



Dear Physician,

The Food For Life® Weight Management System is a comprehensive and responsible weight management system offering programs designed for safe and effective long-term weight loss.

Your patient, \_\_\_\_\_, would like to begin one of our weight loss programs.

We believe and strongly recommend that *any* person embarking on a weight-loss program should consult with their physician before doing so. Specifically, we have requested that he or she consult with a physician because:

- ◆ Their medical history indicates that they are under a physician's care or currently taking medication.
  
- ◆ They have selected a modified fasting program, which requires medical monitoring.

We would appreciate your reviewing the program your patient has selected and would like you to make any recommendations that you feel are necessary.

Program selected:

- ◆ Regular Program
  
- ◆ Physician Monitored Program

The following information contains a description of these programs as well as suggestions for medical monitoring. To clarify any points provided within, or for additional information, we invite you to contact us.

## **PHYSICIAN MONITORING GUIDELINES**

### **The Food For Life® Weight Management System**

The Food For Life® Weight Management System is an integrated, multi-dimensional system built around the Food For Life® Meal Replacement Formula. It includes a variety of programs for caloric reduction, a self-study behavior modification program, a program to gradually increase activity levels, and a comprehensive peer support program. The system has been shown to be remarkably effective in both initial reduction of weight and in the long-term retention of that weight loss. A study conducted by Opinion Research Corporation of 600 users who has lost 60 pounds or more showed that of the 400 who could be contacted after 2 years, more than 80% of the weight loss has been maintained.

### **The Food For Life® Meal Replacement Formula**

The Food For Life® Meal Replacement Formula was developed in 1984 under the direction of Dr. Robert O. Nesheim. He began with an existing very-low-calorie-diet (VLCD) formula developed by a team of scientists at Cambridge University and used for 8 ½ years in clinical research. Dr. Nesheim improved the formula by insuring that it met the recognized standards for adequate levels of all the essential nutrients and, realizing the importance of palatability, he drew on his vast expertise in food technology to produce a formula that was as good tasting as it was nutritionally complete. The resulting Food For Life® Formula comes in a wide variety of delicious drinks and soups and supplies 100 percent of the U.S.RDA for protein, vitamins and minerals plus the required amounts of all other minerals and trace elements as recommended by the National Academy of Sciences in only 3 servings. The formula contains 140 calories per serving for a total of just 420 calories. It is made from the highest quality food ingredients, contains no drugs or preservatives, and is manufactured under a quality assurance program based on the infant formula guidelines.

### Nutritional Information

Serving Size	2 Level scoops (42.5g)
Servings per container	15

### Percentage of U.S. Recommended Daily Allowances (U.S. RDA) Per Day

Per Serving	1 Serving	3 Servings
Protein	35	100
Vitamin A	35	100
Vitamin C	35	100
Riboflavin	35	100
Niacin	35	100
Calcium	35	100
Iron	35	100
Vitamin D	35	100
Vitamin E	35	100
Folic Acid	35	100
Vitamin B12	35	100
Phosphorous	35	100
Iodine	35	100
Magnesium	35	100
Zinc	35	100
Copper	35	100
Biotin	35	100
Pantothenic Acid	35	100
Vitamin K *	22.3 mcg	67 mcg **
Potassium *	670 mcg	2010 mcg **
Manganese *	1.3 mg	4 mg **
Chloride *	600 mcg	1800 mcg **
Chromium *	20 mcg	60 mcg **
Selenium *	20 mcg	60 mcg **
Molybdenum *	50 mcg	150 mcg **

**\* U.S RDA HAS NOT BEEN ESTABLISHED**

**\*\* THE FOOD AND NUTRITION BOARD OF THE NATIONAL RESEARCH COUNCIL RECOMMENDS THESE QUANTITIES OF THESE ESSENTIAL TRACE ELEMENTS AND ELECTROLYTES AS BEING WITHIN THE RANGE REQUIRED IN THE DIET OF AN ADULT**

## **COMPONENTS OF THE FOOD FOR LIFE® WEIGHT MANAGEMENT SYSTEM**

### **Calorie Reduction Programs**

Users of the Food For Life® Weight Management System may choose from 2 easy-to-follow programs: 1) The Regular Program and, 2) The Physicians Monitored Program

#### **The Regular Program**

This program is suitable for any weight loss goal and can be adapted to any lifestyle. It combines 3 servings of the Cambridge drinks, soups, Oat cereal or Cambridge bars with 2 conventional meals (usually breakfast and lunch) are replaced by Cambridge meals. The third meal is preceded with a Cambridge meal approximately one half hour before normal mealtime. The third meal can be from healthy conventional low in fat food items. For small or inactive persons the meal should be limited to 400 calories. Larger or more active persons may go up to 800 calories or more depending on your physician's recommendations. Eight 8-ounce glasses of water or other non-caloric beverages should be consumed over the course of the day.

