The Nutrition and Fitness Manual for the Working Professional
A Guide to a Healthier and Happier You

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CHAPTER ONE

Introduction

Welcome to the Nutrition and Fitness guidebook from the American Medical Women’s Association (AMWA) Resident Division!

This guidebook is an initiative of the AMWA Resident Division in support of the President’s Challenge Advocate Program to promote nutrition and fitness. The purpose of creating this book is to provide individuals the information needed to understand how to lead a healthy life through the foods they eat, the beverages they drink, and the physical activities they pursue.

A growing percentage of the United States population is overweight or obese. According to the Center for Disease Control and Prevention (CDC) more than one-third of adults in the United States (34.9%) are obese. Over the past 30 years, obesity has doubled in children ages 6-11 years (from 7% in 1980 to 18% in 2012) and quadrupled in adolescents ages 12-19 years (from 5% in 1980 to 21% in 2012).¹

In general, the terms overweight and obesity are labels used to define excess body weight for a given height. These designations are determined by calculating the Body Mass Index (BMI). Being overweight or obese results from caloric imbalance – the calories expended are less than the calories consumed. Causes of this imbalance can be genetic, metabolic (i.e. low thyroid hormone), or environmental (i.e. high fat diet, sedentary lifestyle).¹ The importance of health assessments and the appropriate use of BMI will be discussed in the second chapter.

In 2013, the American Medical Association recognized obesity as a disease.² Obesity increases the risk for other diseases including coronary artery disease, hypertension, stroke, type 2 diabetes, hyperlipidemia, osteoarthritis, sleep apnea, and certain types of cancers (i.e. breast, colon, kidney, esophagus, thyroid).
With the many national initiatives established by President Barack Obama and First Lady Michelle Obama, our organization applied for the President’s Challenge Advocate Program to help promote nutrition, fitness, and wellness.

Our goal here is to help with factors that can be changed such as diet, physical activity, and lifestyle behaviors. We also acknowledge the importance of having a primary care physician or other healthcare providers to assist each individual in assessing their health and creating a plan to stay healthy.

After reading this book, the reader will learn:

- The importance of maintaining a healthy BMI and/or ideal body weight (IBW) in children, adolescents, and adults
- Criteria for assessing cardiovascular and metabolic health
- Components of a healthy diet and how they influence your health
- Definition of calories and charts listing calorie counts for common foods and beverages
- Information on sample exercise regimens and their impact on your daily life
- Strategies for behavior modifications to promote a healthy diet and fitness plan
- Methods for maintaining your own personal health and sense of self

As a part of the guidebook, you will be provided information about additional resources including pedometers on mobile devices, recording of calories, and note-taking on both electronic applications and mobile devices to help jumpstart your optimal plan.

Thank you so much for your interest and support of AMWA. Coinciding with annual visits with a primary care physician, we hope that this guidebook will help educate you on the best options for a healthier lifestyle and happier you!
CHAPTER TWO

The Importance of Cardiovascular and Metabolic Health Assessment

By Connie Newman, MD and Vanessa al Rashida, MD

Introduction

Proper nutrition and physical activity are critical components of a healthy lifestyle for both children and adults and should not only make you feel better, but also help prevent cardiovascular and metabolic disease (1). It is important for every adult to know her/his weight, body mass index (BMI), cholesterol numbers and blood pressure. These and other risk factors for atherosclerotic cardiovascular disease (CVD) should be assessed in adults and also in children, at ages specified in guidelines. CVD risk factors could be due to genetic and/or environmental causes. Assessment of cardiovascular health includes measurement of BMI, waist circumference, hemoglobin A1C and/or fasting glucose, lipids and blood pressure as well as an evaluation of lifestyle: smoking history, physical activity, and dietary habits. In addition, it is important to obtain a family history of premature coronary heart disease, which is defined as a heart attack in a male first degree relative younger than 55 years old, or in a female first degree relative younger than age 65 years old (2).

Body Mass Index

Body mass index (BMI) is used to identify people with an unhealthy weight. For children and adolescents age 2-19, CDC Growth Charts are used to measure the corresponding BMI-for-age and sex percentile. Table 1 and Table 2 show CDC Growth Charts for girls and boys age 2-20. However in adults, height and weight are needed to determine BMI, as shown in Table 3.
Table 1

Table 2

2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

<table>
<thead>
<tr>
<th>NAME</th>
<th>RECORD #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Stature (in)</th>
<th>Weight (lb)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td>13</td>
<td>63</td>
<td>110</td>
</tr>
<tr>
<td>14</td>
<td>66</td>
<td>120</td>
</tr>
<tr>
<td>15</td>
<td>69</td>
<td>130</td>
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<tr>
<td>16</td>
<td>72</td>
<td>140</td>
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<tr>
<td>17</td>
<td>75</td>
<td>150</td>
</tr>
<tr>
<td>18</td>
<td>78</td>
<td>160</td>
</tr>
<tr>
<td>19</td>
<td>81</td>
<td>170</td>
</tr>
<tr>
<td>20</td>
<td>84</td>
<td>180</td>
</tr>
</tbody>
</table>

*To Calculate BMI: Weight (lb) = Stature (in) - Stature (in) - BMI = 703

From: Boys Stature-for-age and Weight-for-age. Clinical Growth Charts: Children 2 to 20 years (5th-95th percentile).
BMI is correlated with percent body fat but does not directly measure fat. BMI has a U-shaped relationship with mortality in adults (3). In prospective studies of about 900,000 adult participants, at levels of BMI greater than 22.5 kg/m², each 5 kg/m² increase in BMI was associated with approximately a 30% increase in mortality overall, largely due to vascular causes and also due to diabetes, kidney disease, liver disease, and cancer. At levels below 22.5 kg/m², BMI was inversely associated with mortality, mainly due to respiratory disease and lung cancer (3).

In children, overweight is defined as BMI between the 85th and 95th percentile while obesity is defined as at or greater than the 95th percentile. Childhood obesity is continuing to rise and affects about one third of children in the United States. As in adults, obesity can cause health problems in children and adolescents such as hypertension, hypercholesterolemia, insulin resistance, joint and musculoskeletal problems, gastrointestinal-related problems, and increased psychosocial issues that can progress into adulthood (4). Increased adipose tissue is associated with insulin resistance, an abnormal lipid profile (elevated LDL, low HDL and high triglycerides), inflammation, and high blood pressure (5).

Clinically manifest atherosclerotic cardiovascular disease is rare in children and adolescents, but atherosclerosis has been identified in autopsies of Korean and Vietnam
War casualties who did not have clinical coronary heart disease (6). In addition in the Bogalusa Heart Study, autopsies in 204 young people found fatty streaks and fibrous plaques in the coronary arteries and showed that coronary atherosclerosis was strongly associated with cardiovascular risk factors, including elevations in BMI, systolic blood pressure, LDL cholesterol, and cigarette smoking (7).

Children who are overweight or obese should be evaluated with measurements of waist circumference, blood pressure, lipids, and a fasting plasma glucose level (or a 2 hour glucose during an oral glucose tolerance test) (5). The 2011 Pediatric Guidelines for Cardiovascular Health and Risk Reduction in children summarize age-specific recommendations for screening children and adolescents for hypertension, hyperlipidemia, diabetes, overweight/obesity, and tobacco exposure, and highlight the importance of family history (6). Treatment recommendations are provided including the use of medications. For children who are overweight or obese, a healthy diet, with an emphasis on low glycemic index foods and avoidance of saturated fat, increased physical activity, and weight loss will improve insulin resistance and the cardiovascular risk profile (8)

BMI in adults has been used to define overweight and obesity as shown in Table 4.
Table 4: Classification of Obesity by BMI in Adults

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal weight</td>
<td>18.5-24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25-29.9</td>
</tr>
<tr>
<td>Obesity</td>
<td>≥ 30</td>
</tr>
<tr>
<td>Class I</td>
<td>30-34.9</td>
</tr>
<tr>
<td>Class II</td>
<td>35-39.9</td>
</tr>
<tr>
<td>Class III</td>
<td>≥40</td>
</tr>
</tbody>
</table>

Treatment options for obesity in adults are currently based upon the level of BMI and associated co-morbidities (9). It should be recognized that BMI alone may not always be sufficient to estimate an individual’s risk. BMI may be increased because of increased muscle, as in athletic individuals, or edema, and may be low in the elderly (10).

The Metabolic Syndrome

Waist circumference, a surrogate for abdominal fat, in addition to BMI, may provide a better estimation of risk for cardiovascular disease. Normal values for waist circumference vary by ethnicity. For North American / European men and women, normal values for waist circumference according to U.S. criteria are < 40 inches (< 102 cm) and < 35 inches (< 88 cm), respectively. Values above these cutpoints indicate abdominal obesity. Recommendations for waist circumference thresholds for abdominal obesity from international organizations vary. The International Diabetes Federation recommends waist circumference thresholds ≥ 94 cm (37 inches) and ≥ 80 cm (31 inches), for European men and women, respectively, if they are of European origin. In Asian populations, the threshold values for abdominal obesity are lower for men (≥ 85 cm in men and ≥ 80 cm in women) (11).

