are approved for treating DM2 but also work in the brain and GI tract to decrease appetite and help with weight loss. Examples: **Dulaglutide (Trulicity)**, **Exenatide (Byetta or Bydureon)**, or the GLP1/GIP agonist **terzepatide (Mounjaro)**.
- These medications are subcutaneous injections.

Phentermine (Adipex)

- This stimulant medication works in the brain to reduce appetite.
- It is approved for short-term use (3 months) but is sometimes prescribed for longer (is “off label”).
- This medication is a schedule 4 controlled substance.

Phentermine/topiramate (Qsymia): can order the combined medication through [Qsymia home delivery](#) or the two components can be prescribed separately

- This prescription combines two medications and works in the brain to reduce appetite.
- The **phentermine** component is a stimulant used for weight loss (see above).
- The **topiramate** component is also used as a seizure medication or for headache prevention.
- Sometimes **topiramate** (or its sister medication, **zonisamide or zonegran**) is used by itself for weight loss.
- This medication is a schedule 4 controlled substance because of the phentermine component.

Metformin is a medication for DM2 that sometimes is used to help with weight loss, insulin resistance, metabolic syndrome, polycystic ovary syndrome, or medication-associated weight gain (some indications “off label”).

Plenity (gelesis hydrogel) is classified as a device. It is indicated for 22 years + and BMI 25-40. It is taken with large amounts of water to promote fullness and help with weight loss. It is not absorbed so it has no systemic side effects other than the GI tract. To order, send prescriptions to Go Go Meds pharmacy in Kentucky: gogomeds.com

SGLT2 inhibitors are a class of medications approved for treating DM2 but that also can help with weight loss through glucose removal in the urine. Examples: **dapagliflozin (Farxiga), empagliflozin (Jardiance), or canagliflozin (Invokana).**

Orlistat (Ally or Xenical) is another option that works by inhibiting absorption of fat in the diet, but it is not commonly used (side effects of loose bowels or fecal leakage.)

Lisdexamfetamine (Vyvanse) has a specific FDA indication for the treatment of binge eating disorder. It may be used if that diagnosis has been confirmed by a psychologist or psychiatrist.

Imcivree (setmelanotide) is an injectable medication used for rare genetic causes of obesity.



Medical Weight Management

Medications that may affect your body weight

Here are some medications that may increase your body weight, but it's important not to stop taking them without talking to your doctor about the risks and benefits:

Heart Medications

- Some beta blockers (if you need a beta blocker, carvedilol/Coreg may be better for managing weight)
 - Propranolol
 - Atenolol
 - Metoprolol
- Some calcium channel blockers may increase body weight gain due to swelling
 - Nifedipine
 - Amlodipine
 - Felodipine

Diabetes Medications

- Insulin
- Sulfonylureas like glipizide
- Pioglitazone (Actos)
- Meglitinides

Some of the diabetes medications may be better for managing weight, such as metformin, GLP1 agonists like Ozempic or Mounjaro, SGLT2 inhibitors like Jardiance, alpha glucosidase inhibitors, pramlintide.

Hormones

- Glucocorticoids
- Estrogens
- Progestins (oral forms of progestins may be better for contraception because injectable or implantable forms like Depo-Provera or Nexplanon have greater risk for weight gain)

Anti-seizure Medications

- Carbamazepine
- Gabapentin
- Pregabalin
- Valproate or valproic acid

Some of the medications in this class may be better for managing weight, such as lamotrigine/Lamictal (variable effects), topiramate/Topamax or zonisamide/Zonegran (may both decrease weight).

Mood stabilizers

- Gabapentin (Neurontin)
- Valproate or Valproic acid
- Lithium
- Cariprazine
- Carbamazepine (Tegretol)

Some of the medications in this class may be better for managing weight, such as lamotrigine or oxcarbazepine which have variable weight effects.

Migraine medications

- Amitriptyline
- Gabapentin
- Paroxetine
- Valproic acid
- Some beta blockers

Some of the medications in this class may be better for managing weight, such as topiramate or zonisamide which may both decrease weight.

Antidepressants (bupropion/Wellbutrin may be better because it may decrease weight)

- Tricyclic antidepressants (desipramine, nortriptyline, or protriptyline may be better for weight)
 - Amitriptyline
 - Doxepin
 - Imipramine
- SSRIs (if you need one, fluoxetine or sertraline may be better for managing weight)
 - Paroxetine (Paxil)
 - Citalopram (Celexa)
- SNRIs or other
 - Venlafaxine (Effexor) (variable weight effects)
 - Duloxetine (Cymbalta) (variable weight effects)
 - Mirtazapine (Remeron)

Antipsychotics (can consider adding metformin to reduce weight gain and may prefer the ones in this class with variable/neutral weight effects such as aripiprazole, Haldol, lurasidone, ziprasidone, cariprazine)

- Substantially increase weight:
 - Olanzapine
 - Quetiapine
 - Clozapine
 - Risperidone
 - Zolpidem
- Somewhat increase weight:
 - Chlorpromazine
 - Paliperidone
 - Lithium
 - Bexiprazole
 - Iloperidone

Hypnotics: Diphenhydramine has most weight gain, but benzos, melatonergic hypnotics, and trazodone also have limited weight effects.

HIV medications: Some HAART protease inhibitors

Chemotherapies (may not have alternatives but should be aware that these may increase weight: Tamoxifen, Cyclophosphamide, MTX, 5-FU, Aromatase inhibitors, steroids.)

Do you have insurance coverage of anti-obesity medications?

Insurance coverage is variable. Medical Weight Management cannot guarantee we will be able to get these medications for you. Below we have summarized what we know and what we do not know.

What we know about anti-obesity medication insurance coverage

- Federal employees and veterans now DO have coverage of this class of medications, although there are sometimes requirements that must be met.
- Patients with PEIA insurance DO have coverage but with limitations that currently require prescribing only by designated providers (Medical Weight Management is one of them).
- Patients with Pennsylvania Medicaid DO have coverage of this class of medications.
- Patients with West Virginia Medicaid do NOT have coverage of this class of medications.
- Medicare Part D does NOT cover anti-obesity medications, although some Medicare Advantage plans may cover them, and some people with Medicare have coverage through secondary insurance.

What we do not know about anti-obesity medication insurance coverage: commercial insurance

- Every employer-based commercial insurance plan's coverage is different and is determined by the employer. While two people may have Highmark insurance, they may have different medications on their formularies if they have different employers.
- Many commercial insurances do not cover anti-obesity medications because obesity treatment has been "carved out" and is not treated as an essential health benefit. (Employers must "opt in" to treatment coverage as part of their pharmacy benefits, and some do not even realize they can do this.)
- You can learn if you have medication coverage by checking your insurance plan's medication formulary. You can search for the medication class "anti-obesity medications" or by name if you have one in mind. This QR code can help you determine your coverage for Wegovy:



- If you learn that your employer-based insurance coverage excludes anti-obesity medications, you can talk to your employer/HR to ask if they would consider opting-in to treatment by adding these medications to the medication formulary and/or you can also send them the letter from me that is below.

