

Putting the **PERSON** First



TOPS Board Member Sandra Seidlitz presents the TOPS New Investigator Research Award to Mary Forhan (right) at the Canadian Obesity Network's 2017 summit.

Mary Forhan, PhD, cares. An occupational therapist, she loves to help her patients who are living with obesity participate more fully in all of the everyday activities that are important to them.

Going one step further, Forhan also founded clinics to offer support garments, so that those with excess skin after significant weight loss can feel more confident about being active again. And if that weren't enough, she also stands up against weight-related bias and works with the EveryBODY Matters Collaborative to educate others on the impact that obesity discrimination can have on a person's well-being.

At the 2017 summit of the Canadian Obesity Network in April, Forhan received the TOPS New Investigator Research Award for her leadership in obesity-related and bariatric surgery rehabilitation research and practice. She is assistant professor in the Faculty of Rehabilitation Medicine, Department of Occupational Therapy, at the University of Alberta.

Recently, she talked with *TOPS News* about her work and the many projects she is passionate about.

Q Tell us about the EveryBODY Matters Collaborative. How it is working to change attitudes about obesity discrimination?

The EveryBODY Matters Collaborative, a group of dedicated researchers, practitioners and persons living with obesity in Canada, was formed about one year ago to train students, teachers, healthcare professionals, researchers and policy makers about strategies to reduce weight stigma. The Collaborative addresses why, when we will not accept terms such as “diabetic” or “schizophrenic,” we would still accept a term such as “obese patient.”

Not everyone agrees with this approach, but with the Canadian Obesity Network, we have conducted workshops in Canada, Iceland, Europe and the United States to raise awareness about this issue.

Q How does this work translate into what you teach your students about obesity?

I am already seeing my current and former students changing the way they talk about obesity. After taking one of my courses, I see students using “Person-First” language, where a person is not defined by their health condition, but rather as a person first. For example, my students are all expected to use the phrase “person living with obesity” rather than “obese person.” My students are also now using appropriate images in their presentations that show individuals living with obesity as real people doing realistic activities. Images that reinforce stereotypes, which show all persons with obesity as lazy, sloppy or only eating fried potatoes, are not acceptable for use by my students.

Q How did you become involved in bariatric surgery rehabilitation, and what do you teach your students about caring for patients after surgery?

Working with patients in treatment for obesity starts long before a decision to have bariatric surgery. Obesity treatment is not simply about losing weight. It is also about improving quality of life and the ability to participate in the activities of everyday living, including self-care, productivity and leisure. My interest developed over several years while working as an occupational therapist in community and hospital settings with patients in treatment for obesity, and listening to them describe the challenges of performing everyday activities with little to no rehabilitation-type services.

The most important thing I want my students to learn is that obesity is a chronic health condition that is caused by a complex interaction of physiological, psychosocial and environmental factors. I also emphasize that not everyone who has a body mass index classified as obese experiences this as a disease. I teach my students to work collaboratively to improve performance in activities that are important to the patient. Every patient is different and interventions need to be patient-specific and patient-driven.

Q What are you most proud of at the bariatric support garment clinics you have established?

My team and I started a pilot project to determine the feasibility of a clinic where patients with obesity could come for a functional assessment of issues related to excess skin and tissue resulting from significant weight loss. (See the related article on excess skin by our medical editor, dr. Nick, on the next page.) For the past eight months, we have introduced patients in Alberta, Canada, to an innovative and effective garment that provides support to excess tissue in the abdominal, upper extremity and lower extremity areas. Patients have reported feeling more safe moving around and more confident in their appearance while wearing the support garment. This allows them to participate more in activities in and outside the home, including physical activity and socializing.

I am most proud of the fact that we have been able to provide a new service that is meeting a need for patients in treatment for obesity. We are working closely with insurance companies and government departments to make such services more affordable and accessible to all patients who need them. As a result of our project, custom garment clinics will be available in other Canadian provinces in the near future.

Q What do you personally do to stay fit and healthy, despite the demands of a busy schedule?

My idea of fitness has changed significantly over the years. My main goal is to have the strength and energy to do the things that I need and want to do. I started running at the age of 48 and have found this to be a great activity to clear my mind and maintain good cardiovascular health. Doing some stretching and some resistance exercises that use my own body weight are also helpful. I love all kinds of food but try to eat in moderation. What works for me, however, is not what may work for someone else. I never use myself as an example in my professional life. I encourage people to find what works for them and focus on health and well-being, not numbers on the scale. ■

Changing the Way We See

Some Thoughts on Loose Skin

By Medical Editor Nick Yphantides, MD, MPH

Most of us who lose meaningful amounts of weight after transforming our lives do so with the noble intent and hope of better health and personal wellness. Of course, some of us, in all honesty, are also motivated by an improvement in physical appearance and the confidence that comes with a slimmer figure.

Whatever the motivation, not everyone realizes or anticipates that dramatic weight loss can have the unexpected, and sometimes unpleasant, side effect of excess loose skin. As we age, the elasticity of our skin already naturally decreases, and when skin is excessively stretched by significant weight gain, that process impacts elastin and collagen, proteins contributing to skin elasticity. While fat cells shrink when we lose weight, the skin itself does not typically return to its previous state. This leaves varying amounts of excess skin in different parts of the body.

I have never been embarrassed about my loose skin, but, instead, consider it my personal monument of accomplishment.

In general, most of the people I know who have lost 100 pounds or more have some kind of issue or challenge with extra skin upon reaching goal weight. Most of the excess skin associated with weight loss is around the abdomen, sometimes called a “skin apron,” with additional loose skin typically present under the upper arms, around the chest and along the inner thighs.

I can speak about this from a very personal perspective. As someone who has lost over 250 pounds, I am very familiar with issues related to having loose skin. To this day, during our summer swims, my daughters, nieces and nephews still call it my “play dough”! In my book *My Big*

Before he found a more healthy lifestyle, dr. Nick Yphantides weighed more than 450 pounds.



Fat Greek Diet, one of themes I talk about is that “we have to change the way we see before we can change the way we look.”

To change our appearance and lose weight, we have to change our perspectives on eating and being active, and our motivation for life itself. I also apply this “changing the way I see” to my attitudes. I have never been embarrassed about my loose skin, but, instead, consider it my personal monument of accomplishment. My stretch marks are the stripes of honor that I have gained as a result of positively transforming my life and my body. I truly have no shame associated with the realities of my cosmetic appearance. That is my choice, and I am genuinely thankful for my extra skin. I consider it a reminder of where I came from and where I never intend to return. ■

Nick Yphantides, MD, MPH, is the Medical Editor for TOPS and the author of My Big Fat Greek Diet. He also serves as the Chief Medical Officer for San Diego County and is the Founding Co-Chair of its Childhood Obesity Initiative. At one time weighing more than 450 pounds, “dr. Nick” understands the bumps along a weight-loss journey. Web: www.healthsteward.com.

