

Real Appeal is based on
an extensive body of
weight loss science



The Science Behind Real Appeal

The program leverages learning from studies such as Look AHEAD, Calerie, Pounds Lost, and the Diabetes Prevention Program. Together, this research included over **10,000 participants** and was conducted at a cost of over **\$700 million**. Real Appeal is the first program to use this research in its totality, overseen and made current by a scientific advisory board that includes a distinguished group of nationally known obesity researchers including the next chairman of the American Board of Obesity Medicine, several former presidents of the Obesity Society, the pre-eminent obesity research society, and the directors of the weight management centers at Boston University, the University of Pennsylvania and Weill-Cornell Medical Center.



Introduction to

real appeal[®]

For Your Doctor

Please feel free to contact me with questions about the program.

Louis J Aronne, MD, FACP, FTOS, DABOM
ljaronne@realappeal.com



Losing weight isn't about willpower

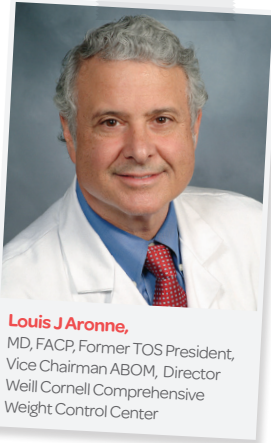
Recent studies show that for many people losing weight is a real medical challenge because of impairments in neurohormonal signaling that occur once a person has gained excess weight.

In addition, resistance to maintaining weight loss is a result of persistent changes in weight regulating hormones. These hormones are produced by the fat cell, stomach, intestine, and pancreas, and should give satiety signals to the brain when working properly. Obesity has been classified as a disease state due to dysregulation of this signaling and because of the impairment in physical and emotional wellbeing that a patient experiences when they gain excess weight. Obesity is a risk factor for at least 50 other medical conditions which health care providers spend a lot of time treating. There is clear evidence that losing even a small amount of weight is good for your patients' health—even a 10 lb weight loss substantially reduces the risk of type 2 diabetes. In all likelihood, many of your patients would like to lose weight, but can't. Now there is an opportunity to help them.

My name is Dr. Louis Aronne and I'm the head of the scientific advisory board for Real Appeal, an online program designed to deliver long-term weight loss for your patient. Real Appeal combines an extensive body of scientific research on weight loss and maintenance developed over the last 25 years with proven techniques that make it appealing to consumers. It is designed for patients who are overweight or obese and get little to no exercise each week. Each patient has access to a personal weight loss coach, and will attend weekly online group events that encourage improvements in fitness and nutrition habits. In addition, participants are encouraged to complete weekly "commitment contracts" to make small lifestyle changes that lead to long-term weight loss. The program was specifically designed to qualify for insurance reimbursement and is offered at no cost to eligible participants.

Physicians are an important part of making the Real Appeal program work for their patients through encouragement, monitoring, and managing medications. Many people with a healthy BMI may also be interested in learning about the healthy habits that are taught in the Real Appeal program.

This brochure outlines contraindications and warnings for participation in Real Appeal as well as information on medications that may need to be adjusted during the weight loss process or may interfere with weight loss. For additional information on treating obesity in your patients and a more comprehensive list including medications that may cause weight gain, please contact me at ljaronne@realappeal.com



Contraindications to enrollment in Real Appeal

The contraindications for enrollment in Real Appeal are outlined below. If your patient falls in any of the following categories, Real Appeal is not recommended and is potentially unsafe.

- **Younger than 18 years of age**
- **Pregnant**
- **Nursing an Infant (possible when baby is eating)**
- **Anorexia or Bulimia Nervosa (Presence or recent history)**
- **Severe liver, heart, kidney, neurologic, psychiatric or any severe chronic or acute illness**



Conditions that may require medication adjustment

Diabetes
Individuals who use insulin or sulfonylureas (Glipizide, Glucotrol, Amaryl) to treat their diabetes will require a reduction in medication to avoid low blood sugar. Changes should be made at the beginning of the program to prevent hypoglycemia (low blood sugar). Other diabetes medications may also require adjustment.

Congestive Heart Failure, Coronary Heart Disease, Hypertension, and Kidney Disease
Weight loss usually produces a diuretic-like effect. As a result, if a patient is taking a diuretic, the dose will probably have to be reduced. In addition, other medicines often have to be tapered.

Blood Thinners (coumadin)
May need adjustment because of increase in vegetable intake, which reduces the effectiveness of Coumadin.

Cancer
The presence of cancer is not a contraindication to weight loss, in particular with cancers of the breast, prostate and colon. However, intentional weight loss may not be appropriate if a cancer is active. The risk vs. the benefit of weight loss should be evaluated carefully.

Epilepsy (Seizure disorder)
Serum levels of medical treatments for epilepsy such as phenytoin, phenobarbital, and carbamazepine may vary with diet changes. Folate, B12, and vitamin C supplementation are recommended for patients taking phenytoin or phenobarbital. Vitamin D is recommended for patient taking carbamazepine or valproic acid. High doses of vitamin B6 can decrease seizure threshold and should be avoided.

Gastrointestinal Disorders
Digestive tract disorders may be aggravated by the increase in dietary fiber intake recommended. In most cases this is temporary. Dietary recommendations for the specific gastrointestinal disorder should be followed. Vitamin absorption may be affected and either increased or decreased.

Depression and Mood Disorders
Serum levels and the efficacy of medications such as Lithium and MAO inhibitors may be affected by diet.

Medications that cause weight gain
Medications are a leading cause of weight gain and difficulty losing weight. These include insulin, sulfonylureas, thiazolidinediones, Beta blockers, steroids, antihistamines, antidepressants and antipsychotics, among others. Alternatives are available and you can contact me for more information.

Network of Obesity Specialists

I would also like to introduce the opportunity to join the Real Appeal network of physicians interested in treating obesity. The group will have available to them tools, education, and support for managing obesity in the office setting. We will meet regularly to discuss basic and advanced aspects of management, new information and innovations to help you to effectively manage obesity in your practice. We will also have available a network of Obesity Medicine specialists to whom you may refer your patients. More information will be available shortly about these options. Please contact me at ljaronne@realappeal.com if you are interested in becoming part of the network.