

PHYSICIAN ASSISTED WEIGHT LOSS, PLLC

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This information booklet, written by Dr. Wickham B. Simonds, answers most of the questions people have about the program.



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About Physician Assisted Weight Loss and Its Purpose

Physician Assisted Weight Loss is the medical practice of Doctor Wickham Simonds. Doctor Simonds is a board certified emergency medicine physician who grew up in Durham, NC. He completed his undergraduate training at Campbell University, his medical school training at East Carolina University, and his residency training in Emergency Medicine at York Hospital/Penn State University. After working for several years in the ER, he opened Physician Assisted Weight Loss in Hickory, NC. Several years later, he opened another location in his hometown of Durham, NC.

Doctor Simonds recognizes that obesity is a rapidly growing epidemic that is a clear and present danger to the health of many Americans. It has led to an explosion in the rate of type 2 diabetes, hypertension, hyper-lipidemia, and vascular disease. The growing trend of obesity will have a catastrophic effect on our health system in the future. However, the worst effect will be on the life of the individual patient. The trend of obesity, the culture that is promoting it, and the effect it is having on society and personal lives, requires a strong response from the medical community.

Doctor Simonds believes that physicians can no longer delegate the responsibility of dealing with obesity to others. The time has come for physicians to take the lead in combating obesity. This requires a long term approach that constantly emphasizes the importance of diet and physical activity. In addition, prescription medications must be made available to patients to assist them in making changes in their diet. The approach of the medical community cannot be to tell patients to "diet and exercise." Patients already know they need to do that. The approach of the medical community needs to be:

1. Showing patients how to pick the right foods
2. How to pick the right amount of food
3. How to incorporate physical activity into their lives
4. What medication options are available to them to help them do this
5. **Constantly emphasize and teach these concepts over and over again**

Therefore, Doctor Simonds has a guiding philosophy for Physician Assisted Weight Loss: **One Third Diet, One Third Exercise, and One Third Medicine.**

Physician Assisted Weight Loss Diet

The diet at Physician Assisted Weight Loss uses in office diet teaching and counseling, and web-based education to emphasize three basic concepts: 1. Calorie Restriction, 2. Nutritious and Healthy Food Choice, and 3. Allowance of Unhealthy Food by using Moderation. Simply put, if you can't eat less calories than you burn, you will not lose weight – no matter what diet you are doing! The most nutritious and healthy foods are low in calories, and at Physician Assisted Weight Loss, we help patients learn to identify these. Finally, unhealthy foods can be enjoyed in small amounts, and this will not prevent weight loss or cause illness. At Physician Assisted Weight Loss, we emphasize these concepts over and over again. It is our goal to make it a reality in the lives of our patients.

Diet Medication:

Before discussing the different types of diet medication individually, it is important to first consider Doctor Simonds' position on diet medication. First, it would be best if none of us ever had to take medications for any medical condition. However, that being said, it is often needed. Second, medication plans are individual. There is not a "one size fits all" diet medication plan. Each patient should understand what medications are available to them, what the pros and cons of each medication are, and then in conjunction with the staff at Physician Assisted Weight Loss, the patient should come up with a medication plan that fits them best. At Physician Assisted Weight Loss diet medications are offered in two basic forms – pills and injections. The two classes of pills that are offered are prescription appetite suppressants and prescription diuretics.

Prescription Appetite Suppressants:

Phentermine is an FDA approved appetite suppressant pill that has been on the market since 1958. For over 50 years it has been the most commonly prescribed diet pill in the world. Phentermine is a stimulant. It is similar in character to the drugs that are used today to treat ADD or ADHD. When used correctly it is generally safe, and it is also inexpensive. If you have taken it before you can start with a whole pill if you like, but if you have never taken it, start with a half pill. It is scored and easily "split-able" by hand or you can use a pill splitter. Pill splitters are cheap and available at any pharmacy. If you start with a half pill daily, you may increase the dose to one whole pill daily when you feel like the medicine is not suppressing your appetite all day.

If you do not sleep well, I would take it first thing in the morning upon arising, on an empty stomach, waiting at least 1 hour giving the medicine time to absorb, and in this way it works most effectively. By taking it first thing in the morning, you are more likely to fall to sleep normally in the evening. If you fall to sleep easily and are a sound sleeper, and if you eat small breakfasts or no breakfast at all, I would take it at 10 or 11 o'clock in the morning when your stomach is not full and wait at least an hour before you decide to eat anything. By taking it later in the morning it will last later in the evening. This tends to prevent evening hunger and cravings.

