**Alaska Premier Health**

**OPTIFAST**® **Informed Consent**

**We want you to know...**

When you decided to learn more about managing your weight, you took an important step toward improving your health. The healthcare professional who is advising you can help you develop comprehensive weight management skills while you lose a meaningful amount of weight.

Throughout this Informed Consent, “healthcare professional” will be used to refer to the healthcare personnel at the clinic at which you are undertaking your weight loss effort; “physician” will be used to refer to your own personal physician.

The calorie deficit and portion-controlled diets (including liquid formulas) were developed over 25 years ago for weight reduction. They are used with patients who are overweight and who may have significant medical problems related to obesity. Such problems may include hypertension, coronary disease, diabetes, lung, joint or bone disease, and the need for non-emergency surgery. These methods of weight reduction have been utilized in hundreds of clinics in the United States. They have been described and evaluated in many professional medical journals since 1974.

**Your role...**

Your success will depend upon your commitment to understanding and fulfilling your obligations ina course of treatment. It is important that you be willing to:

* Provide honest and complete answers to questions about your health, weight problem, eating activity, and lifestyle patterns so your healthcare professional can better understand how to help you.
* Devote the time needed to complete and comply with the course of treatment your health professional has outlined for you, including assessment, treatment, and maintenance phases.
* Work with your healthcare professional and others who may participate in helping you manage your weight loss, including keeping a daily diary, attending your sessions regularly if appropriate, and following your diet and exercise prescription.
* Allow your healthcare professional to share information with your personal physician.
* Make and keep follow-up appointments with your physician and have any blood tests taken or any other diagnostic measures made that your physician may deem necessary during your course of treatment.
* Follow your exercise program within the guidelines given to you by your healthcare professional and your physician.
* It is vitally important for you to advise the clinic staff of ANY concerns, problems, complaints, symptoms, or questions even if you may think it is not terribly important, so the healthcare professional and/or your physician can determine if you should be seen more often. Keeping the clinic informed of any questions or symptoms you have affords the best chance of intervening before a problem becomes serious.

If you do not have a personal physician, you must agree to find one before you and your healthcare professional begin working together. Your healthcare professional can assist you in this process if you like. Your signature below represents your permission, understanding and commitment to the above.

**Potential benefits...**

Medically-significant weight loss (usually about 10% of initial weight, or as an example, losing 20 pounds from 200 pounds starting weight) can:

* Lower blood pressure, reducing the risks of hypertension
* Lower cholesterol, reducing the risks of heart and vascular disease
* Lower blood sugar, reducing the risks of diabetes

If you are taking medications for one or more of these conditions, dosages may need to be adjusted as your overall health improves. You agree to see your physician as needed to have your need for these medications reassessed. Your healthcare professional will share your results with your physician on a regular basis so the physician is informed about your progress.

Other benefits may also be obtained, but cannot be guaranteed. Increasing activity level can favorably affect the above conditions and may have the additional benefit of helping you sustain weight loss. Weight loss and increased activity may provide important psychological and social benefits, as well.

**Possible side effects...**

**The possibility always exists in medicine that the combination of any significant disease with methods employed for its treatment may lead to previously unobserved or unexpected ill effects, including death. Should one or more of these ill effects occur, additional medical or surgical treatment may be necessary. In addition, it is conceivable that other side effects could occur, which have not been diagnosed or observed.**

**Reduced Weight**. When you reduce the number of calories you eat to a level lower than the number of calories your body uses in a day, you lose weight. As a result of this weight loss, your body makes some other adjustments in body processes. Some of these adjustments are responsible, in some participants, for improvements in blood pressure and blood sugar. However, you also may experience other temporary side effects or discomforts, including an initial loss of body fluid through increased urination, momentary dizziness, a reduced metabolic rate or metabolism (the rate at which you convert food to energy), sensitivity to cold, a slower heart rate, dry skin, fatigue, diarrhea or constipation, bad breath, muscle cramps, a change in menstrual pattern, dry and brittle hair or hair loss. Generally, these responses are temporary and resolve when calories are increased after the period of weight loss.

**Reduced Potassium Levels.** The calorie level you will be consuming is 800 or more calories per day, and it is important that you consume the calories that have been prescribed in your diet to minimize side effects. Failure to consume all of the food and fluids and nutritional supplements or taking a diuretic medication (water pill) may cause low blood potassium levels or deficiencies in other key nutrients. Low potassium levels can cause serious heart irregularities. When someone has been on a reduced calorie diet, a rapid increase in calorie intake, especially overeating or binge-eating, can be associated with bloating, fluid retention, disturbances in salt and mineral balance, or gallbladder attacks and abdominal pain. For these reasons, following the diet carefully and following the gradual increase in calories after weight loss, as prescribed by your healthcare professional and/or personal physician, is essential.