Patients with increased waist circumference may have the metabolic syndrome, which is a constellation of risk factors that together increase the risk of atherosclerotic cardiovascular disease (11). In the United States, the metabolic syndrome is diagnosed in individuals who have three or more of the criteria shown in Table 5.
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Cutpoints</th>
</tr>
</thead>
</table>
| Elevated waist circumference ‡               | ≥ 40 inches (≥ 102 cm) in males  
≥ 35 inches (≥ 88 cm) in females               |
| Elevated triglycerides                        | ≥ 150 mg/dL (1.7 mmol/L)  
Or, on drug treatment for hypertriglyceridemia |
| Reduced HDL-C                                 | < 40 mg/dL (1.03 mmol/L) in men  
< 50 mg/dL (1.3 mmol/L) in women               |
| Elevated blood pressure                       | ≥ 130 mm Hg systolic BP  
Or  
≥ 85 mm Hg diastolic BP  
Or  
On antihypertensive drug treatment with a history of hypertension |
| Elevated fasting glucose                      | ≥ 100 mg/dL  
Or, on drug treatment for elevated glucose |

‡ Adapted from Grundy SM et al. (11). Some US adults of non-Asian origin (e.g., white, black, Hispanic) with marginally increased waist circumference (37-39 inches for men, and 31-34 inches for women) may have strong genetic contribution to insulin resistance and might benefit from lifestyle changes. Lower waist circumference cutpoints for Asian Americans appear to be appropriate: 35 inches (90 cm) and above for men and 31 inches (80 cm) and above for women.
Underlying the metabolic syndrome are insulin resistance and obesity. Individuals with the metabolic syndrome have a very high risk of developing diabetes mellitus, and once diabetes mellitus develops, the risk of atherosclerotic cardiovascular disease (MI and stroke) increases substantially (11). Patients with metabolic syndrome should be treated initially with lifestyle therapies including a healthy diet, weight reduction, and increased physical activity. If lipid abnormalities persist, and non-HDL-C is elevated (see below for definition of non-HDL-C), lifestyle changes should be intensified and medications, particularly statins, should be considered.

**Diabetes Mellitus**

Diabetes mellitus has long-term microvascular complications, including impairment of renal function and retinopathy. In addition, diabetes mellitus confers a very high risk of cardiovascular disease (heart attack and stroke) and individuals with diabetes mellitus benefit not only from control of blood sugar, but also from control of blood pressure, lipids, reduction in body weight, increased physical activity, and smoking cessation.

The American Diabetes Association (ADA) recommends that testing to diagnose diabetes and prediabetes in asymptomatic individuals should be considered in adults of any age who have a BMI of 25 kg/m² or greater, and who have one or more additional risk factors for diabetes (physical inactivity, first degree relative with diabetes, high risk race/ethnicity (African American, Latino, Native American, Asian American, Pacific Islander), women with gestational diabetes mellitus or who delivered a baby weighing more than 9 pounds), blood pressure ≥ 140/90 or on antihypertensive therapy, HDL-C below 35 mg/dL and/or triglycerides above 250 mg/dL, polycystic ovarian disease, hemoglobin A1C ≥ 5.7 % or impaired glucose tolerance or impaired fasting glucose on prior testing, clinical disorders associated with insulin resistance (eg, severe obesity, acanthosis nigricans), or history of cardiovascular disease) (12). In adults without these risk factors, screening for diabetes should begin at age 45. If tests are normal, repeat testing should be done at least every 3 years. Tables 4 and 5 show ADA criteria for the diagnosis of diabetes and prediabetes. Cardiovascular risk factors should be assessed in patients with diabetes and prediabetes, and appropriate lifestyle changes and other therapies instituted as appropriate.
Table 6: Criteria for Diagnosis of Diabetes Mellitus

<table>
<thead>
<tr>
<th>Lab Test</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin A1C ≥ 6.5% *</td>
<td>Test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>FPG ≥ 126 mg/dL (7.0 mmol/L) *</td>
<td>Fasting is defined as no caloric intake for at least 8 hours</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>2 hour PG ≥ 200 mg/dL (11.1 mmol/L) during OGTT *</td>
<td>The test should be performed as defined by the World Health Organization, using a glucose load containing the equivalent of 75 grams anhydrous glucose dissolved in water</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Random plasma glucose ≥ 200 mg/dL</td>
<td>In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis</td>
</tr>
</tbody>
</table>

*Results should be confirmed with a repeat test, if hyperglycemia has not been demonstrated.

Abbreviations: NGSP, National Glycohemoglobin Standardization Program; DCCT, Diabetes Control and Complications Trial; FPG, fasting plasma glucose; OGTT, oral glucose tolerance test

Table adapted from (12).
Table 7: Factors that Increase the Risk of Diabetes (prediabetes)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPG 100 mg/dL to 125 mg/dL, also known as IFG or impaired fasting glucose</td>
<td>OR</td>
</tr>
<tr>
<td>2-hour PG in the 75 g OGTT 140 mg/dL to 199 mg/dL</td>
<td>OR</td>
</tr>
<tr>
<td>Hemoglobin A1C 5.7 – 6.4%</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: FPG, fasting plasma glucose; PG plasma glucose; OGTT, oral glucose tolerance test
Table adapted from (12).

**Cholesterol and Triglycerides**

A lipid panel (cholesterol, LDL-C, HDL-C and triglycerides) usually performed in the fasting state is an essential part of assessment of cardiovascular health, and the risk of myocardial infarction and stroke in adults.

In children, pediatric guidelines recommend universal lipid screening between the ages of 9 to 11 and 17 to 21 in order to detect genetic disorders such as familial hypercholesterolemia (6). Importantly, for children between the ages of 2 and 8 years, a fasting lipid profile is strongly recommended when there is a family history (parent, grandparent or sibling) of premature CVD, or a parent with total cholesterol of 240 or greater or known dyslipidemia, or if the child has diabetes, hypertension or a BMI in the 95th percentile or higher, or smokes (6).

LDL-C (the “bad” cholesterol) is the principal source of cholesterol for atherosclerotic plaques, and the level of LDL-C correlates with coronary heart disease in epidemiological studies. The level of non-HDL-C (which represents all the cholesterol containing particles that are atherogenic) also correlates with risk of cardiovascular disease events. Non-HDL-C can be easily calculated by subtracting HDL-C from total cholesterol. Large studies of the statin class of drugs (which reduce cholesterol by inhibition of cholesterol synthesis in the liver and subsequent up-regulation of LDL receptors) have found that reducing LDL-C with statins reduces fatal and non-fatal myocardial infarction, ischemic stroke, and coronary
revascularization procedures (13). In previous cholesterol management guidelines from the National Cholesterol Education Program Adult Treatment Panel III (NCEP ATP III) a level of LDL-C below 100 mg/dL was considered optimal and goals for LDL-C were established based upon the degree of risk (2, 14). Non-HDL–C was a secondary target, with a goal 30 mg/dL higher than the LDL-C goal.

The more recent recommendations in the 2013 AHA/ACC guidelines for cholesterol management (1) were based mainly upon evidence from randomized controlled clinical trials, and do not provide a classification of cholesterol and triglyceride levels, as did the previous guidelines (2). In the 2013 guidelines, LDL-C levels above 190 mg/dL are considered very high and should be further evaluated for potential genetic causes, and treated with statin drugs in addition to lifestyle measures. Other groups of patients deemed to benefit from statin therapy are individuals with clinical atherosclerotic cardiovascular disease (ASCVD) and also people between the ages of 40 and 79 years, who have diabetes without clinical ASCVD. Other adults between the ages of 40 and 79 years, should undergo cardiovascular risk assessment using a 10-year risk calculator (available online). Statin treatment should be considered and discussed with the patient if the 10-year risk of ASCVD is greater than 7.5%. These guidelines do not address elevated triglycerides, which are generally considered to be normal when the level is below 150 mg/dL. Severe elevations in triglycerides (above 500 mg/dL) increase the risk of pancreatitis and must be treated with a combination of lifestyle measures (weight loss, increased physical activity, diet low in simple sugars, foods with a low glycemic index, avoidance of alcohol) and concomitant pharmacological therapy.

Levels of HDL-C (the “good” cholesterol) are inversely correlated with cardiovascular risk. However there are currently no medications that have been proven to substantially raise HDL-C and also reduce cardiovascular events.

Blood pressure

Hypertension, if untreated, is associated with myocardial infarction, stroke, kidney failure and death. The recent guideline for the management of high blood pressure in adults from the eighth Joint National Committee (JNC 8) revised cutpoints for blood pressure treatment, raising them for individuals older than 60 years of age (15). The JNC 8 panel recommended blood pressure goals of less than 150/90 for people 60 years of age and older, and less than 140/90 for people younger than 60 years of age. The same blood pressure goal of less than 140/90 was recommended for hypertensive adults with diabetes or non-diabetic chronic kidney disease. The guidelines panel stated that while these evidence-based recommendations should meet the needs of most patients, the recommendations should not be a substitute for clinical judgment. The JNC 8 guidelines, compared to the previous JNC 7 guidelines, have increased the target blood pressure for adults 60 years of age and older, and also for people with diabetes, and have elicited a lot of controversy (16).
CHAPTER SUMMARY

Proper nutrition and physical activity are important components of a healthy lifestyle for both children and adults. In children and adolescents, guidelines strongly recommend evaluation of body weight, blood pressure, and lipids at specific ages, and screening for diabetes mellitus in children/adolescents who are overweight or obese. Healthy living is a critical component of obesity prevention. For those young people who are already overweight or obese, lifestyle changes are essential, and associated cardiometabolic risk factors should be assessed.