Stimulants may be taken for several months at a time. Some patients will notice that after some period of time that a tolerance to these drugs develops. The main sign of tolerance is that the pill does not suppress your appetite and you have difficulty losing weight. If you are still losing weight at a reasonable pace, it is unlikely that significant tolerance has developed. The staff will assess this at follow-up visits. If significant tolerance develops short drug holidays or pill breaks will be recommended.

Most patients who take stimulants will experience a dry mouth. To minimize this sensation, make sure that you drink plenty of water daily. Some patients will experience mild constipation. To alleviate this, make sure that you are drinking plenty of water, and that you have fruits and veggies in your diet daily. If you need more than this, you can take 2 tablespoons of milk of magnesia in the morning and at night until the constipation subsides.

All stimulants can potentially raise your blood pressure. If this happens, it is generally mild. If you take medicine for high blood pressure, keep a blood pressure journal that has three weekly readings. This will help the staff to know how your blood pressure is doing at home and at work. If you don't own a blood pressure cuff, you can check it at just about any pharmacy. When your weight significantly

drops, expect your blood pressure to come down also. This may require taking you off of blood pressure medication.

Remember, that if you take your phentermine too late in the day, it will likely cause insomnia. For patients who find that phentermine is too strong, weaker alternatives like "bontril" are available. The staff can assist you if this is your case.

There are some patients who should not take stimulants. The staff will carefully screen your medical history and your list of medicines to make sure that you are able to take stimulants. If you have heart disease, history of abnormal heart rhythm, or structural abnormalities of the heart (that require physician oversight) you should not take stimulants. You should not take stimulants if you have had a stroke or have peripheral vascular disease. You should not take stimulants if you have had acute angle closure glaucoma, seizure disorder, or bipolar disorder.

Do not mix appetite suppressants with Sudafed or phenyl-ephine which are common in many cold preparations. Usually these cold medicines have the word "decongestant" on the label. They may also have a "-D" like Claritin-D or "-PE" like Sudafed-PE. Do not mix appetite suppressants with other stimulants that are taken for ADHD or narcolepsy.

Prescription Diuretics

HCTZ stands for hydrochlorothiazide and is a prescription diuretic pill that helps patients with fluid retention. It is particularly effective for women who retain fluid around the time of their menses. It is usually taken on an "as needed" basis, but can be taken every day if you desire. Be sure to take it during the morning hours. If you take it in the evening you will have a hard time sleeping because of the frequent urination.

On the days you take HCTZ you need to take in some more potassium. You can get potassium from bananas, green leafy veggies, and citrus fruits. You should not take HCTZ if you are already taking a diuretic pill. Since diuretic pills can lower your blood pressure, you should not take HCTZ if you normally have a low blood pressure. The staff will screen you for this condition.

Vitamin B-12 Injections

For many years vitamin B-12 has enjoyed popularity amongst dieters and non-dieters alike. Patients report that injections of vitamin B12 increase their energy levels and sense of well-being. They also report enhanced mental clarity. Many patients feel that vitamin B-12 injections help them deal with stress better, and that it improves their sleep.

Oral B-12 is often poorly absorbed from the stomach, and as a result B-12 injections are a superior way to raise B-12 levels in your body quickly. Although vitamin B-12 will not make you lose weight any faster, it most likely will make you feel better while you diet. Unlike the other two injections to be discussed shortly, plain vitamin B-12 is given in the muscle rather than in the abdominal fat. For most patients a once a month injection is sufficient. However, some patients feel like weekly or bimonthly doses of vitamin B-12 are more helpful. If you feel this is the case with you, you are welcome to come by our office during business hours and get a B-12 injection. You do not need to pay an office visit fee or schedule an appointment. Vitamin B-12 injections can be combined with any other medicine. You cannot take too much, and there is no risk of toxicity.

Vitamin B-12/MIC Injections

B-12/MIC is an injection that is gaining popularity around the country in diet programs. It goes by several names including lipotropic, lipo, lipodissolve, and lipolytic. It is a twice weekly injection given with a very small needle in superficial fat on your abdomen. It causes little if any pain. The staff can teach you how to administer this to yourself at home. B-12/MIC is natural, and does not interfere with other medicines. It can be taken by almost all patients. However, it does have a small amount of a sulfa preservative and therefore patients who are allergic to sulfa drugs should not take this injection.

This injection is a mixture of vitamin B-12, 2 other B vitamins, and the amino acid methionine. It is believed to assist in weight loss. Methionine is a sulfur containing amino acid that neutralizes free radicals, aids in breaking down fat and removing heavy metals from the body, assists in lowering cholesterol, and aids with digestion. Also it is helpful in relieving fatigue.