#### **The Physicians Monitoring Program**

The Physicians Monitoring Program is a 420-calories, modified fasting program, based on 3 servings per day of Food For Life® Meal Replacement Formula as the exclusive source of nutrition while being monitored by a physician. Users of this program may also choose a limited amount of snacks (80 calories) from the "free" foods on the Winning Foods List, which is included at the back of the Physicians Monitoring Guidelines. The program is recommended only for those who have large amounts of weight to lose (30 pounds or more) and wish to lose the maximum amount of weight in the shortest possible time. In clinical trials, patients following this program have an average weight loss of 16 to 20 pounds per month. As users of this program near their weight-loss goal they are required to convert to the Regular Program so that a period of adjusted food-related behavior is included.

#### **Behavior Modification Program**

Changing eating habits that result in surplus caloric intake is one of the most important factors linked to long-term, successful weight management. The Food For Life® Weight Management System provides this component through the Control for Life™ Learning Program. It is a unique, self-study system designed to help build commitment, replace unwanted food-related behavior, and develop a new, higher level of self-control. Control for Life is not complicated, and requires no special counseling or support, and best of all, it's very effective. The program includes everything required for positive change, including self-evaluation and skill-building techniques. . .plus audiocassettes to help, even while engaged in other activities.

### **Including Increased Activity**

Many people feel they have no control over their metabolism. The truth is that simply increasing the level of activity can raise the metabolic rate. When the rate of energy expenditure is increased, the rate of weight loss can be increased and a more solid foundation for maintaining weight loss is established.

## **BUILD ON A FOUNDATION OF PERSONAL SUPPORT**

### **The Peer Support Program**

We believe that losing weight should not be a lonely experience. Studies have shown time and again the importance of peer support to aid in reaching weight-loss goals. Food For Life Distributors are available to work directly and personally with their customers throughout the weight-loss program and beyond. Many of our Cambridge Distributors has been trained to provide helpful information, to establish a supportive circle of friends and loved ones, and if your patient chooses, can include him or her in support groups made up of others who share common problems and goals.

## **RECOMMENDATIONS AND MONITORING GUIDELINES**

### **The Validity of Very-Low-Calorie Diets**

For people with significant amounts of weight to lose (20-25% over ideal weight), very-low-calorie diets are now recognized as a valid and often preferred method of treatment. The well formulated, nutritionally complete, very-low-calorie diets of today have been extensively clinically tested and used successfully in physician, and hospital directed programs for over 10 years.

Very-low-calorie diets have proven to be extremely flexible in that they can be combined with regular food or used as the exclusive source of nutrition. When used as the exclusive source of nutrition, the initial rapid weight loss is very motivational and helps to maintain a high level of commitment.

### **Only You Know What is Best for Your Patient**

As a physician, you are the person best qualified to determine the program most appropriate for your patient and the degree of monitoring required. Although your patient may have already selected a program, we are requesting your help. If your patient has selected a modified fast and you feel it is not appropriate for them, the 800-calorie program may represent a suitable alternative. Regardless of the program selected, we strongly recommend 3 servings per day of the nutritional formula to insure that 100 percent of all required nutrients are provided.

## **Recommended Tests**

We recommend the following laboratory test be administered prior to any patient embarking on a VLCD.

### **Blood**

- ◆ Complete Blood Count (CBC)
- ◆ Blood Lipid Profile
- ◆ Serum Sodium
- ◆ Serum Potassium
- ◆ Creatinine
- ◆ Uric Acid
- ◆ SGOT
- ◆ Serum T4 (only if clinical hypothyroidism is suspected)
- ◆ Urinalysis of proteinuria
- ◆ Pregnancy Tests

### **Electrocardiogram**

A standard 12-lead ECG should be obtained as part of the pre-diet physical examination. Some physicians recommend an additional ECG weekly after a 30-pound weight loss. In the obese patient without complicating disease or medication, additional testing during the course of weight loss need be obtained only if suggestive signs or symptoms warrant.