Cardiovascular risk assessment of adults should include an evaluation of diet, physical activity, smoking history, family history of premature heart disease, as well as BMI, waist circumference, fasting blood glucose and/or hemoglobin A1C, lipids, and blood pressure. Individuals with obesity, diabetes mellitus, pre-diabetes, the metabolic syndrome, hypercholesterolemia, and/or hypertension have a higher risk of cardiovascular disease, including MI and stroke.

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A healthy diet contains the necessary balance of macronutrients, micronutrients, fiber and water. Macronutrients provide the caloric content of food and include carbohydrates, proteins, and fats. While many fad diets advocate decreasing or even eliminating an entire category of macronutrients, the general consensus amongst health professionals is that a balanced diet includes all three macronutrients. In general, carbohydrates should contribute to 45-65% of total calorie intake, fats should consist of 25-35% of the daily caloric intake, and proteins should provide 15-35% of calories (1). An individual's total calorie intake should align with his/her weight management goals.

While carbohydrates constitute the major source of calories, it is important to limit the intake of simple sugars and foods with a high glycemic index. One serving of carbohydrates is about 15 grams, and about 6-8 servings per day with at least half being from high-fiber, whole-grain sources is recommended (1). Furthermore, consumption of fruits and vegetables helps increase daily fiber intake while reducing overall caloric intake. Whole grains in place of refined grains will also add fiber to the diet and help control blood pressure.

Fats fall into two categories: saturated and unsaturated. Consume unsaturated fats from liquid vegetable oils, seeds, nuts, and fish in place of saturated fats from butter and meats to reduce the risk of cardiovascular disease. Unsaturated fats are further divided into monounsaturated and polyunsaturated fats, both with varied proven health benefits. Omega-3 polyunsaturated fatty acids eicosapentaenoic acid (EPA) and docosohexaenoic acid (DHA) are derived from cold water fish, like salmon or mackerel, and some studies have found beneficial effects on cardiovascular health. The American Heart Association recommends 2 servings a week to prevent cardiovascular disease (1). Doses greater than 3 grams per day can cause excess bleeding, are not recommended, and anyone who takes this amount should consult a physician. Sources of monounsaturated fatty acids include...
olive oil, canola oil, peanut oil, avocados, peanut butter, almonds, walnuts, and sunflower seeds (2). Limit intake of saturated and trans fats.

Lastly, protein sources should be varied and include both plant and animal sources. Daily meal plans should have no more than 6 ounces of low-fat animal protein. Low-fat dairy provides an excellent source of protein while assisting in reducing weight and blood pressure, while providing essential micronutrients. Plant proteins include beans, lentils, some nuts, and certain vegetables, like broccoli, kale, and spinach. Like with carbohydrates, plant sources of protein are encouraged because of their multiple other health benefits (1, 2).

Maintaining macronutrient intake as recommended and eating a variety of foods among the macronutrient groups will provide adequate micronutrient intake for most healthy individuals. Micronutrients are the essential vitamins and minerals that our bodies require to perform numerous day-to-day functions, including generating new cells, contracting muscles, and sending signals from one part of the body to another. Since the body does not generate vitamins and minerals, they must be obtained from the diet. Furthermore, it is important to keep in mind one major difference between vitamins and minerals. Vitamins are organic and can be easily broken down and degraded by heat or acid. Minerals, on the other hand, are inorganic and resistant to biochemical forces. Thus, storing and preparing foods impacts total vitamin consumption, but not mineral intake.

Key vitamins include vitamin A, B, C, D, E, and K. Vitamins A, D, E, and K are fat-soluble and therefore are stored in the body for long periods of time and excessive consumption can be hazardous. Water-soluble vitamins, like Vitamins B and C are excreted easily and cannot be stored, and thus toxicity is unlikely. This also means that they must be consumed regularly.

Similar to vitamins, the recommended daily intake of minerals also varies based on the mineral. Well-known minerals include calcium, iron, and potassium, and they need to be consumed in relatively large amounts. This is usually easily possible for most people because they present in many foods, however, some may require supplements (1). Other minerals are not needed in large quantities and smaller amounts are best. Such minerals include magnesium, selenium, and chromium (2).

Generally, a balanced diet provides all necessary vitamins and minerals. However, individuals with certain dietary restrictions or medical conditions may benefit from supplementation of specific nutrients. For example, vegetarians and vegans often find it difficult to consume sufficient vitamin B12 in their diet and may benefit from supplementation. Similarly, women with osteopenia or risk of osteoporosis may consider increasing their calcium and vitamin D intake. While some experts recommend this be done by consuming more foods that are either naturally enriched or artificially fortified with calcium and vitamin D, sometimes concentrated supplements are needed. Calcium can easily come from the diet, but this is not the case for vitamin D. Therefore, most physicians recommend supplements with vitamin D, especially for people who live in northern latitudes and/or use sunblock (1). Another situation where dietary intake or supplementation may be recommended is in individuals with iron-deficiency anemia. This is common in young menstruating women who may have heavier menses and in pregnant women due to the increase in blood volume.
While most consider macronutrients and micronutrients the entirety of the human diet, a few other key components are not included in these two large categories: fiber and water. The majority of our bodies comprise of water and it is essential to our bodies' major and minor functions. Water needs to be replenished on a daily basis and various opinions exist on the optimum amount of daily water intake. Most experts however, will agree that about 8 glasses of water a day is optimal. This amount may vary from person to person, and individuals engaging in vigorous physical activities or spending several hours in the sun should consider drinking more water. If you want to increase your water intake, but don’t specifically want to just drink plain water, consider adding a few slices of cucumber, orange, lemon or lime, strawberries, or drink hot or cold tea. Find your favorite way of drinking water and share it with your friends and colleagues!

And last, but not least: fiber. There are two types of fiber, soluble and insoluble. Soluble fiber dissolves in water, forming a gel which slows digestion, making an individual feel full longer and help control weight, blood sugar levels, and cholesterol levels. Insoluble fiber does not dissolve in water and primarily thickens the digested food particles, preventing constipation. Both types of fiber are important for a healthy diet and recommended daily intake is about 20-35 grams/day or 14 grams for every 1000 calories. Like vitamins and minerals, the best way to get your daily serving of fiber is through food, however, supplements may be used.

Soluble fiber is found in the following:

- Oatmeal
- Oat bran
- Nuts and seeds
- Most fruits (e.g. strawberries, blueberries, pears, and apples)
- Dry beans and peas

Insoluble fiber found in the following:

- Whole wheat bread
- Barley
- Brown rice
- Couscous
- Bulgur or whole grain cereals
- Wheat bran
- Seeds
- Most vegetables
- Fruits

The above discussed components of a healthy diet are by no means a thorough and complete detail of all the components of a healthy and balanced diet. They are the primary components and this information should be used to help guide your diet. The ideal diet differs for each person based on overall health, nutrition needs, and dietary preferences. I encourage you to explore the choosemyplate.gov website (3). Lastly, prior to making lasting changes to your diet, please consult your physician and discuss your current health and the needs of your body.
CHAPTER SUMMARY

Several key components of a balanced diet are macronutrients, micronutrients, water, and fiber. Macronutrients provide the caloric content of one's daily oral intake. Calories come from carbohydrates, fats, and proteins and it is critical to have an appropriate balance of these three macronutrients. When consuming carbohydrates, experts recommend whole grains over refined grains and limiting simple sugars and empty calories. Fats are generally divided into saturated, unsaturated, and trans fats. Monounsaturated and polyunsaturated fats are heart healthy, while saturated and trans fats should be limited. Overall, fats should comprise of 25-35% of total caloric intake. Proteins should be varied by eating both plant and animal sources. Micronutrients are vitamins and minerals, which allow our bodies to carry out routine, day-to-day functions. Generally both are obtained from a balanced diet, however, some individuals may benefit from supplements. We shouldn't forget that water is also a major component of a balanced diet. It is necessary for many cellular functions. Intake should be about 8 glasses/day and more if exercising or spending large amounts of time in the sun. Fiber rounds out a balanced diet. Soluble fiber dissolves in water and helps with controlling fullness, blood glucose levels, and cholesterol. Insoluble fiber thickens stool and prevents constipation. Daily intake of total fiber should be about 20-35 grams/day or about 14 grams/1000 calories.

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_________________________________________________________________________________
When you think of the word calories, what are the things that come to mind? Too much is bad? Too little is just right? Just the right number is not good enough? We live in a society where the idea of what is “healthy” maybe blurred with the idea of being “thin” and either being at or below our “ideal body weight.” Most of the time, it is made out in commercials and the media that calories are bad and that the more you burn, the more happier you will be, weight-wise. There are many companies that have produced different pills and other weight-reducing products. Some medications have been approved by the U.S. Food and Drug Administration (FDA) for weight loss in people who are obese (BMI >30) or overweight with at least one co-morbidity. However other treatments are available over the counter that are not regulated by the FDA, which leads to the daunting task for health professionals to decipher the risks and benefits of these pills. Occasionally, these unregulated drugs may present more risks than benefits to patients.