Inositol is a nutrient belonging to the vitamin B complex family and is vital for the metabolism of fat and cholesterol. It also participates in the action of serotonin, a neurotransmitter known to control mood and appetite. Choline is also part of the vitamin B complex family and plays a major role in cardiovascular health by lowering cholesterol and homocysteine levels. It may help protect against some cancers. Vitamin B12 was discussed on the last slide and improves energy levels.

B-12/MIC enjoys wide popularity because the multiple actions of the the B-12, methionine, inositol, and choline seem to accelerate weight loss. As you can see from this discussion, it provides a significant upgrade on the plain vitamin B-12. B-12/MIC is used in conjunction with an appetite suppressant like phentermine. B-12 MIC injections do not target specific areas of fat. The next injection to be discussed is HCG, and it has long been used by patients to target abdominal fat.

HCG Injections

HCG is a hormone made from a woman's placenta when she is pregnant. For over 50 years it has been used with diet programs. It was first introduced as a diet medication by Doctor ATW Simeons in 1954. At the time, it was his hypothesis that HCG injections and a low calorie diet would "cure" obesity. In the ensuing years, it became apparent that HCG does not suppress your appetite and it does not cure obesity. However, there are still many advocates of HCG and it remains very popular to this day.

Although not well tested, advocates of HCG feel HCG helps patients burn deep, stored abdominal fat faster than fat from other body areas while dieting. In other words, the presence of HCG in your system while dieting will cause you to burn the fat in your abdomen faster than fat from other locations in your body. This has led to its enormous popularity as a drug that "reduces inches" in the waistline faster than just by dieting alone.

Advocates of HCG also feel that HCG helps reset normal appetite and metabolism. Although these two concepts have not been well evaluated in the scientific literature, many doctors, including this practice, have seen excellent results in patients who are using HCG as part of their diet program.

Here are a few more comments about HCG. Pregnant women make thousands of units of HCG daily. Doses in this program are 40 units twice a week. This is essentially a "homeopathic" dose, and has no real side effects. It can be used by both men and women alike. It should only be used with calorie restriction. It is commonly paired with an appetite suppressant. If you are not dieting it will not help.

There are very few patients who cannot use HCG. The staff will screen your medical history for any condition that might be a contra-indication to HCG use. These shots come pre-prepared in an insulin needle and syringe. They are virtually painless. The staff will instruct you how to use them.

If you decide to use either or both the HCG and the Vitamin B-12 MIC, you should keep them refrigerated. They both are used twice weekly. The staff can instruct you on what days to use them. Neither injection has any negative side effects, and the time of day that you give them does not matter.

What Medicine(s) are Right for Me?

You may now be asking, "so which medicines should I use?" As a general rule, most patients require an appetite suppressant. So, most patients will use the phentermine to restrict their appetite. The diuretic pill HCTZ should be added to the phentermine if you know that you frequently retain fluid. If you are uncertain about this, you probably don't need a diuretic.

Injections are a matter of personal preference. Remember, they are not required for you to eat right and exercise. They are simply a tool to assist you in developing a healthy lifestyle of diet and exercise. If you like the idea of their added benefits, you may add them to your medication regimen. Patients who are most concerned about reducing their abdominal girth should consider adding the HCG injections to their program. Patients who need a "boost of energy and metabolism" should consider adding the B-12 MIC.

Most patients who use injections use either the HCG or the B-12 MIC. The patients who use the HCG are mostly concerned about reducing inches. The patients who choose the B-12 MIC are more interested about its metabolic effects and less concerned about the "inch reduction" of the HCG. What if I want to use both the B-12 MIC and HCG? You may use both if you desire.

Finally, some patients only prefer the phentermine and a once monthly injection of plain vitamin B-12. Most of these patients do not like the idea of injecting themselves at home. This is perfectly appropriate. **Remember, whatever medication regimen you choose, the central core issue will always be eating right and exercising – your medicine is just a "tool" to help you do this.**

Exercise

As was stated earlier this program is 1/3 diet, 1/3 medicine, and 1/3 exercise. As you can probably see, our facility does not include a gym with personal trainers. However, that does not absolve you of the responsibility of daily exercise. Exercise takes on many forms, and can be as simple as walking. Our major concern is that you learn the habit of doing it on a daily basis. Not only do you lose weight faster while doing it, but regular exercise will prolong your life, prevent disease, prevent doctor visits and procedures, and prevent the need for prescription medications for things like diabetes, high cholesterol, high blood pressure, depression, and arthritis. Doctor Simonds is so concerned about this, that he and his wife Anna, have become certified personal trainers. They are adding an exercise section to the Physician Assisted Weight Loss web site.

