Healthy habits crucial with weight loss meds

KATHY KOLASA

Q I have been obese all my life. I have started one of the GLP-1s for weight loss and I am losing weight. I am not hungry, but I know I should be eating something, and my family is nagging me about the need to eat healthy. Can you tell me how to figure out how many calories I need in a day and what I should be eating to stay healthy while I lose weight?

A Sadly, no medical organization has yet to issue practice guidelines, but Dr. Kate Dowlatshahi, an ECU Family Medicine resident physician, has some thoughts for you. Here is what she wants you to know.

Weight management has become a central focus in medical offices across the nation — including mine, where two to three of my patients daily often talk about this topic. Widely publicized medications like Wegovy, Ozempic and Zepound are at the forefront of this conversation. These drugs, classified as GLP-1 (glucagon-like peptide-1) agonists, mimic a natural hormone released by the body after eating. This hormone helps regulate blood sugar levels, slows the digestive process and signals the brain to feel full — benefits that aid both people with diabetes and those struggling with weight.

While these medications can be effective for those living with obesity (not everyone responds to the meds), they are not without side effects. And they are not for people who just want to lose a few pounds as the long-term effects are unknown. Even for those for whom the medicine is approved, common issues such as nausea, vomiting and constipation often occur, especially when greasy, fried or processed foods are consumed. Health experts recommend a diet rich in lean proteins, fiber and non-starchy vegetables to reduce the likelihood of these side effects. This could mean choosing dishes like roasted vegetables and lean meats, such as turkey or chicken, instead of traditional high-sugar or high-fat options.

Patients using GLP-1 medications are cautioned about a potential side effect known as gastroparesis, a condition characterized by delayed stomach emptying. Symptoms include persistent nausea, vomiting, bloating, constipation and abdominal discomfort, which can all significantly impact daily life. In severe cases, discontinuing the medication and undergoing further testing may be necessary.

For those using GLP-1 agonists, some important healthy eating and lifestyle habits learned from other successful weight loss programs include:

- Avoid skipping meals: A high-protein meal with fiber for breakfast or lunch helps curb hunger later in the day.
- Prioritize eating whole foods: Vegetables, whole grains like quinoa or brown rice and lean proteins such as fish, chicken or turkey are ideal choices.
- Eat slowly and mindfully: Taking time to eat allows your body to signal when it is full, preventing overeating.
- Stay active: A short walk after meals aids digestion and provides daily exercise.
- Avoid sugar-sweetened beverages and "grazing" throughout the day.

SUPPLY CHAIN CHALLENGES AND COVERAGE BARRIERS

The surge in demand for these medications has caused supply chain issues and increased health care costs. A study published in the Journal of the American Medical Association notes that some insurance plans cover GLP-1 medications and appropriately require patients to enroll in a comprehensive lifestyle intervention program. These programs promote dietary adjustments to eat healthy regardless of appetite, physical activity and behavioral changes — similar to those who have had a surgery for obesity.

The standard of care typically recommends lifestyle change programs as the first step in weight management, with taking prescription medicines or surgery reserved for those who need large weight losses to address other chronic health conditions. In those cases, evidence shows the combination of medications and lifestyle changes is most effective.

When patients lose access to these medications — due to changes in insurance coverage, for example — weight regain is common, especially if lifestyle changes were not part of their initial treatment. A person is well advised to seek the help of a registered dietitian nutritionist (RDN) when tapering or stopping the medicine and at first sign of weight regain.

THE ROLE OF NUTRITION AND INDIVIDUALIZED CARE

Ultimately, achieving successful weight loss requires understanding your metabolic rate and making informed dietary and behavioral choices. Meeting with a registered dietitian nutritionist (RDN) can provide a personalized plan to guide you, including your calorie and protein requirements during your medication use, while minimizing side effects. Though GLP-1 medications hold great promise, they demand commitment from both patients and providers to ensure proper and sustainable use. The long-term side effects of observed lowered metabolic rate and muscle loss are not fully understood.

The only comprehensive evidence review published this year provides clear recommendations for dietary intake while using GLP-1 medications. The experts suggest a daily energy intake of 1,200-1,500 kcal for women and 1,500-1,800 kcal for men as the minimum daily safe levels during weight loss. We typically advise anyone consuming fewer than 1,000 calories a day to take a multiple vitamin mineral supplement, as it's practically impossible to get all needed nutrients your body needs in a very low-calorie diet. You can monitor your calorie intake with a tool like MyFitnessPal, Fooducate or Chronometer, user-friendly ways to track daily food consumption.

The experts also offered a detailed breakdown of macronutrients to ensure patients meet their dietary needs while achieving their health goals. And don't forget fluids. The requirement is about 65-100 ounces per day (including water, low-calorie beverages, low fat milk and soy milk).