During a health care visit, primary care physicians are usually the ones to ask about a patient’s weight and educate on ways to reduce excess body fat. Treatment plans should initially include changes in diet, exercise, and if possible, the elimination of medications that cause weight gain. There may be a difference in opinion about the best weight loss diet, but in reality the best diet is the one that the patient will adhere to. As physicians, we were educated on the basic components in our diets that help give us energy and nourishment to our bodies (protein, carbohydrates, vitamins and minerals); however, most of us were not taught about the known methods that will help patients to reach or maintain their ideal body weight. Because of our limited knowledge and sadly our time to talk to our patients more about this, they are often referred to a dietitian or a nutritionist for advice.
To understand how to better utilize calories in our everyday life, we have to go back to the basics in order to help create the foundation necessary to approach the idea of calories and reaching an ideal body weight. In this chapter, you will learn about the definition of calories and the different methods that are currently available to utilize calories effectively in your life.

What are Calories?

The term “Calorie” is generally known as a unit of energy. Historically this term has gone through many changes in definition. Traditionally it is used to describe the amount of energy needed to raise a gram of water one degree Celsius. Also, one calorie equals 4.18 joules, which is a unit of work or energy in the International System of Units. However, this has been confused with the large Calorie, or kilocalorie, that has been used among people. When you are talking about one large Calorie, you are really referring to 1,000 calories. This measurement is of the calorific, heating, or metabolizing value of foods. Thus in reality, when “calories” are being measured, it is the kilocalories that are really being counted for dietary reasons. The kilo- prefix is omitted and in scientific notations, the capitalized calorie is used. For example, if a peach is listed as having 40 calories, it actually is 40,000 calories.

In nutrition it has been proposed that the kilojoule replace the kilocalorie as the unit of choice to discuss the energy value of food. The reason for this change was to help unify food scientists and other scientists in the nomenclature and their thoughts about the energy of food. The conversion factor was then to have one kilocalorie to equal 4.184 kilojoules. This interchange between the kilocalorie and kilojoules has started to be used in government publications; however, the term calorie is what continues to stay in the mainstream of society as a measurement of food energy.

Now you have reviewed the basic science of calories. With this foundation we can move forward with how to apply calories to your everyday life.

What are Empty Calories?

According to the United States Department of Agriculture, empty calories are calories that do not provide a nutritional benefit to the body, and result in excess body fat and medical health problems such as diabetes and cardiovascular disease. Examples of where these empty calories come from are solid fats and added sugars. Solid fat is defined as fat that solidifies in room temperature. Examples of these are butter, beef fat, and shortening. Solid fats contain more saturated fats and/or trans fat than oils and are not healthy because they raise total and LDL cholesterol levels. Solid fats can be found naturally in some foods;
however, solid fats can be added to processed and pre-packaged foods. Added sugars are usually artificial (not natural), such as syrup, and are added to certain foods and beverages.

Below is a list of the majority of foods and beverages that contain empty calories that comprise the typical American diet:

- Cakes, cookies, pastries, and donuts (these items can have both solid fats and added sugars)
- Sodas, energy drinks, sport drinks, and fruit drinks (added sugars)
- Cheese (solid fats)
- Pizza (solid fats)
- Ice cream (solid fats and added sugars)
- Sausages, hot dogs, bacon, and ribs (solid fats)
- Alcohol

Foods and beverages that have smaller portions of solid fats and added sugars would be better alternatives in order to help maintain or lose weight. It all comes down to comparing foods and beverages together by looking at the number of calories in them, and choosing the better alternative between them.

**How Many Calories Should I Eat in Order to Stay Healthy?**

Calories consumption varies with age, gender, height, weight, and level of physical activity. Generally speaking for adults, the U.S. Food and Drug Administration recommends that women should intake about 2,000 calories daily with 600 calories coming from fats (30% of 2,000) and that men should intake about 2,500 calories with 350 calories coming from fats (or 30% of the amount of calories consumed). Table 1 provides the general guidelines pertaining to the required number of total calories needed daily according to age, gender, and physical activity level.
Table 1

<table>
<thead>
<tr>
<th>Physical Activity Level&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Gender</th>
<th>Age (years)</th>
<th>Sedentary</th>
<th>Moderately Active</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child (female and male)</strong></td>
<td>2–3</td>
<td>1,000–1,200</td>
<td>1,000–1,400</td>
<td>1,000–1,400&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>4–8</td>
<td>1,200–1,400</td>
<td>1,400–1,600</td>
<td>1,400–1,800</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9–13</td>
<td>1,400–1,600</td>
<td>1,600–2,000</td>
<td>1,800–2,200</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14–18</td>
<td>1,800</td>
<td>2,000</td>
<td>2,400</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19–30</td>
<td>1,800–2,000</td>
<td>2,000–2,200</td>
<td>2,400</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31–50</td>
<td>1,800</td>
<td>2,000</td>
<td>2,200</td>
<td></td>
</tr>
<tr>
<td></td>
<td>51+</td>
<td>1,600</td>
<td>1,800</td>
<td>2,000–2,200</td>
<td></td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>4–8</td>
<td>1,200–1,400</td>
<td>1,400–1,600</td>
<td>1,600–2,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9–13</td>
<td>1,600–2,000</td>
<td>1,800–2,200</td>
<td>2,000–2,600</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14–18</td>
<td>2,000–2,400</td>
<td>2,400–2,800</td>
<td>2,800–3,200</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19–30</td>
<td>2,400–2,600</td>
<td>2,600–2,800</td>
<td>3,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31–50</td>
<td>2,200–2,400</td>
<td>2,400–2,600</td>
<td>2,800–3,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>51+</td>
<td>2,000–2,200</td>
<td>2,200–2,400</td>
<td>2,400–2,800</td>
<td></td>
</tr>
</tbody>
</table>

Estimated amounts of calories needed to maintain calorie balance for various gender and age groups at three different levels of physical activity. The estimates are rounded to the nearest 200 calories. An individual’s calorie needs may be higher or lower than these average estimates.
a. Based on Estimated Energy Requirements (EER) equations, using reference heights (average) and reference weights (healthy) for each age/gender group. For children and adolescents, reference height and weight vary. For adults, the reference man is 5 feet 10 inches tall and weighs 154 pounds. The reference woman is 5 feet 4 inches tall and weighs 126 pounds. EER equations are from the Institute of Medicine. Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington (DC): The National Academies Press; 2002.

b. Sedentary means a lifestyle that includes only the light physical activity associated with typical day-to-day life. Moderately active means a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life. Active means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.

c. The calorie ranges shown are to accommodate needs of different ages within the group. For children and adolescents, more calories are needed at older ages. For adults, fewer calories are needed at older ages.

d. Estimates for females do not include women who are pregnant or breastfeeding.


From the current recommendations, these requirements will help maintain your body weight. However, for those who are overweight or obese, daily calorie intake of solid fats and added sugars should be decreased in order to reach your ideal body weight. There is no set rule as to how many calories are needed to be removed from your daily intake. However, if you want to lose 1 to 2 pounds a week, you will need to burn 500 to 1000 calories more than you consume each day through a lower calorie diet and exercise regimen. It is also important to review how much of each macronutrient (i.e. protein, carbohydrates, and fats) is consumed. The amount of calories consumed not only comes from fats and sugars but it comes from macronutrients such as carbohydrates and proteins. For children ages 1-17 and adults age 18 and over, the recommended percentage of carbohydrates that should be consumed is 45-65%, whereas the amount of proteins varies with age. For young children (1-3 years), the percentage should be 5-20%, in older children and adolescents (4-18 years), it is 10-30%, and adults 19 years and above should be 10-35%. For the amount of fat in the diet, the number averages around 30% between each of the three age groups.

Some experts feel that the best dietary approach to help reach your ideal body weight would be to consume meals that contain a large portion of carbohydrates and proteins and a reduced portion of fat.
According to the Dietary Guidelines for Americans 2010, the following is a list of key recommendations:

- Eat plenty of fruits and vegetable

- When it comes to vegetables, go for the dark green, red, and orange vegetables, beans, and peas

- Increase your intake of whole grains (versus refined grains) to at least half of all grains consumed
  - The reason why this is suggested because refined grain has a lower percentage of vitamins and fiber and thus the remaining substance in refined grain is solid fat
  - The recommended intake of grains is 3-ounces daily of grains

- Try to replace whole milk with fat-free or low-fat milk and milk products (i.e. milk, yogurt, cheese, or fortified soy beverages)

- Add protein from healthy foods such as seafood, lean meat (where the majority of solid fat has been removed) and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds
  - When it comes to poultry, make sure that it is baked and skinless

- Try to increase the amount of seafood (and even replacing poultry with seafood)
  - Even though there are many benefits to eating seafood, especially among pregnant women and growing children, it is important to eat seafood and shellfish that is low in mercury to prevent adverse health effects according to the FDA and Environmental Protection Agency. Examples of seafood and shellfish with low levels of mercury include: salmon, shrimp, canned light tuna, Pollock and catfish. Seafood that has higher levels of mercury are shark, swordfish, King Mackerel, and tilefish from the Gulf of Mexico.