Program Format and Pricing

The first office visit takes about 1 hour and consists of a review of your medical history, a short physical exam that includes weight, blood pressure, etc., and a 35 minute presentation that explains the medications we offer, and gives an initial eating plan. The office has the medication on-site and can dispense it to you before you leave. Follow up visits take about 20 minutes, and are conducted once monthly. They include weight, blood pressure, body fat measurement, review of your progress and medication plan, and nutritional education. All patients are invited to come by the office and weigh as often as they would like between visits. This service is free and not required.

Pricing is as Follows:

Initial Visit Fee - \$150 plus the cost of any medicine you get

Follow Up Fee - \$75 plus the cost of any medicine you get

Medication Prices:

Phentermine 30 tablets (which is a 30 day supply) - \$26

HCTZ 30 tablets - \$15

Plain Vitamin B-12 Injection - \$10

Vitamin B-12/MIC Injections - \$10 each (remember these are done twice weekly, therefore a month supply is \$80)

HCG Injections - \$10 each (remember these are done twice weekly, therefore a month supply is \$80)

Package Specials:

Any patient who has gone through their initial visit is eligible for the follow up package special. The follow up package special is a special on the follow up office visit fees (not the medication fees). You can purchase this package for \$150 and it buys you three office visit fees. If you are doing the math in your head, you realize that you are getting 3 visits for the price of 2. You still have to pay for your medicine however. If you buy this package, you have to use your visits within 90 days.

Frequently Asked Questions:

1. How fast can I expect to lose weight? The answer to this question depends on your underlying metabolism, and how well you diet and exercise. The truth is that most patients will lose weight at 2 pounds a week or more. The patients who lose weight faster than two pounds weekly are very good at accounting for every calorie they eat or drink. Many of them are also consistent exercisers. Remember this, if you aren't losing weight, you are taking in the same number of calories you are burning. You have to keep an "honest diet journal" to know how many calories you are taking in. You have to be a regular exerciser if you want to burn more calories. Pretty simple, right? If you aren't losing weight, and you refuse to keep a diet journal and to exercise, then what you really need is a "dose of commitment."
2. Once I have lost my weight, how do I keep it off? The key to keeping your weight off is based on mastering 4 principles. One, you need to always know what your weight is. That means

you should be weighing yourself daily. Two, you must be an expert on picking normal portion sizes – which is why we place such a heavy emphasis on teaching this. Three, you must be able to recognize and choose healthy food over unhealthy foods. Four, you must always be an exerciser. I always tell patients that have reached their goal to use these four concepts. If you then gain 10 pounds and can't get it off by these means, make an appointment, and come back to see us. It is OK to go back on medicine for 1 month at a time to keep this weight off.

3. What if I have High Blood Pressure or Diabetes? As long as it is controlled with medication, you are fine to do this program.
4. I am nervous about taking prescription diet medication, what should I do? Ask yourself “why am I nervous?” The staff and Physician Assisted Weight Loss can help answer questions about diet medications. They can address your specific fears. If you don't want to take any prescription diet medicine, try dieting on your own first. If this does not work, then come back to see us when you are more open to taking prescription medication.
5. Is the medication you prescribe phen-fen? No. This medication is banned from use, and is not on the market anymore. The medications we prescribe have a long history of use and have been well evaluated by the FDA.
6. My primary care physician will not prescribe these medicines, and is opposed to them – why? I really think that most physicians haven't had any experience with these kind of medicines or teaching diet. Because of this, they don't feel comfortable prescribing these kinds of medications. Some physicians will say that it raises your blood pressure. Really? What is being overweight doing to your blood pressure in the long term? I notice that they never raise this same objection to the stimulants they prescribe for ADD and ADHD. Some physicians say that these medications might cause you heart problems. Really? What will being overweight do to your heart? I notice that they never raise this same objection to the stimulants they prescribe for ADD and ADHD. Some physicians say that there is no need to take these medications because when you are finished with them, you just gain the weight back. How convenient, so don't ever diet and lose weight because you might gain it back – just stay fat, it's better for you in the long run. Sounds silly, right? Look, bad eating habits and lack of exercise cause you to gain weight back, and that is the real truth. That should never keep you from attempting to lose weight. **HERE IS THE REAL TRUTH – BEING OVERWEIGHT WILL TAKE YOU TO THE GRAVE EARLY, AND RIDDLED WITH DISEASE ALONG THE WAY!**
7. Will I get “hooked” on these medicines? It would be extremely unlikely. People who get addicted to stimulants usually are addicted to strong street stimulant drugs like cocaine, crack, and methamphetamines. As far as I am aware, there is no street value to diet pills.
8. Do Health Insurance Companies Cover This? Standard health insurance does not. Flex accounts and HSA's do.