**Gallstones.** Overweight people develop gallstones at a rate higher than normal weight individuals. The occurrence of symptomatic gallstones (pain, diagnosed stones and/or surgery) in individuals 30% or more over desirable body weight (50 pounds or more overweight) not undergoing current treatment for obesity is estimated to be 1 in 100 annually, and for individuals who are 20—30 percent overweight, about one-half that rate, or 1 in 200 annually. It is possible to have gallstones and not know it. One study of individuals entering a weight loss program showed that as many as 1 in 10 had “silent” gallstones at the onset. As body weight and age increase, so do the chances of developing gallstones. These chances double for women, women using estrogen, and smokers. Losing weight—especially rapidly—may increase the chances of developing stones or sludge and/or increasing the size of existing stones within the gallbladder. The most common symptoms of gallstones are fever, nausea, and a cramping pain in the right upper abdomen. If you develop any of these symptoms or if you know or suspect that you may already have gallstones, let your physician and healthcare professional know immediately. Gallbladder problems may require medication or surgery to remove the gallbladder, and, less commonly, may be associated with more serious complications of inflammation of the pancreas or even death. Drugs are currently available that may help prevent gallstone formation during rapid weight loss. You may wish to discuss these drugs with your healthcare professional or personal physician.

**Pancreatitis.**  Pancreatitis, or an infection in the bile ducts, may be associated with the presence of gall stones and the development of sludge or obstruction in the bile ducts. The symptoms of pancreatitis include pain in the left upper abdominal area, nausea, and fever. Pancreatitis may be precipitated by binge-eating or consuming a large meal after a period of dieting. Also associated with pancreatitis is long-term abuse of alcohol and the use of certain medications and increased age. Pancreatitis may require surgery and may be associated with more serious complications and death.

**Pregnancy.** If you become pregnant, report this to your healthcare professional and physician immediately. Your diet must be changed promptly to avoid further weight loss because a restricted diet could be damaging for a developing fetus. You must take precautions to avoid becoming pregnant during the course of weight loss.

**Binge Eating Disorders.** Binge eating disorder is defined as the habitual, uncontrolled consumption of a large amount of food in a short period of time. Participation in a calorically restricted diet has been shown in one study to increase binge eating episodes temporarily. Several other studies demonstrated reduced episodes of binge eating following a calorie deficit and portion-controlled diet. Extended binge eating episodes are associated with weight gain.

**The risk of weight regain...**

Obesity is a chronic condition, and the majority of overweight individuals who lose weight have a tendency to regain all or some of it overtime. Factors that help to maintain a reduced body weight include regular physical activity, adherence to a restricted calorie, low fat diet, and planning a strategy for coping with weight regain before it occurs. Successful treatment may take months or even years. Medical studies of calorie deficit/portioned controlled diets (including modified fasting) have shown varying results for percentage of patients who maintain weight loss. Some studies have shown that fewer than 5% of weight loss patients were able to maintain a reduced body weight after five years. Another study showed that after three years, weight loss patients, on average, maintained about one half of their initial weight loss. If you have had fluctuations in your weight in the past, it may be more difficult to maintain the weight you lose during and after this program. A published medical study indicated people whose body weight fluctuates greatly often have a higher risk of heart disease and death compared with persons of relatively stable body weight, and such weight fluctuations may play a role in the development of other chronic diseases.

**Sudden Death.** Patients with morbid obesity, particularly those with serious hypertension, coronary artery disease, or diabetes mellitus, have a statistically higher chance of suffering sudden death when compared to normal weight people without such medical problems. Rare instances of sudden death have occurred while obese patients were undergoing medically supervised weight reduction, though no cause and effect relationship with the diet has been established. The possibility cannot be excluded that some undefined or unknown factor in the treatment program could increase this risk in an already medically vulnerable patient.

**Your rights and confidentiality...**

You have a right to leave treatment at any time without penalty, although you do have a responsibility to make sure your personal physician knows you are discontinuing treatment and to verify your physician is able to assume medical care for you after you leave treatment.

**Resale of Products...**

**The Nestlé HealthCare Nutrition, Inc. products purchased through this weight management program, including OPTIFAST®, OPTITRIM®, etc, are intended to be sold through medically supervised weight management programs. By signing this Informed Consent, I agree that I will not resell any Nestlé Healthcare Nutrition, Inc. products purchased through this weight management program and that you will continue to consult with your treating physician for so long as you are using such products, as it may be hazardous to your health to abruptly abandon the weight loss program without medical supervision.**

***I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed program and have answered any questions posed by the patient. I believe the patient/relative/guardian fully understands what I have explained and answered.***

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Healthcare Professional/Signature Date

***I, the undersigned, have reviewed this information with my healthcare professional or my physician, and have had an opportunity to ask questions and have had them answered to my satisfaction.***

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Printed Participant Name

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Participant Signature Date