WVU Medical Weight Management

PO Box 9238
Morgantown, WV 26506
Phone / 304-293-1728
Fax / 304-293-6628
wvumedicine.org/bariatrics

Date: March 15, 2023

Re: Coverage of Anti-Obesity Medications

To Whom It May Concern:

I am writing this letter on behalf of your employees and their family members that are living with the disease of obesity. Many of your employees need FDA-approved pharmacotherapy for obesity that is currently not covered by your insurance plan. Obesity is a multi-factorial chronic disease requiring a comprehensive approach to treatment. Prevention is important but alone is not enough because the 42% of Americans who are already living with obesity need treatment now. It is well-recognized that obesity is associated with many related diseases such as type 2 diabetes, hypertension, heart disease, lipid disorders, certain cancers, sleep apnea, and arthritis. Care should not be seen as having the goal of only reducing body weight but rather on preventing related conditions and improving overall health and quality of life.

Obesity treatment needs a collaborative treatment and team approach, such as that provided by the WVU Medicine Medical Weight Management clinic where I practice and have seen great results. Lifestyle changes including healthy eating plans and regular physical activity are essential but are often not enough to help people with obesity lose or maintain clinically significant weight loss. The American Medical Association declared obesity a chronic disease in 2013, and obesity deserves the same treatment and attention as any other chronic illness. We now have treatment available with medicines in the anti-obesity medication class, including the semaglutide. Other medicines that are also highly effective are anticipated to be approved soon.

Unfortunately, obesity treatment has been “carved out” and is not treated as an essential benefit in insurance formularies. Employers must “opt in” to treatment coverage with this class of medicine, and sometimes do not even realize they would have to take this additional step to ensure coverage. Treating obesity will benefit employers by improving the health of employees. Please contact your health plan or pharmacy benefits manager to pursue adding anti-obesity medications to the formulary for your employees.

If I can provide further information on the treatment of obesity, please do not hesitate to contact me at (304) 293-1964. Feel free to share this letter if that would be helpful.

Kind regards,



Laura Davisson, MD, MPH, FACP

Professor, West Virginia University School of Medicine

Chief of Obesity Medicine & Director, Medical Weight Management: wvumedicine.org/weightmgmt

WHAT COULD LOSING WEIGHT WITH WEGOVY®
LOOK LIKE FOR YOU? SEE PAGE 8.

Lose weight and
keep it off



This is Wegovy®
This is me

Actor portrayals
throughout.

Scan to see if Wegovy® is covered by
your insurance or visit Wegovy.com



What is Wegovy®?

Wegovy® (semaglutide) injection 2.4 mg is an injectable prescription medicine used for adults with obesity (BMI ≥30) or overweight (excess weight) (BMI ≥27) who also have weight-related medical problems to help them lose weight and keep the weight off.

- Wegovy® should be used with a reduced calorie meal plan and increased physical activity.
- Wegovy® contains semaglutide and should not be used with other semaglutide-containing products or other GLP-1 receptor agonist medicines.
- It is not known if Wegovy® is safe and effective when taken with other prescription, over-the-counter, or herbal weight loss products.
- It is not known if Wegovy® can be used safely in people with a history of pancreatitis.
- It is not known if Wegovy® is safe and effective for use in children under 18 years of age.

Please see Important Safety Information throughout, and enclosed Prescribing Information and Medication Guide.

ONCE-WEEKLY

wegovy®

semaglutide injection 2.4 mg

Get to know the Wegovy® pen

ONCE WEEKLY

Since Wegovy® comes in a single-use pen, you'll use a new pen every time you dose.



HIDDEN NEEDLE
You won't see or handle the needle

PRESET DOSE
The dose is already set on your pen

Refer to Instructions for Use within the Prescribing Information for how to use the Wegovy® pen.

Dosing designed with you in mind

Wegovy® comes in 5 different dose strengths. **You start Wegovy® at a dose of 0.25 mg** once a week and increase the dose every 4 weeks until you reach the full dose of 2.4 mg. It's important to follow the dosing schedule as recommended by your health care provider.



Important Safety Information (cont'd)

What are the possible side effects of Wegovy®? (cont'd)

Wegovy® may cause serious side effects, including: (cont'd)

- **kidney problems (kidney failure).** In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration) which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration.

Please see Important Safety Information throughout, and enclosed Prescribing Information and Medication Guide.

What are the common side effects?

The most common side effects of Wegovy® include:

nausea	headache	belching
diarrhea	tiredness (fatigue)	gas
vomiting	upset stomach	stomach flu
constipation	dizziness	heartburn
stomach (abdomen) pain	feeling bloated	

Tell your health care provider if you have any side effects that bother you.

To learn more about dosing or side effects, visit Wegovy.com

Important Safety Information (cont'd)

What are the possible side effects of Wegovy®? (cont'd)

Wegovy® may cause serious side effects, including: (cont'd)

- **serious allergic reactions.** Stop using Wegovy® and get medical help right away, if you have any symptoms of a serious allergic reaction, including swelling of your face, lips, tongue, or throat; problems breathing or swallowing; severe rash or itching; fainting or feeling dizzy; or very rapid heartbeat.
- **change in vision in patients with type 2 diabetes.** Tell your healthcare provider if you have changes in vision during treatment with Wegovy®.

ONCE-WEEKLY
wegovy®
semaglutide injection 2.4 mg

Get personalized support with WeGoTogether®

WeGoTogether® offers free support for people taking Wegovy® with options that let you customize the program to suit your needs.

You'll get free access to:



A dedicated **Health Coach** to partner with you and provide flexible, one-on-one coaching via phone, email, or text as you work toward your weight-management goals

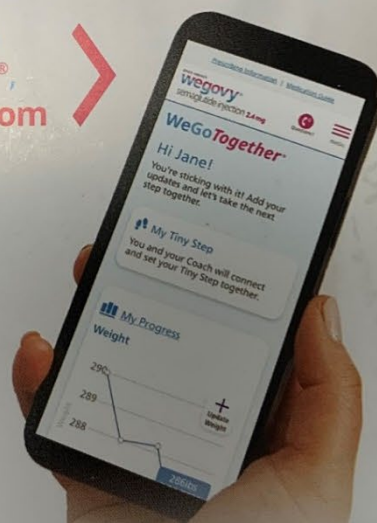


Your **personal web portal** to help you set small steps and track your progress, including weekly lessons and resources



Ongoing support to help keep you motivated

For more information about WeGoTogether®, visit WegovySupport.com



Important Safety Information (cont'd)

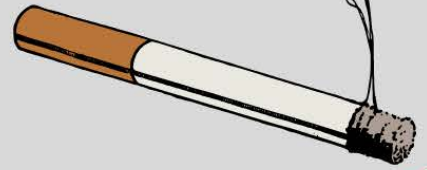
What are the possible side effects of Wegovy®? (cont'd)

Wegovy® may cause serious side effects, including: (cont'd)

- **increased heart rate.** Wegovy® can increase your heart rate while you are at rest. Tell your healthcare provider if you feel your heart racing or pounding in your chest and it lasts for several minutes.