- When it comes to protein intake, try to replace foods that have a higher percentage of solid fats with those that are lower in solid fats

- Replace solid fats with unsaturated fats (i.e. oils, nuts, fish) as often as possible

- Nutrition-wise, it is recommended to consume foods with more potassium, dietary fiber, calcium, and Vitamin D. These nutrients are usually low in the typical American diet. The food examples listed previously would include these nutrients
**Note:** These nutrients are targeted towards people who do not have a history of kidney or endocrine problems. Percentages of nutrients are subject to variation due to certain medical conditions. Additional nutrients such as folic acid and iron are especially targeted to pregnant and breast-feeding women. Talk to your primary care physician for more information in regards to renal and diabetic diet plans.

![Image of empty calories](image-url)

### Empty Calories

**How do I count the empty calories I eat?**

Below are some tables that can help you remove “empty calories” from your diet and making the right choices in your foods and beverages for you, your family, and your patients.

It is very easy to exceed your empty calorie allowance, even when making careful food choices. Fats are concentrated sources of calories. Even small amounts of foods high in solid fats will use up the empty calorie allowance quickly.²

Table 2 provides a guide on daily calorie needs and empty calorie allowance based on age and gender.

**Table 2: Estimated Daily Calorie Needs and Empty Calorie Limits**²

<table>
<thead>
<tr>
<th>Age and Gender</th>
<th>Estimated calories for those who are not physically active</th>
<th>Daily limit for empty calories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total daily calorie needs*</td>
<td></td>
</tr>
<tr>
<td>Children 2-3 yrs</td>
<td>1000 cals</td>
<td>135**</td>
</tr>
<tr>
<td>Children 4-8 yrs</td>
<td>1200-1400 cals</td>
<td>120</td>
</tr>
<tr>
<td>Girls 9-13 yrs</td>
<td>1600 cals</td>
<td>120</td>
</tr>
<tr>
<td>Boys 9-13 yrs</td>
<td>1800 cals</td>
<td>160</td>
</tr>
</tbody>
</table>
Table 3: Estimated Empty Calories From Sampled Dairy Products

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
<th>Estimated Total Calories</th>
<th>Estimated Empty Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAIRY GROUP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fat Free Milk (Skim)</td>
<td>1 cup</td>
<td>83</td>
<td>0</td>
</tr>
<tr>
<td>1% milk (Low fat)</td>
<td>1 cup</td>
<td>102</td>
<td>18</td>
</tr>
<tr>
<td>2% milk (Reduced fat)</td>
<td>1 cup</td>
<td>122</td>
<td>37</td>
</tr>
<tr>
<td>Whole Milk</td>
<td>1 cup</td>
<td>149</td>
<td>63</td>
</tr>
<tr>
<td>Low-fat chocolate milk</td>
<td>1 cup</td>
<td>158</td>
<td>64</td>
</tr>
<tr>
<td>Cheddar cheese</td>
<td>1 ½ oz</td>
<td>172</td>
<td>113</td>
</tr>
</tbody>
</table>

* These amounts are appropriate for individuals who get less than 30 minutes of moderate physical activity most days. Those who are more active need more total calories, and have a higher limit for empty calories. To find your personal total calorie needs and empty calories limit, enter your information into "My Daily Food Plan."

** The limit for empty calories is higher for children 2 and 3 years old than it is for some older children, because younger children have lower nutrient needs and smaller recommended intakes from the basic food groups.

Tables 3-8 provide quick guides to the number of empty calories in some common foods.
<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
<th>Estimated Total Calories</th>
<th>Estimated Empty Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonfat mozzarella cheese</td>
<td>1 ½ oz</td>
<td>59</td>
<td>0</td>
</tr>
<tr>
<td>Whole milk mozzarella cheese</td>
<td>1 ½ oz</td>
<td>128</td>
<td>76</td>
</tr>
<tr>
<td>Fruit flavored low-fat yogurt</td>
<td>1 cup (8 fl oz.)</td>
<td>250</td>
<td>152</td>
</tr>
<tr>
<td>Frozen yogurt</td>
<td>1 cup</td>
<td>224</td>
<td>119</td>
</tr>
<tr>
<td>Ice cream, vanilla</td>
<td>1 cup</td>
<td>275</td>
<td>210</td>
</tr>
<tr>
<td>Cheese sauce</td>
<td>¼ cup</td>
<td>120</td>
<td>64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
<th>Estimated Total Calories</th>
<th>Estimated Empty Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GRAINS GROUP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole wheat bread</td>
<td>1 slice (1 oz.)</td>
<td>69</td>
<td>0</td>
</tr>
<tr>
<td>White bread</td>
<td>1 slice (1 oz.)</td>
<td>69</td>
<td>0</td>
</tr>
<tr>
<td>English muffin</td>
<td>1 muffin</td>
<td>132</td>
<td>0</td>
</tr>
<tr>
<td>Blueberry muffin</td>
<td>1 small muffin</td>
<td>259</td>
<td>69</td>
</tr>
<tr>
<td>Croissant</td>
<td>1 medium (2 oz.)</td>
<td>231</td>
<td>111</td>
</tr>
<tr>
<td>Biscuit, plain</td>
<td>1 medium (2.5&quot; diameter)</td>
<td>186</td>
<td>71</td>
</tr>
<tr>
<td>Cornbread</td>
<td>1 piece (2 ½&quot; x 2 ½&quot; x 1 ¼&quot;)</td>
<td>167</td>
<td>52</td>
</tr>
<tr>
<td>Corn flakes cereal</td>
<td>1 cup</td>
<td>90</td>
<td>8</td>
</tr>
<tr>
<td>Frosted corn flakes cereal</td>
<td>1 cup</td>
<td>147</td>
<td>56</td>
</tr>
<tr>
<td>Graham crackers</td>
<td>2 large pieces</td>
<td>118</td>
<td>54</td>
</tr>
<tr>
<td>Whole wheat crackers</td>
<td>5 crackers</td>
<td>85</td>
<td>25</td>
</tr>
<tr>
<td>Round snack crackers</td>
<td>7 crackers</td>
<td>106</td>
<td>42</td>
</tr>
<tr>
<td>Chocolate chip cookies</td>
<td>2 large cookies</td>
<td>161</td>
<td>109</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
<th>Estimated Total Calories</th>
<th>Estimated Empty Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chocolate cake</td>
<td>1 slice of two-layer cake</td>
<td>408</td>
<td>315</td>
</tr>
<tr>
<td>Glazed doughnut, yeast type</td>
<td>1 medium, 3 ¾” diameter</td>
<td>255</td>
<td>170</td>
</tr>
<tr>
<td>Cinnamon sweet roll</td>
<td>1 medium roll</td>
<td>223</td>
<td>137</td>
</tr>
</tbody>
</table>


### Table 6: Estimated Empty Calories From Sampled Vegetable Group

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
<th>Estimated Total Calories</th>
<th>Estimated Empty Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baked potato</td>
<td>1 medium</td>
<td>159</td>
<td>0</td>
</tr>
<tr>
<td>French fries</td>
<td>1 medium order</td>
<td>431</td>
<td>185</td>
</tr>
<tr>
<td>Onion rings</td>
<td>1 order (8-9 rings)</td>
<td>275</td>
<td>160</td>
</tr>
</tbody>
</table>


### Table 7: Estimated Empty Calories From Sampled Fruit Group

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
<th>Estimated Total Calories</th>
<th>Estimated Empty Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsweetened applesauce</td>
<td>1 cup</td>
<td>105</td>
<td>0</td>
</tr>
<tr>
<td>Sweetened applesauce</td>
<td>1 cup</td>
<td>173</td>
<td>68</td>
</tr>
</tbody>
</table>


### Table 8: Estimated Calories From Other Sampled Food Products

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
<th>Estimated Total Calories</th>
<th>Estimated Empty Calories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pepperoni pizza</td>
<td>1 slice of a 14” pizza, regular crust</td>
<td>340</td>
<td>139</td>
</tr>
<tr>
<td>Regular Soda</td>
<td>1 can (12 fl oz.)</td>
<td>136</td>
<td>136</td>
</tr>
<tr>
<td>Regular Soda</td>
<td>1 bottle (19.9 fl oz.)</td>
<td>192</td>
<td>192</td>
</tr>
<tr>
<td>Fruit-flavored drink</td>
<td>1 cup</td>
<td>128</td>
<td>128</td>
</tr>
<tr>
<td>Ingredient</td>
<td>Serving Size</td>
<td>Calories</td>
<td>Calories from alcohol</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Butter</td>
<td>1 teaspoon</td>
<td>36</td>
<td>33</td>
</tr>
<tr>
<td>Stick margarine</td>
<td>1 teaspoon</td>
<td>36</td>
<td>32</td>
</tr>
<tr>
<td>Cream cheese</td>
<td>1 Tablespoon</td>
<td>41</td>
<td>36</td>
</tr>
<tr>
<td>Heavy (whipping) cream</td>
<td>1 Tablespoon</td>
<td>51</td>
<td>45</td>
</tr>
<tr>
<td>Frozen whipped topping (non-dairy)</td>
<td>¼ cup</td>
<td>60</td>
<td>55</td>
</tr>
<tr>
<td>Table wine</td>
<td>1 glass (5 fl oz.)</td>
<td>121</td>
<td>121*</td>
</tr>
<tr>
<td>Beer (regular)</td>
<td>1 can (12 fl oz.)</td>
<td>155</td>
<td>155*</td>
</tr>
<tr>
<td>Beer (light)</td>
<td>1 can (12 fl oz.)</td>
<td>104</td>
<td>104*</td>
</tr>
<tr>
<td>Distilled spirits (80 proof)</td>
<td>1 standard drink (1 ½ fl oz.)</td>
<td>96</td>
<td>96*</td>
</tr>
</tbody>
</table>

* Calories from alcohol are not from solid fats or added sugars, but they count against your limit for empty calories — calories from solid fats and added sugars. The calories per serving are listed on the Nutrition Facts label on food packages. Be sure to compare the stated serving size to the amount actually eaten. If you eat twice the stated serving size, you will have twice the calories.