- **Fiber:** 21-25 g/day for women and 30-38 g/day for men.
- **Protein:** &gt 60-75 g/day. Some individuals may require more to reduce risk of muscle loss.
- **Carbohydrates:** 45%-65% of energy intake (135-245 g/day for a 1,200-1,500 kcal/day diet).
- **Fats:** 20%-35% of energy intake (27-58 g/day for a 1,200-1,500 kcal/day diet).

As weight loss remains a pressing health issue nationwide, this comprehensive approach may help patients achieve their goals while navigating the challenges of this new class of medications.

We don't have good evidence yet about the long-term risks for losing too much weight too fast, although we have clear evidence that a weight loss of 1-2 pounds per week is safe for almost everyone.

Professor emeritus Kathy Kolasa, a registered dietitian nutritionist and Ph.D., is an affiliate professor in the Brody School of Medicine at ECU. Contact her at kolasaka@ecu.edu.

TASTEFOOD

Reverse sear respects luxury beef

When you splurge on a luxurious beef tenderloin for the holidays, consider reverse searing as the cooking method. Reverse searing is a foolproof way to respect the integrity of a rich and tender cut of lean meat. While the term may sound intimidating, it's a straightforward technique that ensures a luscious, evenly pink interior and a browned outer crust.

Reverse searing requires a long, slow cook for the meat to reach temperature, followed by a hot sear to finish and brown the exterior. The technique is simple; all you need is a meat thermometer to rely on to gauge doneness. For extra ease, you can have your butcher truss the meat for an even cook. To truss the meat yourself, trim the tenderloin of any fat and silver skin. Fold the narrow end under the filet for even presentation and truss with kitchen string in 1-inch intervals.

LINDA BALSLEV

Begin the night before cooking: Evenly salt the meat. Then refrigerate it overnight, uncovered, to air-dry. The overnight rest allows the salt to penetrate the meat, and air-drying ensures browning when cooking. Let the meat rest at room temperature one hour before roasting. Finish with a sauce of your choice. This recipe includes a rich port wine sauce, worthy of a special meal.

REVERSE SEARED BEEF TENDERLOIN WITH PORT WINE SAUCE

Active time: 1 hour
Total time: about 2 hours plus resting time
Yield: Serves: 4 to 6
Ingredients:

- 1 center-cut beef tenderloin, 2 to 3 pounds
- Kosher salt
- 3 tablespoons unsalted butter, divided, plus 2 tablespoons chilled unsalted butter
- 1 shallot, chopped, about 1/4 cup
- 1 large garlic clove, chopped
- 2 cups beef stock
- 1 cup ruby port wine
- 1 cup full-bodied red wine
- 2 rosemary sprigs
- 2 teaspoons balsamic vinegar
- 1/4 teaspoon freshly ground black pepper
- Thyme sprigs

Preparation:

Evenly season the meat with the salt. Place the beef on a rack over a rimmed baking sheet. Refrigerate, uncovered, for 24 hours. Remove from the refrigerator 1 hour before roasting and let stand at room temperature.

To make the sauce, melt 1 tablespoon butter in a wide saucepan over medium heat. Add the shallot and saute until soft without coloring, 2 to 3 minutes. Add the garlic and saute until fragrant, about 30 seconds more. Add the beef stock, port wine, red wine and rosemary. Bring to a boil and continue to boil until the liquid is reduced to about 2 cups, about 25 minutes.

Strain the sauce through a fine-meshed sieve into a small saucepan, pushing down on the solids to extract as much liquid as possible. Add the vinegar and bring the sauce to a simmer over medium heat. Simmer until reduced to about 1 cup and slightly syrupy, about 10 minutes. Season with 1/4 teaspoon each salt and black pepper. Taste for seasoning and set aside.

Heat the oven to 250 degrees. Place the baking sheet with the rack and meat in the oven. Roast until an instant-read thermometer inserted into the thickest part of the roast registers 115 degrees, about 60 minutes, depending on the thickness of the meat. Remove the beef from the oven and rest for 10 minutes. Carefully remove the twine.

Melt 2 tablespoons butter in a large skillet over high heat. Add the tenderloin and thyme. Sear the meat on all sides until well browned and the temperature registers 125 degrees to 130 degrees, basting with the butter and thyme. Transfer the meat to a cutting board and let rest for 10 minutes.

While the meat is resting, gently reheat the sauce over medium-low heat. Whisk in the 2 tablespoons chilled butter, 1 tablespoon at a time, until emulsified (do not boil or the sauce will break). Remove from the heat.

Cut the tenderloin across the grain in thick slices. Stir any juices from the cutting board into the sauce. Serve the meat immediately with the sauce.

Lynda Balslev is an award-winning writer, cookbook author, and recipe developer based in northern California. Visit TasteFood at TasteFoodblog.com.