Please see Important Safety Information throughout, and enclosed Prescribing Information and Medication Guide.

tobacco-free **me**



Quitting tobacco is the first step to building a brighter future!

No matter where you are in the process of quitting, we are here to help. We offer a 100% free 6 part course to help you quit and stay quit. Once you register you can go through the course as many times as you need to. Whether its just a refresher to keep you on the right track or if you slipped and are starting from scratch, our online course will help you achieve your quit goal and make sure you keep it up for the rest of your life.

Join our LIVE Breathe Well, Live Well group classes via Zoom!

Our class facilitators lead discussions, teach you tips and tricks, and provide support to help you be successful. The classes are similar to the online modules but are with other people going through the same challenges. Also get expert guidance on how to navigate the quit journey with our trained tobacco treatment specialists. These classes are 100% free to the public and no information other than your contact info is obtained.

Visit our website to learn more about the resources we offer!

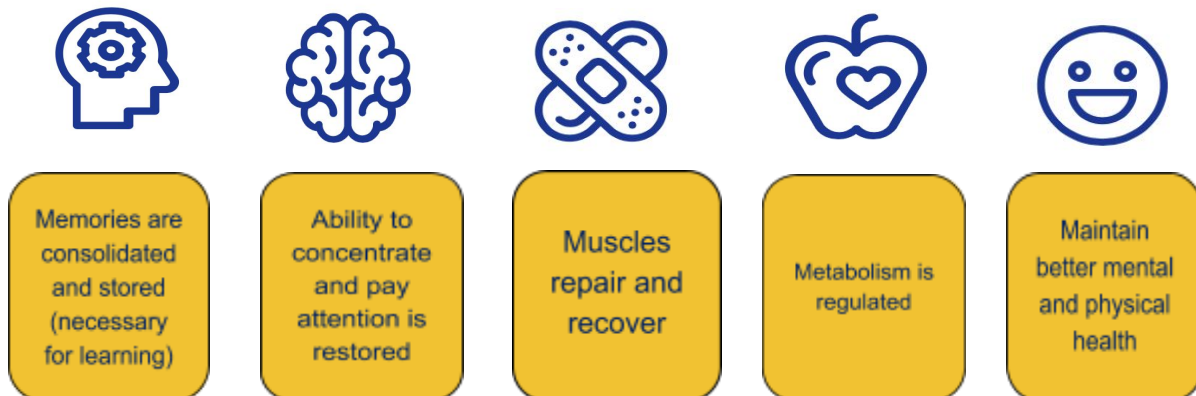
tobaccofreeme.org

The Connection Between Sleep and Your Health

Sleep is one of the most under-appreciated strategies for optimizing health and wellness. A lack of sleep has been associated with an increased risk of having obesity. Ghrelin, a hunger hormone in your body, increases when you get less sleep, causing you to feel hungry and eat more. Leptin, a satiety hormone, decreases with a lack of sleep, which signals to your brain that you're still hungry. The alterations in these hunger hormones may make it more difficult for you to lose weight.



What happens when you sleep:



Use these tips to get more sleep throughout the night:

- Aim for 7-9 hours of sleep each night
- Get sunlight during the day to reset your circadian rhythm
- Exercise, but not 2-3 hours before bed
- Avoid dogs and kids in the bed
- Keep your bedroom cool – 65-70 degrees F is optimal (a drop in core body heat will help to initiate sleep)
- Go to bed at the same time each night
- Avoid consumption of alcohol and caffeine
- Shut off electronics 1-2 hours before bed, read a book instead
- Use an app to track your sleep
- Prioritize your sleep and make a night time ritual to let your body know it's time for bed

WVU Department of Psychology
Insomnia Team



Erika
Fenstermacher



Alivia
Frazier



Jerin
Lee



Zachary
Soulliard



Stephanie
McWilliams, PhD



Amy
Fiske, PhD

The Insomnia Team provides behavioral treatment for **adults of all ages who suffer from insomnia**. The clinic is staffed by psychology doctoral students under the supervision of Amy Fiske, Ph.D., of the WVU Psychology Department. Services are provided on **Fridays, 1:30-3:30 pm**. Fees are sliding scale, ranging from \$10 to \$60 per visit, based on ability to pay. The team provides **evidence-based treatment** that has been shown to be effective in patients with primary or secondary insomnia; results are sustained for up to 12 months (Morin et al., 2006. *Sleep* 29:1398-1414).

Services:

Cognitive behavioral therapy for insomnia is a structured program (**typically 4-8 sessions**) that helps patients identify and replace behaviors that cause or worsen sleep problems with habits that promote sound sleep.

Treatment will help patients:

- Identify, control, and eliminate behaviors that prevent good sleep
 - e.g., going to bed early or sleeping in after a poor night's sleep, working in bed.
- Improve relaxation skills
 - Through muscle relaxation training
- Develop strategies for recognizing and challenging thoughts or beliefs that interfere with sound sleep
 - e.g., "I'll never get through the day tomorrow if I don't get to sleep tonight!"

Unlike medication, this treatment targets the underlying causes of sleep problems, and teaches patients **strategies to promote better sleep for life!**

Referrals:

Appropriate **referrals** would be:

- Adults of any age with difficulty initiating or maintaining sleep
- 30+ minutes to fall asleep or fall back asleep, 3x/wk, 1+ month duration

Note: if signs of sleep apnea, sleep study should be conducted before patient is referred for insomnia treatment

To refer a patient:

- Ask patient to call the **Quin Curtis Center for Psychological Services, 304-293-1824** (press 0)
- If you wish to provide additional information about the referral, either contact Dr. Fiske (304-293-1708) or send information to our secure fax at 304-293-4225 (attention Dr. Fiske)



Medical & Surgical Weight Loss Center

Medical Weight Management

The Medical Weight Management Clinic features a patient-centered, non-surgical weight management program run by a team of highly trained healthcare professionals who specialize in safe and healthy weight management and treat all patients with respect.

We communicate regularly to provide coordinated, team-based care through the creation of an individualized nutrition and daily living plan that you will be able to maintain for life.

During the program, you will learn personal lifestyle skills, such as self-monitoring of food intake, movement, sleep, and stress. We help you find what works for you and make adjustments to achieve your weight-management goals.