### **Side Effects**

Occasional side effects have been reported in association with the use of a VLCD. In general, the following symptoms are mild and transient:

- ◆ Fatigue
- ◆ Cole intolerance
- ◆ Headache
- ◆ Orthostatic hypotension
- ◆ (And with less frequency – halitosis, dry mouth, mouth ulcers, dry skin, nausea, vomiting, constipation, diarrhea, epigastric discomfort, flatulence, muscle cramps, amenorrhea, temporary hair loss and decreased libido.

Most symptoms subside after the initial phase of dieting, or upon resumption of a normal eating pattern. Many of the side effects can be avoided by maintaining adequate fluid intake (i.e. 2 liters of water or non-caloric, low-sodium, decaffeinated liquid).

### **Medication**

A significant reduction in the degree of obesity can have beneficial effects on patients with some chronic diseases, including non-insulin dependent diabetes and hypertension. Therefore, a major reduction or elimination of medication may be required, particularly during the period of active weight loss. Medication levels and associated signs and symptoms must be closely monitored in these patients.

### **Insulin**

Type I diabetics should NOT be treated with a VLCD. Type II diabetics may have oral hypoglycemia medication discontinued at the onset of the VLCD program. Frequently, Insulin may be discontinued at the onset or within 3 days of the VLCD use; thus, it may be advisable to hospitalize such patients during the initial treatment to allow monitoring of glucose levels and Insulin requirements. Keep in mind that outpatient control is less certain, since unreported noncompliance by the patient (i.e. failure to adhere to the VLCD program) may require a return to Insulin therapy.

### **Laxatives**

Your patient should be informed that frequent and content of stools would be reduced. If the patient has a history of constipation or requests laxatives, it may be desirable to prescribe a non-caloric bulk laxative periodically.

### **Refeeding**

A reasonable program of refeeding should be implemented after being on any weight-loss diet and, in particular, after a low-bulk VLCD program. The addition of conventional foods and foods with a high fat content should be modest and gradual. Overeating after a period of using low-bulk, low-calorie products is to be avoided.

### Exercise Tips

As the chart indicates, the more vigorous the exercise, the more calories burned. Keep in mind that the figures below are averages, based on a “reference” individual of approximately 150 pounds; also, factors such as skill, terrain and weather affect calorie expenditure during exercise. Calories Burned per Minute\*

<u>Activity</u>	<u>100</u>	<u>120</u>	<u>150</u>	<u>170</u>	<u>200</u>	<u>220</u>	<u>250</u>
Bicycling, 5.5mpg	3.1	3.8	4.7	5.3	6.3	6.9	7.9
Bicycling, 10mph	5.4	6.5	8.1	9.2	10.8	11.9	13.6
Calisthenics	3.3	3.9	4.9	5.6	6.6	7.2	8.2
Golf	3.6	4.3	5.4	6.1	7.2	7.9	9.0
Handball	6.3	7.6	9.5	10.7	12.7	13.9	15.8
Jogging, 11min/mi	6.1	7.3	9.1	10.4	12.2	13.4	15.3
Racquetball	6.3	7.6	9.5	10.7	12.7	13.9	15.8
Skiing, downhill	6.3	7.6	9.5	10.7	12.7	13.9	15.8
Skiing, cross-country	7.2	8.7	10.8	12.3	14.5	15.9	18.0
Squash	6.8	8.1	10.2	11.5	13.6	14.9	17.0
Swimming, breaststroke	4.8	5.7	7.2	8.1	9.6	10.5	12.0
Swimming, crawl	5.8	6.9	8.7	9.8	11.6	12.7	14.5
Tennis	4.5	5.4	6.8	7.7	9.1	10.0	11.4
Volleyball – moderate	2.3	2.7	3.4	3.9	4.6	5.0	5.7
Walking, 3mph	2.7	3.2	4.0	4.6	5.4	5.9	6.8
Walking, 4mph	3.9	4.6	5.8	6.6	7.8	8.5	8.7

\* To calculate the approximate number of calories you burn during a given exercise, find the figures in the table closest to your weight, and multiply by the number of minutes of continuous activity.