OBITUARIES

Tori Bass (Buffel) Harper

WINSTON SALEM - Tori Harper, age 60, from Long Island, New York, died Thursday, December 12, 2024, at the home in Winston Salem surrounded by loved ones.

She provided a gold standard to her patients in her 35 years as a Radiologic Technologist. Tori took great pride in her career and she always strived for excellence in her imaging. Outside of her love for radiology, Tori found a passion for crafting anything and everything. Crafting brought her happiness, laughter, and togetherness with those around her.

She was born August 12, 1964, the daughter of George Buffel, Jr., and Judith Nagorski, both deceased. She is survived by her beloved son Thomas Morgan Bass of the home, her brother George Buffel III of Knightdale, NC, sisters Dior Bernard of Winston Salem, NC and Stacey Shirland of Alabama. Her step son Hunter Foote resides with Bobby Harper of Farmville, NC. She also had many nieces, nephews, and friends.

The arrangements for Tori Harper are as followed: Service at Marlboro OFBW Church will be December 21st at 1:00pm led by Pastor Jeff Toler. The family will receive guests following the service. Burial will be private. A candle will be lit in her memory.

In lieu of flower you can make a donation in memory of Tori to the Novant Cancer/Oncology Department. https://forsyth.supportnovanthealth.org/give/492458/#!/donation/checkout

James Arthur "Bud" Wooten

FARMVILLE - James Arthur "Bud" Wooten, Jr., age 101, passed away on December 13, 2024, just 10 days shy of his 102nd birthday. He was born December 23, 1922, the second of ten children of Ila Oakley and J.A. Wooten, Sr. of Farmville.

Mr. Wooten enjoyed a 40-year career with the Town of Farmville, retiring as Director of Public Utilities. He was an active member of the First Baptist Church of Farmville, served the community for many years with The Lions Club, The Farmville Housing Authority, and American Legion, until his health restricted his ability to do so. He was an expert gardener and wood worker and enjoyed not only creating things but sharing the fruits of his labor with the people he loved. He was highly respected and admired in his community and will be missed by many.

Mr. Wooten was preceded in death by his first wife, Elsie Bowen Wooten, and his son and daughter-in-law, James A. "Jimmy" Wooten III and Audrey Wooten, second wife, Willie Mae Cox Wooten, and step-son Steve Cox.

Survivors include a grandchild, James A. "Jamie" Wooten IV of Kinston, a brother, Norwood Wooten of Laurinburg, nieces Delores Harper of Farmville and April Wooten of Laurinburg, Sally Stox of Ayden, Kathy Rogerson of Williamston, nephews, Billy Wooten of Savannah, Mickey Manning of Wilmington, Charles Manning of Leland, step-children, Mary Sutton of Snow Hill and Charles Cox of Lake Gaston, many members of the Cox family and many close friends that he thought to as family.

A funeral service will be held Wednesday, December 18, at 1:00 P.M. at the Farmville Funeral home Chapel by Rev. Graham Byrum. Interment will follow in Hollywood Cemetery. The family will receive friends one hour prior to the service from 12:00 P.M. until 1:00 P.M. at the funeral home.

The family would like to extend special thanks to the care teams from Spring Arbor of Greenville and Pruitt Hospice, for their dedication and compassionate care during his final months.

Flowers are welcome or in lieu of flowers, donations to the First Baptist church of Farmville are also welcome.

Online condolences may be made at www.farmvillefh.com.

DEATH NOTICES

ATLANTIC — **Jo Hendrix Piver**, 86, died on Wednesday, Nov. 20, 2024. Memorial service Saturday, Jan. 4, 2025 at 2 p.m., at Jarvis Memorial United Methodist Church, Greenville. Arrangements by Wilkerson Funeral Home & Crematory.

OBITUARY POLICY

For information on submitting obituaries or death notices Monday through Friday, 8:30 a.m.-5 p.m., call 329-9505 or email obits@apgenc.com and specify that you are interested in obituary information.

Medicaid expansion hits goal

ASSOCIATED PRESS

RALEIGH — More than 600,000 people have enrolled in North Carolina's new Medicaid coverage for low-income adults about a year after the program's expansion, reaching the state's enrollment goal for the program in about half the time that was originally projected, the governor's office announced on Monday.

Democratic Gov. Roy Cooper, a vocal advocate for Medicaid expansion throughout his two terms in office, called the enrollment numbers a "monumental achievement."

"From day one, we set out to get people covered and get them care. Now, more than 600,000 people have the peace of mind that they can go to the doctor, get needed medications and manage their chronic health conditions — that's life-changing," Cooper said in a statement.

Cooper will leave office at the end of the year because of term limits.

Despite opposition in the GOP-controlled General Assembly for several years, Medicaid expansion in North Carolina passed with bipartisan support last year after Congress offered states more financial incentives to join the program. The federal government foots 90% of the expansion costs under the program.