Our program has four areas of focus, including:

- Food**
 - / Personalized nutrition plans
 - / Medical nutrition therapy
 - / Meal replacement options
- Movement**
 - / Exercise programs
 - / Exercise monitoring
 - / Fitness and metabolic testing
- Behavioral Change**
 - / Self-monitoring
 - / Goal setting
 - / Strategies to turn goals into permanent habits
- Medical Management**
 - / Medical evaluations
 - / Addressing medical conditions, like diabetes
 - / Optimizing medications

Our Team



Laura Davisson MD
Director



Treah Haggerty MD



Ayesha Hassan MD



Tara Rickhard MD



Lyn DeChristopher APP



Robin Elkins APP



Brice Haines PN



Caroline Rosenberger RN



Amber Shaffer APP



Cathy Shaw RD



Judy Siebart RD



For more information or to view our orientation video, please visit: WVUMedicine.org/weightmgmt

For questions, please contact:

- ✉ : medicalweightmanagement@hsc.wvu.edu
- ☎ : 304-598-4890

We offer additional support through a private Facebook group: WVU Medicine Medical Weight Management



Medical Weight Management Clinic



 **WVU Medicine Children's**

We aim to empower children, to improve their quality of life, and to achieve health gains that will follow them into adulthood. Our multidisciplinary team provides evidence-based guidelines to improve family health.

A visit to the Medical Weight Management Clinic at WVU Medicine Children's will include:

- Comprehensive medical assessment
- Nutritional assessment
- Behavioral/mental health assessment
- Physical activity assessment
- Assessment for appetite and disordered eating behaviors

Providers



Treah Haggerty MD



Robin Elkins NP



Amber Shaffer NP



Jennifer Ludrosky PhD
Pediatric Psychologist



Judith Siebart RD
Registered Dietitian



Caroline Rosenberger RN
Nurse Coordinator



Lynette DeChristopher PA-C



Cathy Shaw RD
Registered Dietitian



Medical & Surgical Weight Loss Center

SURGICAL WEIGHT LOSS

The WVU Medicine MSWLC Surgical Weight Loss Track is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program.

The first step to entering this program directly is by attending a bariatric information session. These sessions are held three times a month and are mandatory for all patients wanting to be considered for bariatric surgery. The information session will explain our program, the options you have, and what is required of you to be a candidate.

The surgical options we offer include:

SURGEONS



Salim Abunnaja MD



Nova Szoka MD



Lawrence Tabone MD
Director

Laparoscopic Sleeve
Gastrectomy

Approximately 85% of the stomach is removed.

Roux-en-Y
Gastric Bypass

Stapling reduces the size of the stomach to a 1 oz. pouch.

Laparoscopic Adjustable
Gastric Banding

An adjustable band is placed around the top of the stomach to create a small pouch.

Revisional Weight
Loss Surgery

Converts the adjustable gastric band to a Laparoscopic Sleeve Gastrectomy or Roux-en-Y Gastric Bypass.



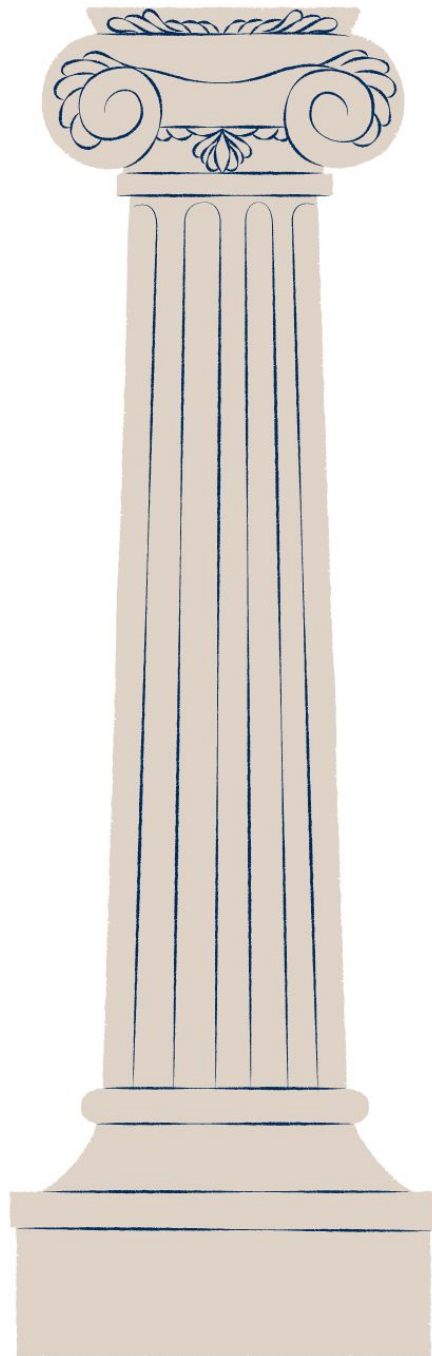
WVUMedicine.org/bariatrics





Medical & Surgical
Weight Loss Center

Access to Care



ACCESS TO CARE

Today, more than 93 million adult Americans are living with obesity. Many do not know obesity is disease and their healthcare provider can help them with weight-loss and maintenance. Others do not have insurance coverage to help them pay for these healthcare options. Everyone should have access to healthcare.

Access should not be limited by a person's size, weight or economic status. Access to care is not a complicated idea. It can mean different things for different people, but in the end, it is about people getting the help they need to treat obesity.

Access to care begins with seeing obesity as a chronic disease diagnosed by a healthcare provider. Obesity is not someone's fault or their job to manage alone.



People with obesity can face barriers when it comes to access to care.

INSURANCE DENIALS

Very few insurance companies pay for obesity care and weight management options such as:

- Bariatric surgery
- Prescription weight management medications
- Consultations with dietitians



WHOLE PERSON CARE

Patients need effective and respectful care no matter what health condition(s) they have. Treatment for the flu or back pain should not be dependent on a patient's weight or size.



IMPROPER EQUIPMENT

People with obesity deserve medical equipment that meet their needs. Individual needs can vary, but often include:

- Scales
- Blood pressure cuffs
- Exam gowns



AVAILABLE HEALTHCARE PROFESSIONALS

A team of healthcare providers who understand obesity medicine can give the best care. This team can include:

- Physicians
- Nurse practitioners
- Registered dietitians



REQUIRED STEPS FOR INSURANCE COVERAGE:

Many insurance companies have requirements to qualify for obesity care coverage. Requirements can be:

- Referrals
- Long wait times
- Mandatory weight-loss



These barriers can include:

SCIENCE-BASED CARE

There is no miracle cure for obesity. However, effective, science-based treatment options do exist. Receiving these options is not possible if your healthcare provider does not know about them.



AVAILABLE LIFELONG CARE

Obesity is a chronic disease. Patients deserve access to lifelong obesity care even if the weight maintenance period has been reached.