**Where Do I Go From Here?**

Now that you have the necessary knowledge about calories, you can apply this to your decisions about food choices. Calories are not fully to blame for excess weight. Energy from food is essential to our well-being. However, less healthy food choices along with decreased physical activity have been partly responsible for the high prevalence of overweight and obesity in the world. Another reason people with excess weight may eat too much because they have dysfunctional regulation of satiety and appetite. Along with increase in physical activity and exercise, eating foods containing complex carbohydrates, proteins, and minimal solid fats and added sugars will ensure a healthy diet with the nutrients that your body needs.

If you are interested in losing weight, creating a calorie deficit by reducing the number of calories consumed daily from solid fats and added sugars may help with weight loss. This should be in conjunction with weekly exercise and daily physical activity, which will be covered in more detail in the following chapters. It is important to not restrict calories too much because this may deprive your body of the essential energy it needs to function.
One way to guarantee effective health maintenance and even weight loss is to count calories and read the labels on the foods and beverages you purchase. There are many resources available to help with this and some are provided below. Besides the Internet and apps for mobile devices, there are even some grocery stores that have an in-store dietitian to help you review labels and make healthier choices.

If counting calories is not for you, that is OK. By changing your diet to include healthier options (i.e. switching from white bread to whole wheat bread), this may improve your overall health and help you reach your ideal body weight.

**Websites to Access Information on Calories**

For direct information regarding FDA approved Nutrition Facts Labels, try [http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm20026097.htm](http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm20026097.htm). Easy tool for making quick, informed food choices that contribute to a healthy diet! This resource offers a variety of ways to understanding and utilize the Nutrition Facts Label.

For comprehensive information on daily food plans, healthy eating on a budget, weight management options, recipes, and importance of physical activity, try USDA’s website [http://www.choosemyplate.gov](http://www.choosemyplate.gov). With additional features, such as Ask The Expert, Top 10 Tips for healthy eating, and Food Safety information.

**Great Apps to try for both Android and iOS Devices**

**Calorie Counter and Diet Tracker by MyFitnessPal.** Massive database of nearly 4 million foods. Fantastic tracking and analytic app for do-it-yourself weight loss. My Fitness Pal lets you log activity and food intake while syncing up with activity trackers and fitness gadgets like Fitbit, Jawbone UP and Runtastic. The app also offers more than 350 cardio and strength training exercises to help you trim down and tone up. Cost: Free. Platform: iOS, Android and Windows

**Fooducate.** Allows you to scan package barcodes at the supermarket with your phone’s camera for a nutrition grade (A, B+, etc) based on a system designed by dietitians, scientists and parents. The app also suggests healthier alternatives, if available. Cost: The basic app is free; the “plus” version costs $3.99. Platform: iOS and Android

**Lose It! Weight Loss Program and Calorie Counter.** Simplifies weight loss by designing a custom plan for you, then tracking your calories and exercise to help you get there. Tips on other goals, such as sleeping better, trimming body fat, or eating a more nutritious diet.
are included. Plus, it features groups and one-on-one connect features help you get support from friends and fellow dieters in the program. Cost: Free. Platform: iOS and Android

**Meal Snap - Calorie Counting Magic.** Snap a quick pic of your plate, then gives you a rough estimate of the caloric content! Cost: $2.99. Platform: iOS

*Please note: AMWA does not endorse dietary content any of these applications. These apps have not been evaluated for medical accuracy Healthline Networks and unless otherwise indicated, have not been approved by the U.S. Food and Drug Administration (FDA).*

**CHAPTER SUMMARY**

The Calorie, or kilocalorie, used in nutrition is defined as the unit of energy needed to heat and metabolize foods. Scientifically, there has been discussion on replacing the term kilocalorie with kilojoule; however, the term calorie continues to be used in society. Calories in general are not bad for you, but the ones that derive from solid fats and added sugars are not nutritious and may actually increase your risk of health problems such as diabetes and cardiovascular disease. This is why these calories are called empty calories. Examples of foods and beverages that contain a high number of empty calories include cakes, sodas, fruit drinks, cheese, pizza, ice cream, sausages, and alcohol. Foods and beverages contain varying amounts of empty calories, however it is up to you to compare foods and beverages to find those that contain the lesser number of empty calories in order to maintain or lose weight. In order to determine the appropriate amount of calories, you will need to know your age, gender, height, weight, and level of physical activity. These determinants will cause variation in estimated daily calories needs. For each age range, there is also an estimated amount for macronutrient (i.e. proteins, carbohydrates, and fats) requirements. Some recommendations for achieving an ideal body weight are: to eat meals that contain more complex carbohydrates and proteins than fats, consume fewer calories than expended, count the amount of calories you consume daily based on the determinants previously provided, and/or replace foods and beverages with those with smaller amounts of empty calories. Resources, websites, and mobile apps about calories have been listed for your convenience.
CHAPTER FIVE

Shake it Baby: Physical Activities That Can Jumpstart Your Health

By Heather Foreman, MD, Marissa Orenstein, MD, and Dana Bonaminio, MD

One of the commonly cited downsides of medicine (or motherhood for that matter – not to mention those of you who may fall into both categories), is that we spend our time caring for others and leave ourselves with minimal time to care for ourselves. That is one of the reasons I believe that group training whether it is in person or virtually is so important for us. It is easy to get caught up in our daily lives and feel that we do not have time for our own physical fitness. So would it benefit us to make it more than about “just us” but a group accountability? Ensuring that our friends become healthier too? Ensuring that we are practicing what we preach? Even using this as time to catch up with friends?

A recent article published in Diabetes, Metabolic Syndromes and Obesity highlights the propensity of Community Exercise to convert Metabolically Abnormal Obese to Metabolically Healthy Obese (MHO is defined as preserved insulin sensitivity, normal blood pressure, and an absence of dyslipidemia, despite excess body fat) [1]. They also note the prevalence of 11% of non-obese people to be metabolically abnormal and the ability of exercise to convert these individuals as well to metabolically healthy. This is the ultimate goal, to become happier and healthier, to have normal metabolism, and therefore more able to accomplish our goals.
Moreover, a recently published study looking at breast cancer survivors shows that peer involvement can help to increase physical activity [2]. Now, most of us are not battling breast cancer (luckily!), but we are dealing with plenty of life stressors, patients battling diseases, and perhaps our own personal and family struggles. AMWA hopes to provide some of the peer involvement you need to improve your physical activity.

If this was not important enough, it transitions to our ability to serve our patients. “We conclude that physicians and medical students who had a normal BMI and met vigorous USDHHS guidelines were more likely to feel confident about counseling their patients about physical activity [3].” This study highlights the importance of bettering yourself in an effort to better others.

The most important part of maintaining a good BMI is diet, but physical activity is necessary to maintain good muscle tone and cardiovascular health. Being physically active has numerous important health benefits, including elevated mood, improved sleep, and improved immune system. It also boosts self-esteem and helps us to feel involved passionately in something other than our careers. It also serves as a way to make connections between patients and with others in our lives.

Breaking up physical activity into groups is helpful to determine which would be best for you. It is an individualized choice, and will also depend on personal preference, schedules and even weather. Importantly, all women should seriously consider weight bearing activity, as this is truly the best for building overall muscle tone, for bone health, and more muscle will burn more fat and increase your metabolic rate at rest, so more muscle means more calories burned while we are busy with our careers.

To be technical, research has shown that health benefits are obtained with the following:

-2.5 hours of moderate-intensity aerobic physical activity per week, or

-1 hour and 5 minutes of vigorous intensity aerobic physical activity per week or

-A combination of moderate and vigorous-intensity aerobic physical activity and muscle-strengthening activities on 2 or more days per week.

This seems very technical, so let’s break it down into groups:
Muscle Strengthening Activities

Muscle is beautiful and a girl has to move those muscles. Move over skinny, as strong is the new sexy! Strength training can be intimidating as most women are worried about ‘bulking up.’ If this applies to you, remember that women do not have nearly the levels of testosterone as men that cause them to become bulky. It can also be intimidating as women often don’t know where to start. If this is you, most gyms offer personal trainers which you can utilize for a few sessions and then take off on your own. You can also work on muscle tone with just your own body weight, and could do strength-training activates at home with videos you can download from YouTube. A resistance band and kettle bell in your home can take you very far. If you find working out in groups more effective, look for a local boot camp classes or even CrossFit, which is very high-intensity workouts but have the added benefit of being very short in duration, which is great for the busy resident or attending physician. Remember, when starting a weight training program, it is normal at first to gain a few pounds, which can be discouraging. However, with a new program affecting your body, weight gain can come from water retention and an increase in both muscle and bone mass. Remember to throw away the scale and use your tape measure to record your inches lost, as this is a better tracker of progress than numbers on a scale.