ACCEPTING CARE

It may be hard for some people to accept obesity care from a healthcare provider. This can be from:

- A negative care experience in the past
- A belief that they need to lose the weight on their own
- Unsuccessful weight-loss in the past



Support Access to Obesity Care for Everyone!



The Centers for Disease Control (CDC) estimates that 75% of Americans will have excess weight or obesity by 2020,¹ yet 82% of individuals with obesity feel they are alone in their efforts to control their weight.² Managing weight with the help of a medical professional can be a useful tool in treating obesity. Weight management can greatly improve overall health and lessen the impact of the diseases and conditions that can accompany obesity.

Fact 1

Medical weight management options are available for individuals living with excess weight and obesity and have proven results following modest to moderate weight-loss:

- Effective treatment can be provided in primary care settings, weight management clinics, community-based programs, by a dietitian, web-based programs or through commercial programs that are evidence-based.³
- Overall lifestyle modifications generally result in a weight-loss of 5-10% of excess body weight.⁴
- Individuals participating in weight management programs tend to lose 3-5% more weight than those following self-directed programs.⁵
- To achieve the greatest rate of success, lifestyle modifications should have manageable goals and include eating habits, physical activity and overall behavior modifications. They may also include prescription medications for continued weight management.⁶
- Medications approved for long-term obesity treatment, when used with lifestyle modifications, lead to greater weight-loss and increased likelihood of meaningful 1-year weight outcomes.⁴
- Some of the medications used for long-term weight management have been proven to achieve weight-loss of 5-15%.⁷ *Results of the use of medication for the treatment of obesity may vary.*

Fact 2

Medical weight management reduces effects of chronic diseases:

- Nearly 32% of U.S. adults have hypertension, also known as high blood pressure. Modest weight-loss, as small as 10 pounds, can lower one's blood pressure.⁸
- The CDC reports that 9.4% of Americans have diabetes, with an additional 84.1 million people diagnosed with prediabetes.⁹ A landmark National Diabetes Prevention Program (DPP) study found that the progression from prediabetes to type 2 diabetes is reduced by 59% when lifestyle modifications are made.¹⁰
- Sleep apnea may lead to additional chronic diseases including type 2 diabetes¹¹ and cardiovascular diseases.¹² Medical weight management can reduce the severity of sleep apnea.¹³
- Medical weight management can decrease inflammatory markers, which are predictors of chronic disease.¹⁴



Reason	Evidence/Details
<p>Obesity is widespread, deadly and expensive.</p>	<ul style="list-style-type: none"> • 34% of Americans are affected by obesity¹ with 5.7% affected by severe obesity (more than 100 pounds overweight).² • Approximately 75% of those affected by severe obesity have at least one co-morbid condition (diabetes, hypertension, sleep apnea, etc.), which significantly increases the risk of premature death.³ • Life expectancy for a 20-year-old male affected by severe obesity is 13 years shorter than a normal weight male of the same age.⁴ • Annual direct medical expenditures attributable to obesity are \$147 billion.⁵
<p>Obesity disproportionately affects minority and poor populations.</p>	<ul style="list-style-type: none"> • African-Americans are disproportionately affected by obesity. Caucasians make up 75% of the U.S. population, but only 64% of the population affected by severe obesity. In contrast, African-Americans make up 12% of the population but 23% of the population is affected by severe obesity.⁶ • Poor populations (those making less than \$20,000 annually) show a similar increase in likelihood of being affected by severe obesity.⁵
<p>Bariatric surgery is a life-saving procedure as it is proven to increase life expectancy.</p>	<ul style="list-style-type: none"> • Christou study compared those affected by severe obesity who were treated with surgery versus those who were not. It found an 89% reduction in the risk of death throughout five years in the surgery group. In other words, those who received surgery were nine times less likely to die over the next five years.⁷ • <u>New England Journal of Medicine</u> study comparing 15,000 plus individuals affected by severe obesity found a 40% lower risk of death over 7 years in surgery patients for all causes. The study found a 52% lower risk of death from obesity related illnesses including a 92% lower risk of death from diabetes.⁸
<p>Bariatric surgery resolves potentially fatal co-morbid conditions.</p>	<ul style="list-style-type: none"> • A meta-analysis study including more than 22,000 patients showed the following effects of surgery on co-morbidities: <ul style="list-style-type: none"> ◊ Diabetes was completely resolved in 76.8% of patients. ◊ High cholesterol was resolved or improved in more than 70% of patients. ◊ High blood pressure was resolved in 61.7% of patients. • Sleep apnea was resolved in 85.7% of patients.⁹ • Other studies have shown even higher (82%) resolution of diabetes¹⁰ and “profound improvement in obstructive sleep apnea.”¹¹
<p>Weight-loss post-surgery is extensive and durable.</p>	<ul style="list-style-type: none"> • A long term study following patients for up to 14 years after surgery found that 89% of weight-loss was maintained.¹²
<p>The risk-benefit tradeoff for bariatric surgery is favorable.</p>	<ul style="list-style-type: none"> • The mortality rate for bariatric surgery varies by surgeon. Experienced surgeons have mortality rates ranging from .02%-.5% (averaging the rate for all types of procedures).^{13,14} The risks of not receiving surgery is far higher as demonstrated by the Christou study where those who did not receive surgery were almost nine times more likely to die.¹⁵
<p>Coverage for bariatric surgery makes economic sense.</p>	<ul style="list-style-type: none"> • Downstream savings associated with bariatric surgery are estimated to offset the costs in 2 years (laparoscopic procedure) to 4 years (open procedure).¹⁶ • Post-surgery drug costs for diabetic and anti-hypertensive medications decrease dramatically. Potteiger study found a 77.3% savings.¹⁷



Sources:

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Contact the OAC

If you have any questions regarding the above information or would like to interview an OAC representative, please contact James Zervios, OAC Director of Communications, at jzervios@obesityaction.org.

Fact 3

Medical weight management provided by an obesity medicine physician is a resource for patients affected by excess weight or obesity:

- Obesity medicine physicians are committed to providing evidence-based treatments for obesity through a comprehensive approach including lifestyle modifications. These modifications include healthy eating, physical activity, prescription medicines and surgical treatment options.¹⁵
- Working with an obesity medicine physician can significantly improve the patient experience. It can also increase results through continued counseling and a range of treatment options including referrals to dietitians, exercise physiologists, physiologists and bariatric surgeons.^{14, 16}

Fact 4

Minorities and middle-aged adults suffer from higher rates of obesity:

- Non-Hispanic blacks have the highest age-adjusted rates of obesity (48.1%) followed by Hispanics (42.5%), non-Hispanic whites (34.5%), and non-Hispanic Asians (11.7%).¹⁷
- Obesity is higher among middle-aged adults (age 40-59 years; 40.2%) and older adults (age 60 and over; 37.0%) than among younger adults (age 20-39; 32.3%).¹⁷

Fact 5

The costs and health effects of being overweight and living with obesity are high:

- Just over 70% of Americans are currently overweight, with nearly 40% having obesity.^{1, 2}
- Excess weight is associated with the development of additional chronic diseases such as: type 2 diabetes, high blood pressure, high cholesterol, heart disease, stroke, gallbladder disease, sleep apnea and osteoarthritis. The risk for developing these diseases can increase as an individual's weight increases. And the overall risk of developing diabetes can double for people with obesity rather than excess weight.¹⁸
- Around 75% of people with severe obesity have at least one other health-related condition (type 2 diabetes, hypertension, sleep apnea, etc.) which can increase the risk of premature death.¹⁹
- The National Institutes of Health (NIH) reports that adults dealing with severe obesity are most likely to die from cancer, diabetes or heart disease, and that years of lost life could be as high as 14 when compared to a healthy adult of the same age.²⁰
- A substantial and rising percentage of healthcare costs are associated with the treatment of obesity. In 2015, 7.91% of health spending went toward obesity-related illness and spending on obesity-related illness increased 29% between 2001 and 2015.²¹

Fact 6

Insurance coverage for medical weight management is not sufficient.

Many individuals affected by excess weight and obesity do not have access to specialized care. This places an economic burden on the healthcare system as costs increase with disease progression:

- Offering medical treatment for obesity makes economic sense as these individuals are at risk for developing additional and costlier chronic diseases.¹⁸
- State and individual spending on obesity-related medical care varies by state. For example, in New York 10.9% of Medicaid spending was for obesity-related illness while Kentucky and Wisconsin each spent 20%.²¹
- In 2008 the total amount spent on medical costs associated with obesity was \$147 billion. That equates to an individual increase in health care costs of \$1,429 each year compared to an individual without obesity.²²

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OBESEITY ACTION COALITION'S POLICY PLATFORM: BELIEFS AND EFFORTS SUPPORTED BY THE OAC

The OAC is the leading non-profit organization representing those affected by the chronic disease of obesity. The OAC provides educational and advocacy information to individuals throughout the United States who are seeking to educate themselves on the disease of obesity, the negative stigma associated with it, its health risks and much more. The OAC encourages individuals affected by obesity, their family members, healthcare professionals and all who are concerned to advocate for access to safe and effective care. With this in mind, the OAC has developed the following beliefs and supported efforts to structuralize, address and identify a multitude of obesity-related issues within the healthcare community.

UNDERSTANDING OBESEITY

- Obesity is a chronic condition that continues to have a growing impact on our society. **Therefore, action must be taken to address this epidemic at all levels — individual, family, community, government, healthcare and insurance.**
- Obesity is a complex, multifactorial, and chronic disease, which requires a comprehensive approach to both prevent and treat. Obesity is a major contributor to a vast number of preventable deaths in the United States and it usually carries with it a large number of related conditions such as diabetes, hypertension, heart disease, certain cancers, sleep apnea, and arthritis. **Therefore, care should not be seen as simply having the goal of reducing body weight, but should additionally be focused on improving overall health and quality of life.**
- Obesity is too often misconstrued as a cosmetic problem and/or a personal failure. However, many individuals affected by obesity often deal with physical, emotional and social issues that can hinder them from addressing their weight issues. **Obesity is not a condition of personal choice.**

OBESEITY DISCRIMINATION

- Individuals affected by obesity frequently struggle with not only the health and physical consequences of their disease but also with workplace and other social consequences. Discrimination against individuals affected by obesity occurs in schools, workplaces, doctors' offices and more. **No person should be discriminated against based on their size or weight.**

TREATING OBESEITY IS DIFFICULT BUT NECESSARY

- **Treating or addressing obesity among those already affected by obesity is difficult.** This is clearly demonstrated by the more than 34% of Americans who are currently affected by obesity. However challenging though, efforts must be made to both prevent and treat obesity at all stages and in all age groups. Treatment approaches should include: school and community-based programs; lifestyle interventions; educational programs; drug, diet and physician-supervised programs; and surgery. The goals laid out for those who have chosen to address their obesity should focus less on total weight-loss and more on health improvement. We believe such an approach may encourage more consistent and continued individual participation in programs to address obesity – highlighting realistic outcomes and expectations for those affected by obesity.

INSURERS AND OBESITY COVERAGE

- **Health insurance should provide care for obesity as a standard benefit – establishing coverage for the most appropriate and proven prevention and treatment methods to address the given stage of overweight or obesity.** Recognizing obesity as a chronic disease, insurance should also cover necessary long-term follow-up care for obesity treatment. Patients must have access to this comprehensive treatment approach through reasonable means and this access to care should not be hindered by undue tests or prerequisites on the part of the patient.

EMPLOYERS AND OBESITY

- Employers are impacted by obesity because of increased healthcare costs, absenteeism and workers compensation, which can often be associated with obesity. **Companies should provide comprehensive obesity prevention and treatment programs for their employees and employ incentive programs (such as discounted health club memberships, availability of healthier food choices at work, etc.) where possible.**
- **While incentive programs should be encouraged, we believe that punitive measures (higher premiums, penalties for non-participation, etc.) should not be utilized as a catalyst for individuals to address their obesity.** Further stigmatization and penalization of this population often elicits a response counter to the goal of the original penalty.

GOVERNMENT AND OBESITY

- **Government should take the same serious action regarding obesity as it does with other disease states.** Government needs to tap into existing resources, organizations and individuals affected in order to gain a clear understanding of obesity and proven prevention and treatment methods.
- **Government must improve funding for research on obesity as well as the outcomes of any prevention and/or treatment programs attempted.** In addition, as obesity is recognized as a significant health epidemic, the National Institutes of Health should form a National Institute of Obesity. In addition, policymakers should develop dynamic new collaborations and collective actions across federal and state agencies, between private and public entities and industries, individuals and communities, which the Institute of Medicine recommends as essential to successfully addressing our country's obesity epidemic.
- **Government can improve access to healthy foods by incentivizing/subsidizing high quality foods, making such foods more widely available and requiring the purchase of nutritious foods in government assistance programs.**

INDIVIDUALS AND OBESITY

- **Individuals need to be encouraged to discuss their weight and its impact on their health with their healthcare providers.** In turn, healthcare providers need adequate training, support, reimbursement and pathways to track, discuss and address weight issues with their patients. Addressing obesity takes a partnership between the individual affected and their healthcare team.
- **Individuals, through increased messaging about the health impact of obesity and the incentives/opportunities listed above, need to make healthy food choices and increase physical activity.**

- Obesity is often misunderstood, which contributes to both discrimination and barriers to care. It is important to educate the public, health professionals, and policymakers about obesity as a chronic disease – highlighting the issues impacting individuals affected by obesity and the methods available to help. **Individuals affected by obesity must also take the responsibility to begin changing public perception of individuals affected by obesity through the media.** Negative stigma-building ads, stories or articles displaying individuals affected by obesity in a poor light need to be addressed immediately and combated with a realistic viewpoint explaining the negativity of the situation (ad, story, article).