Ask yourself the following questions when considering which would be best for you:

- Are you limited on time? Try short-duration and high intensity workouts (cross fit, boot camp, z-gym classes online)

- Are you limited on cash? Buy a resistance band and some weights and use the internet for class in the comfort of your own home.

- Are you new to muscle and resistance training? Try hiring a personal trainer to help you for a few sessions and then create your own from the information gained from them.

- Are you more motivated in groups? Try toning classes at your local gym or join a CrossFit club near you.
Remember, whichever program you choose, muscle strengthening has more long lasting and sustainable results than all other forms of physical activity, so choose wisely!

Cardiovascular activity

Cardiovascular exercise is great to burn calories, reduce stress, improve recovery time, and can be used to carve out a moment of alone time during a busy day. Cardiovascular activity is also an important balance to resistance training and is thought to have benefits including slowed aging and improved immunity; however, more research is needed to determine if these potential benefits are real. Most people think of running as cardiovascular activity, which is great if you love to run. If not, there are a lot of other exercises that are cardiovascular and include the following:

- Running/walking
- Swimming/pool aerobics
- Biking/spinning class
- Dancing/Zumba
- Local step classes/aerobic classes
- Cross-training such as the elliptical, stationary bike, circuit training
- Group sports such as softball, golf, kickball
- Even replacing elevators/escalators with going up and down stairs at work.

Running is not for everyone, and you are more apt to stick with something that you enjoy doing. You are even more apt to stick with something if you join a local group or club. Most cities have several running clubs you could choose from based on time and location, and are motivating and places to make new friendships. Most clubs are open to all levels, so if you are new, it may be inspiring and a welcomed change.
Planning a race is a great way to keep up with your goals, stay motivated and have fun! There are different race courses and lengths, and is a good way to stay challenged. If you have mastered a 5K or half-marathon, why not go for a full marathon, if that is within reach? Training for a race during a busy year actually helps most people better prioritize their time, stay on their diets, and prove to have higher overall satisfaction rates, so do not use a busy schedule as an excuse! If you ran a race, why not try a triathlon? This allows you to graze in several types of cardiovascular exercise and keeps your muscles guessing. This is the same reason it is good to mix up the type of cardiovascular exercise that you engage in, as you will start to burn less and gain less muscle with repetitive moments.

If you feel you would be better in a group setting, most gyms will offer different types of cardiovascular group exercises such as step classes, aerobics, Zumba, or spinning classes. Try one or try them all.

Ask yourself the following questions when choosing cardiovascular exercise:

- Do you do better when setting goals in advance? Sign up for a local race, such as a 5K, biathlon, or triathlon.

- Do you do better in groups? Try some local aerobics/step/dance classes

- Are you an outdoor lover? Try joining a local running, biking, or hiking club.

Stretching

Stretching is a crucial intermediate when participating in any type of physical activity. Stretching promotes not only flexibility, but increases muscle strength and tone and is key in preventing injuries. Remember to stretch both before and after exercise. Yoga is great from of stretching, and some classes can double for resistant training.
There are many kinds of yoga, from gentle hatha yoga to the more vagarious Vinyasa yoga and finally to “hot yoga” aka Bikram yoga. Yoga has a host of benefits, including restorative sleep, improved flexibility, a focus on “looking inwards,” and many more. Try adding some yoga to your routine, or if you find it is your passion, continue yoga daily.

Pilates is another alternative that can be similar to yoga in its more restorative nature, but also focus on strength training. In addition to being a very enjoyable form of exercise, pilates can serve to help with balance, muscle strength and flexibility. Some individuals find pain relief when they are able to strengthen their core!

Other forms similar to yoga exist in fusion classes, such as yoga and spinning, or ballet classes, where there is an emphasis on small fine movements.

**Great Apps to try for both Android and iOS Devices[4, 5]**

**Nike+Training Club.** A training program specifically created for women. It is like having a personal trainer in your pocket - anytime and anywhere! You can select individual workouts or long-term programs to get toned and fit. This app boasts 100 full body workouts with master trainers and monthly workouts led by professional athletes. Choose beginner, intermediate, or advanced workout levels! Choose goals like get lean, get toned, get strong or get focused! Cost: Free. Platform: iOS and Android

**Fitocracy.** Turn workouts into a competition! The app allows you to earn points, beat quests, and unlock different achievements. You are able to track your exercise either as you do them at the gym or once you’re done. It encourages discipline and consistency with a variety of premade workouts. Perfect combination of tracking your regular workouts as well as learning new ones! Cost: Free. Platform: iOS

**RunKeeper** Think running, hiking, and fitness walking with your very own with audio coaching! You will need the GPS on your smartphone to track your progress with planned or create-your-own routes. Sync it with other tracking apps like MyFitnessPal's Calorie Counter and Fitbit. Cost: Free. Platform: iOS and Android

**Fitbit** Dashboard type of set up - can be used on its own or with the company's smart wristbands to track your activity and training! Improve your health and stay motivated. Remember that the wristband counts exact steps and calories burned, but without it, you can still log workouts and your food intake! Free. Platform: iOS and Android

*Please note: AMWA does not endorse fitness content of any of these applications. These apps have not been evaluated for medical accuracy and unless otherwise indicated, have not been approved by the U.S. Food and Drug Administration (FDA).*
CHAPTER SUMMARY

Remember, it is important to tailor your exercise regimen to your schedule, your personal goals, and your overall health goals. Taking even just twenty minutes per day (up to one hour a day) to sweat and increase your metabolic rate and build strong muscles and bones is important in taking care of yourself, something that must be done in order to take care of others. A good physician should practice what they preach!

Mix up your exercise regimen to keep from getting bored and to continually use new muscles and test your limits. Don’t be afraid to weight train, as women do not get bulky! Put away your excuses, be proud of what your strong body can do, and I bet you will never finish a workout that you were not happy you completed. Some resources on fitness apps have been provided for your convenience.

Notes

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STRATEGIES FOR BEHAVIOR MODIFICATIONS: TIPS FROM THE RESIDENTS

By Heather Leisy, MD, Marissa Orenstein, MD, and Vanessa al Rashida, MD

Where to start in changing your behavior during such a busy time in your life?? Start simple...Get out and walk!

Pedometers are so accessible and easy in today's world. You may have heard of Fitbit, an electronic armband pedometer that not only counts the number of steps but can also display distance traveled, quantify altitude changes, calculate calories burned, and keep track of daily fitness goals. According to the JAMA article of "Using Pedometers to Increase Physical Activity and Improve Health", the use of pedometers increased physical activity by 2491 steps per day over the control (nonuser) group. Additionally, the body mass index of pedometer users significantly decreased by 0.38 compared to the control. The important predictor of this activity was a 10,000 step per day goal which is the standardized goal built into the Fitbit. Now GET OUT and become active...there is no excuse with top designers like Tory Burch incorporating it into fashionable jewelry!

Keep up the fitness by getting engaged in a group:

1. Apps that connect with other individuals [1]– ex. Nike + training, fitbit, etc allow you to engage in a friendly competition/ become accountability partners with one of your peers. Use those pedometers we previously discussed to push yourself to higher limits.

   a. SMART MOVE STUDY “Notwithstanding technological challenges, an app has the potential to positively transform, in a unique way, participants' relationships with exercise. Such interventions can also have an associated cascade effect within their wider families and communities.”

2. Challenge yourself! Commit to the AMWA challenge and track your training, this can lead to a much healthier you, but is all the better to have a reward attached. Did you know that AMWA is offering a cash prize to the winner of our challenge??
3. Check out what fitness classes are offered by your program (or a local gym) and make fun dates with your friends! Alternatively, you can consider doing an at home workout such as T25 which allows you to get a wide variety of high intensity training in only 25 minutes.

4. Eat real food! It is all too easy to eat the pre-prepared frozen foods or eat at the cafeteria. Added sugar is everywhere and contributing to one of the greatest public health debates ongoing in this century.

Physicians are not above sugar, but need to be health conscious and liable which means to cook and eat real food.

Last but not least, if working out in groups honestly is not how you want to get fit, that’s perfectly fine. One of the best ways to lose weight on your own is to keep a record of the amount of calories you consume and the amount of exercise done. This record-keeping can be done either electronically or in a diary.

There is no one exercise and fitness regimen that will guarantee the most amount of weight lost. They all help with losing weight. It is up to you to choose what is best for your lifestyle. What do you have to lose, except for weight that is? Go for it!!!

**CHAPTER SUMMARY**

There are many nutrition and fitness regimens. All it takes is the motivation and drive to reach your goals. We are all busy in our lives, but forgetting to take care of ourselves only hinders our ability to care for others. Some of the ways to help modify your health are by the use of pedometers in measuring your distance and calories burned; participate in group workouts such as spinning and boot camp sessions; eat food that is fresh and not pre-packaged; and keep a record of the number of calories consumed and how much you exercise. All of these will help better your health.
CHAPTER SEVEN

YOU ARE MORE THAN YOUR WHITE COAT: You are the CEO of Your Personal Life

By Leah Dickstein, MD, MS

You deserve the best of your precious gift of life.