SCHOOLS AND OBESITY

- **School nutrition standards need to be strengthened at the local, state and federal levels.**
- Physical education requirements also need to be strengthened. Adequate time for school physical activity must be required and appropriate funding provided for PE teachers, equipment and facilities. **Physical activity in school should function as a primer for children at a young age to get them interested in physical activity and introduce them to sports. It should not be looked at as a weight-loss method.**

COMMUNITIES AND OBESITY

- **Communities should be encouraged to provide safe and inviting parks, sidewalks, bike paths, etc. to encourage physical activity.**

MARKETING AND OBESITY

- **The marketing of foods to children as well as the marketing of so-called weight-loss supplements need additional regulation.** In addition, food-labeling laws that require restaurants and other marketers of food to post calorie counts on their food items can help individuals make better food choices.

The above represent the core beliefs and policy positions of the OAC. From standing-up for access to safe and effective care for the more than 93 million Americans affected by obesity to ensuring that individuals, healthcare providers, the public and policymakers have access to balanced and objective education regarding the impact of this chronic disease, the OAC stands firm that we as a Coalition must unite together and voice our beliefs, concerns and needs to the public. No one item above will solve the obesity epidemic as a wide variety of actions will be necessary to address the complex and chronic disease of obesity.



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Message from the Director



Laura Davisson, MD, MPH, FACP
Professor, WVU School of Medicine
Director, Medical Weight Management

This year, Medical Weight Management continued to grow, utilizing telemedicine, highly effective medical treatments, and team-based care to improve our patients' health. After four years of practice, we have reached a pivotal point where we can measure and evaluate our outcomes. In 2022, we extended our services to WVU Medicine employees as part of the Wellness Program, and we are delighted to announce an impressive average weight loss of 34 pounds (14%) among these participants. Our commitment to providing comprehensive care is evident in the expansion of our clinical services, educational programs, research endeavors, and outreach initiatives. We increased staffing due to higher patient volumes. We initiated a sponsored clinical trial, introduced a fellowship and medical student elective, and established our first satellite clinic. Furthermore, we have actively engaged with the media, not only to raise awareness of our program, but also to provide expertise in obesity medicine that can separate truth from the hype surrounding the new anti-obesity medications. This annual report provides an update on our progress as we pursue our mission of empowering individuals and families to lose weight, improve their health, and cultivate lasting lifestyle changes.

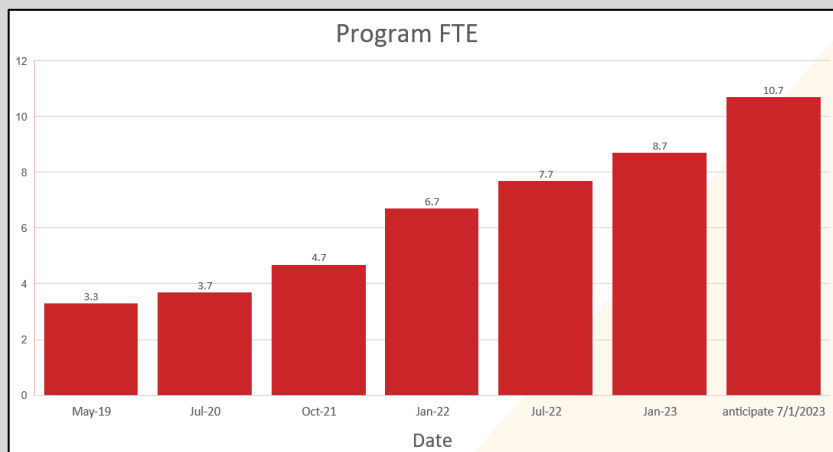
Meet the Team



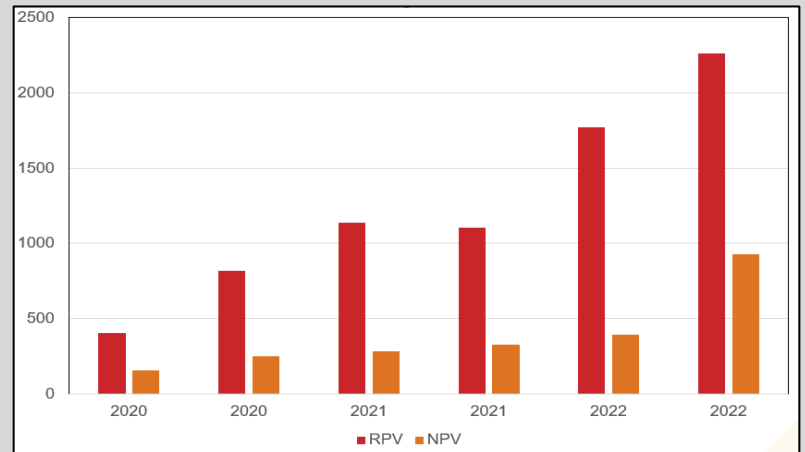
Clinical Care

Medical Weight Management expanded telemedicine care through several of the clinicians getting licensed in the state of Pennsylvania. We also expanded the virtual "Eat Well" group visits, which can accommodate 30 patients every 8 weeks. These groups are run by the team's Registered Dietitians (RDs) Judy Siebart and Cathy Shaw. Following completion of the 8-week "Eat Well" curriculum, participants can join a monthly group for continued support. We took advantage of a build in our electronic medical record system (EPIC) which allows for these virtual group visits to be held through the WVU MyChart patient portal.

Medical Weight Management Growth



Full Time Equivalent (FTE) positions have increased 224% since 2019 with an expected 10.7 FTE as of July 2023. Brice Haines (Patient Navigator), Judy Siebart (Registered Dietitian), Lyn DeChristopher (Physician Assistant), Ayesha Hassan (Attending Physician), Tara Rickard (Attending Physician), and Sue Faverio (Nurse Coordinator) have all been added to the team since 2022. Due to the program's growth, the second Nurse Coordinator was added to support and complement the hard work of Caroline Rosenberger.



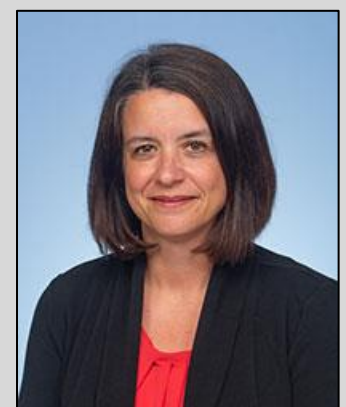
New patient visits (NPVs) increased 117% from 2021 for a total of 1322 NPVs in 2022. NPVs plus return patient visits (RPVs) increased 88% for 5355 total patient visits in 2022. Medical Weight Management patients in West Virginia (WV) and the surrounding communities continued to benefit from telemedicine services. 51% of the program's total visits were completed through telemedicine in 2022.

Pediatric Medical Weight Management



Treah Haggerty, MD, MS
Associate Professor, WVU School of Medicine

Pediatric Weight Management, under the guidance of Director Dr. Treah Haggerty, saw 42 new patients in 2022. The multidisciplinary clinic continued to address obesity from a family approach. The group is conducted jointly with pediatric psychologist Dr. Jennifer Ludrosky. Nutrition guidance for the pediatric program is provided by RDs from the Medical Weight Management team.



Jennifer Ludrosky, PhD
Assistant Professor/Clinical Psychologist

Outreach

Year 4 Highlights

Facebook Page Growth

In year 4, the Medical Weight Management Facebook page increased membership by nearly 800 members, with a total of over 1200 members currently. Our team members post every weekday on topics such as exercise, cooking, grocery shopping, and more.

Lunch and Learn

Our reach was extended by adding bi-monthly Friday “Lunch and Learn” presentations covering topics spanning the weight management spectrum. Viewership averaged 17 views for the livestream and 109 for the recording posted on our Facebook page.

Produce Prescription Program

In the spring of 2022, the team received a Department of Medicine Innovations Grant for produce prescription program. Funding allowed 6 more garden beds to be built at Preston County Primary Care Clinic. 650 pounds of vegetables were distributed weekly for the entire summer and fall. Produce was also purchased from local farmers to supplement what was grown at our Preston County partner clinic. WVU Medicine patients received a grand total of 2750 pounds of produce. Fourteen videos were also produced and posted on Facebook about growing and cooking vegetables. We plan to seek funding to continue the program annually.



Glenville Satellite Clinic

In April, Dr. Haggerty, Amber Shaffer, APP, and Brice Haines, Patient Navigator, traveled to Glenville, WV to launch our first satellite clinic. This initiative brings science-based obesity treatment beyond Morgantown to the broader WVU Medicine health system.

Rural Health Nutrition Immersion

Dr. Haggerty organized a nutrition immersion trip for WVU Rural Track medical students in which they visited Pocahontas County, WV and were tasked with preparing healthy meals. This experience exposed them to the specific nutrition challenges faced by patients living in rural food deserts. Medical Weight Management team members collaborated to enhance the experiential learning opportunities with various didactic sessions. This unique experience not only helped students gain knowledge in rural medicine, but also in nutrition, a topic that is often not emphasized enough in medical school. Dr. Davisson, who took on the role of nutrition thread director for WVU’s medical school this year, prioritizes nutrition education and was pleased to support this initiative which was described in a WVU [article](#) (click or scan the QR code to read it):



Research and Scholarship

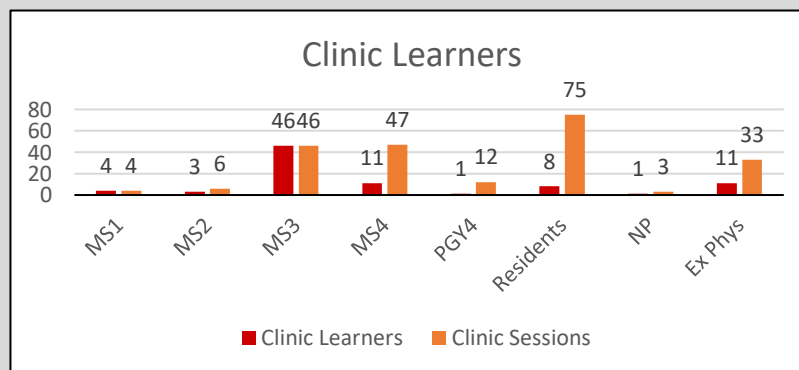
Our team members made significant scholarly contributions. Four obesity-related publications and two abstracts were accepted. Faculty gave seven talks at regional or national conferences. Co-investigators Dr. Haggerty and Robin Elkins, APP helped Dr. Davisson start enrolling EMANATE Phase 3 clinical trial patients for a Rhythm pharmaceutical-sponsored study of setmelanotide. Our clinicians were actively involved in six state or national committees, including the Obesity Medicine Fellowship Council (LD), the National Rural Health Association Rural Obesity & Chronic Disease Committee (TH), and the WV Medicaid P&T committee (LD). Dr. Davisson completed a four-year term as WV ACP Governor in April.

Advocacy

Cathy Shaw, RD remained an active member of the WV Academy of Nutrition and Dietetics (AND) public policy team and the Weight Management DPG policy committee. She participated in WV’s legislature lobby day and continues advocating for nutrition policy, prioritizing the RD’s role. She served as AND WV representative and met with Senate offices about the Medical Nutrition Therapy Act. Dr. Davisson remained on the Obesity Medicine Association Advocacy Committee and continued to advocate for the Treat and Reduce Obesity Act (TROA). She was a panelist on the committee’s advocacy webinar which had over 300 registrants nationally.

Education

Part of Medical Weight Management’s mission is to improve education and create a workforce to treat obesity in WV. Team members gave over 20 lectures on obesity topics in the last year to medical students, residents, dietetic interns, public health students, and faculty. Four public health students in the patient navigation path again joined the team in their fall and spring semesters for field placement supervised by preceptor Brice Haines, Patient Navigator. In the last year, 86 learners rotated through 226 Medical Weight Management clinic sessions. The team welcomed and educated medical students from all four years of training and students, residents, and fellows from various disciplines. We were pleased to receive approval for a new medical student elective in Nutrition and Obesity that was developed by Dr. Hassan. This was our first year of having a [Nutrition and Metabolic Diseases Fellowship](#) for advanced physician training in obesity treatment. We are thankful to numerous partners who helped to provide this education, including endocrinology, bariatric surgery, sleep medicine, exercise physiology, and gastroenterology. We are thrilled to announce the graduation of our first fellow, Dr. Phani Keerthi Surapaneni, and look forward to the start of our second fellow, Dr. Luis Nieto, in July 2023.



Future

We are looking forward to the future of obesity treatment at WVU Medicine as we standardize care, implement clinical protocols, and expand outcome data collection to optimize the quality of care within our system. In the coming year, we will continue to work with other WVU Medicine health promotion programs. Our initial collaboration involved launching a [website landing page](#) connecting patients and clinicians with the spectrum of available wellness services. Following the Glenville clinic’s successful opening, we are exploring opportunities to establish additional regional clinical sites and partnerships. We are also in the early planning stages of developing more targeted clinical programming tailored for our employees. To promote physical activity, we will co-host with Global Health a Medicine Department 5K/2K on Sept.24 2023. Our share of any profits from this event will be allocated to our [foundation account](#) to fund our fellowship and community outreach projects like the Produce Prescription Program and support our mission to treat obesity and enhance health.

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