"Life is not measured by the number of breaths we take, but by the moments that take our breath away" Hilary Cooper

Thus, choose from the following thoughts and recommendations to enable you to envision, prioritize and act on choices to achieve and maintain a mentally and physically healthy, happy, honest, humane day-to-month-to-year-to decades of your life ahead.

TAKE THE FIRST STEP

Bring the facts, ingenuity, creativity directly to your personal lifelong health improvements and maintenance program.

What's the risk to first decide it's correct to make and take time for healthy self-care forever, from deep breathing, exercise and meditations de-stressors, to a permanent creative art area where you live, to correct shopping, regular primary care and other physician health check-ups as indicated, laughing out-loud for several minutes daily, enough good sleep, respectful loving relationships, first with yourself. Courageous people seek correct treatments as needed.
Raise your fitness level by mindful eating: one nutritious choice and one physical step at a time, wherever you are. If and when you need more, search, ask, ask, e.g. how about a saucer as a dinner plate, a 2 cup glass measuring cup for easy, best visible amounts of breakfast, lunch, snacks.

An idea to help implement fitness and time for yourself would be to create charts with the following labels:

1. Five Minute Breaks
2. Exercises
3. Socializing
4. Creative Activities

Components of a healthy contented peaceful life depend first on AWARENESS of your personal holistic view and approach to your whole integrated body and soul, what your life is, can be about, before medical, political, economic, social, cultural, gender justice, though life events do intrude.

Ongoing good-to-best self-care is like ongoing deep breathing, honest careful thinking and living.

First, you are a person, both universal and unique.

Nothing is unbelievable, no one is perfect. If you err, slip, apologize to self, others, move on. You've come a long way in your life, with past accomplishments, you already have successful unique rules and supports.

To clearly see your rules and supports, make charts with the following labels:

1. Successful Rules
2. Supports
3. Coping Techniques

WHAT'S the RISK to decide first that it's wise to make and take TIME for improving your health by making time for good food shopping, preparing, eating, enjoying.

Why not live an honest, respectful humane, ethical, responsible PERSONAL and professional life? Literally, reinvent your life, walk the talk we give patients.

Life events certainly intrude, both expected and unexpected; our current lives are NOT a dress rehearsal; we live only ONCE.
TIPS ON MAINTAINING A HEALTHY MIND, BODY, AND SPIRIT

Another part of good health, beyond nutrition and fitness, is time for first-hand creativity. ASK YOURSELF: “What do I do, what would I wish I could do, that’s creative?” If you already really participate in a creative art, that’s fine, but you also might like to try another, why not? WHAT’S THE RISK?

Try a Haiku - 3 line poem: The first line consists of 5 syllables, the second time usually has 7 syllables, and the third line had 5 syllables. It is not necessary for haikus to rhyme.

An an example, please read the poem "The Question" below written by one of my former medical students required for his participation in my maximum 6 week elective, "Physicians and the Arts" University of Louisville 1983-2002.

THE QUESTION
by Michael W. Steger - Class of 1998

I woke one morning only to find that my life was passing me by…

   I had spent so much time
   Working for a future, mine,

That I was not living my life.

   The weary pace of my days past had replaced the joy in my heart..
   I had spent too much time
   Working for a future, mine,

That my daily routine was a chore.

What I began to realize the more I thought was this…

   I had spent too much time
   Working for a future, mine,

That the life I had lived was missed.
So now I live each day as if it were a treasure…

    I now make the time,
    For living this life, mine,

So that each day is a gift, a treasure.

So now I ask this question, in introspective cry…

    Do you now make the time
    For living this life, thine,

Or do you instead let life pass you by?

**BE THE BEST CEO OF YOU**

You must definitely be the CEO of your personal and professional life now and forever, i.e., your long-term commitment to YOU.

Be aware of yourself each day, from awakening, and as the minutes and hours arrive and leave. You may see areas to improve. Why not insert, do, attempt to do better for yourself, as you do for others, sooner than later. Be aware of the successes and/or further training of your efforts.

Making step-wise changes in attitudes and actions does not have to interfere in your professional responsibilities, in fact, they can improve completion of assignments as you also literally are aware you feel better, stronger, think more clearly and quickly, feel deservedly more successful, and may also be recognized by others for the same reasons.

Take 5 minute breaks to stretch, deep breathe, drink water, laugh aloud, use facilities.

Self-caring well, as your first priority, can enable you to care well for others.

Diet and exercise alone won't make you a healthy person.

Think and behave to earn your self-respect.

Treat every day as the gift it is.

Read biographies, obituaries, especially in The New York Times: you'll "meet" extraordinary people.

KEEP a PERSONAL THOUGHTS BOOK of your life journey in words, phrases, sentences.
For example:

1. Eleanor Roosevelt said, "No one can make you feel inferior without your consent."

2. "The future belongs to those who believe in the beauty of their dreams." Then risk taking the steps to realize yours.

3. Winston Churchill said, "Perseverance is valuable; Creativity is the ability to move from 1 failure to another with no loss of enthusiasm."

4. "FIND YOUR INNER VOICE to know yourself" was the ancient Greeks greatest goal. It included self-understanding, self-realization, self-acceptance, self-honor, self-love, if deserved.

5. "Know and support your own ethical values, trust your true self” Gandhi’s words.

6. Gloria Steinem’s 1992 classic, A BOOK OF SELF-ESTEEM, Revolution From Within, is well worth your time.

7. Aristotle’s words are on target, "Life is really simple, but we insist on making it complicated."

**LOOK WITHIN TO BRING YOUR BEST SELF OUT**

Be aware of where the current is taking you and decide if to continue or not. Rethink yourself often, be real. Life is about RESPECT #1, moments, memories, opportunities, decisions, fears, courage, hard work, luck, determination, LOVE.

In significant relationships listen, be patient, honest, respectful, learn from each other, challenge your thoughts and actions.

YOU CAN LIVE YOUR BEST LIFE, WHAT’S THE RISK? Honesty, humility, humanity, health, happiness? Are you at a crossroads now?

The ancient Greek philosopher ZENO of CITIUM said, "We have two ears and one mouth, so we should listen more than we say" WHAT’S THE RISK?

Think outside the box, WHAT’S THE RISK to change, be different? Care enough about yourself to embrace change. Accept all sizes, steps of change, modify as you will, can. YES, YOU CAN.
MEDITATIONS FOR MYSELF FOR ANY TIME AND PLACE

The Third Simon Affinity Group Lecture, January 27, 1997

Brown University School of Medicine

Leah J. Dickstein, M.D., M.S., Lecturer

Modified from the Woman’s Book of Courage:

Meditations from Empowerment and Peace of Mind

Sue Patton Thaele, Conari Press, Berkeley, CA 1991

I have the courage to:

1. Believe in myself and be uniquely myself
2. Acknowledge my feelings and work through them constructively
3. Allow myself to express my pains constructively at the right time and place
4. Make my mind my friend
5. Create peaceful thoughts in stressful situations
6. Be disciplined to live a balanced life and set limits
7. Take risks even when I am afraid
8. Ask for help and emotional support
9. Solve problems one by one with creativity, resourcefulness, careful thought and intelligence
10. Listen to others with the right to set limits
11. Teach others to treat me well
12. Be nice to myself and others
13. Think before voicing my opinions respectfully and firmly and to stand up for myself
14. I appreciate each priceless day I have
15. I am my own best and most important friend
16. I balance my life by taking care of my physical, emotional, mental and spiritual needs
17. I am aware of my limits and honor them
18. I pay attention to what I know is right for me

What are you waiting for? Begin now, the BEST OF LUCK, YOUR EFFORTS WILL BRING YOU THE UNIQUE SUCCESSES YOU WANT.
References

CHAPTER 1


CHAPTER 2


CHAPTER 3


CHAPTER 4


CHAPTER 5


CHAPTER 6
More Benefits from AMWA

The AMWA Preventive Services App

Description:
The AMWA Preventive Services application provides users a quick and simple way to find community health centers in their area and connects users to valuable health information. AMWA Preventive Services uses information from trusted sites such as surgeongeneral.gov and healthfinder.gov to provide you with the most up-to-date, evidence-based information.

The American Medical Women’s Association (AMWA), founded in 1915, is comprised of physicians, residents, medical students, and health care professionals dedicated to advancing women in medicine and improving women’s health.

AMWA’s Preventive Medicine Task Force, founded in 2013 created this application to improve the flow of disease prevention and health information nationwide.

Features:
Health Center Locator
Find clinics close to you! The application uses your phone’s GPS to locate the clinics closest to you based on a distance you choose. You can also enter a location of your choosing.

My Health Centers
Found a clinic you’d like to save for easy access? Save it to “My Health Centers” where you can easily re-access it at any time.

Health Information
Want to learn more about your health? Read about health topics such as diabetes, hypertension, heart disease and much more. Learn more about how you can stay healthy!

Look for the AMWA Preventive Services App in Google Play!