



DELIVERING WEIGHT LOSS FOR HEALTH GAINS

Is the OPTIFAST® program right for me?

The **OPTIFAST**® program is recommended for patients with a body mass index ≥ 30 kg/m² who also have one or more weight-related medical conditions.

How can the OPTIFAST® program help me?

Medically supervised weight loss through the **OPTIFAST**® program is clinically proven to help you lose weight.* This weight loss can also help you improve weight-related medical conditions.^{1,2}

How much weight can I expect to lose?

After 26 weeks on the **OPTIFAST**® program, patients typically lose an average of 50 pounds from their starting body weight.^{1,2}

What other health improvements can I expect?

Patients on the **OPTIFAST**® program who lost a medically significant amount of weight (at least 5% of initial body weight) by week 26 also lowered their blood pressure, cholesterol levels, and blood glucose.¹⁻³

What are meal replacements?

Meal replacements are specially formulated foods that replace all or part of a total daily diet for patients who are trying to lose weight. **OPTIFAST**® products come in a variety of options, such as liquid ready-to-drink shakes, powder shake mixes, bars, and soup mixes. **OPTIFAST**® products are nutritionally complete (in 5 servings) providing at least 24 key vitamins and minerals. They also provide an excellent source of protein and are a good source of fiber.^{†,4}

*The OPTIFAST® program is recommended for patients with a body mass index ≥ 30 who also have one or more weight-related medical conditions.

†Contains 3.5 grams of total fat per serving. See nutrition information for fat content.





What are the benefits of a meal replacement diet?

A full meal replacement program helps you stay on track by helping control the amount of calories you consume.⁵ Full meal replacement programs are associated with greater weight loss because they reduce the total amount of calories consumed while also providing portion control, making it easier to stick to your diet plan. When you return to a self-prepared diet in which only some meals are replaced with **OPTIFAST**[®] products, meal replacements can help with portion control and provide structure to your daily diet, so you consume the right number of calories each day.⁶

What do healthcare professionals say about meal replacement diets?

Current medical guidelines in the treatment of obesity support the use of meal replacements as an effective way for patients to reduce calories, lose weight, and maintain weight loss. Additionally, these guidelines recognize that weight management programs that include lifestyle changes and physical activity are essential to helping patients lose weight. These are 2 key components of the **OPTIFAST**[®] program.⁷⁻⁹

What type of support will I get during the **OPTIFAST**[®] program?

Our comprehensive weight loss program contains multiple components, including medical supervision and nutritional and behavioral support, to help you lose weight and keep it off. Medical supervision includes evaluation and support of your health and well-being throughout the program. For nutritional and behavioral support, you will take part in one-on-one as well as group sessions. During these sessions, you will get strategies for developing successful lifestyle changes, including nutritional education, exercise guidance, and lifestyle education.

Will attending group sessions really help me lose weight?

Our support sessions will help you change your approach to food and eating. You will learn how to make important lifestyle changes to help you succeed at losing weight, and help you maintain your weight loss and manage it in the future. You will also gain valuable support from other **OPTIFAST**[®] patients by sharing struggles, successes, and tips throughout the program.

Studies show that when meal replacement is combined with support programs¹⁰:

- Meal replacement diets delivered more weight loss than support programs alone
- Meal replacement diets increased weight loss by almost 9 pounds compared with self-prepared dietary approaches

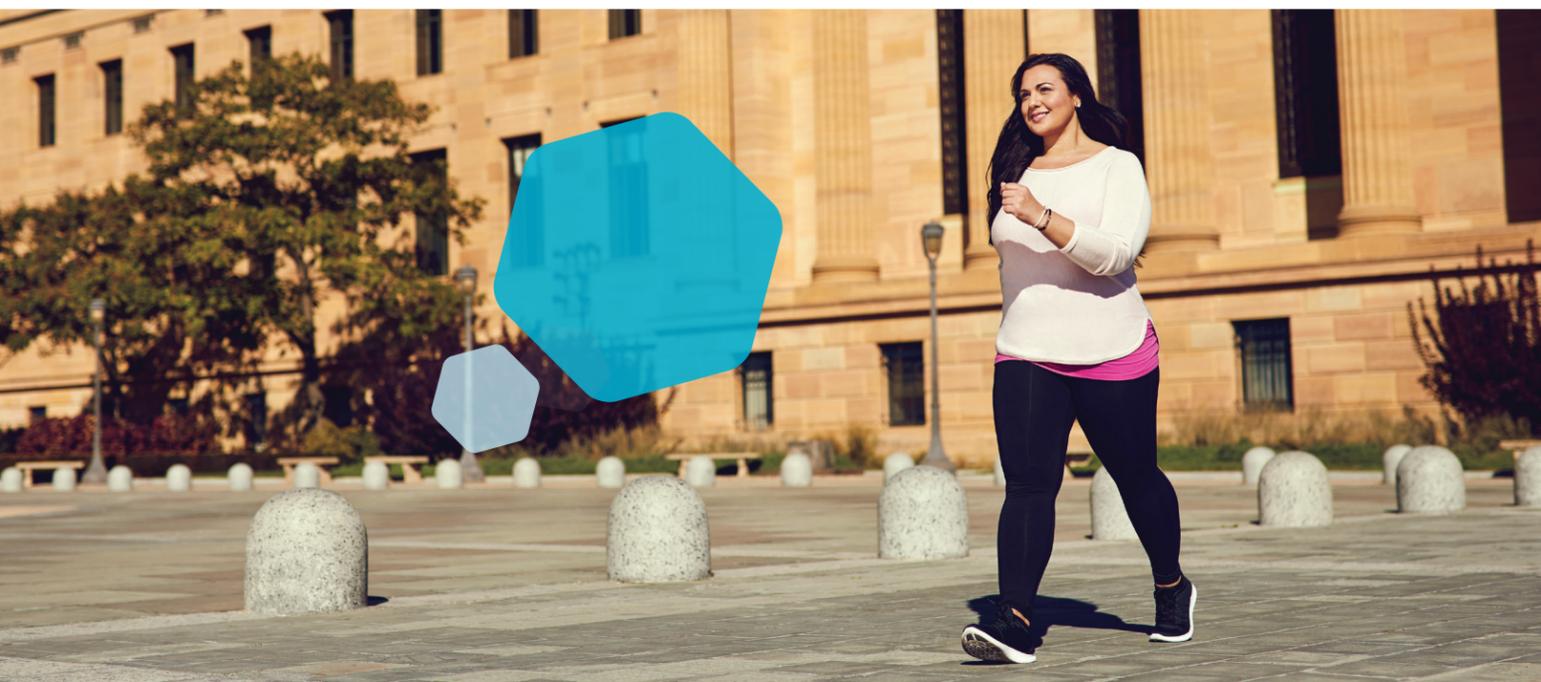
How much does the **OPTIFAST**[®] program cost?

It is difficult to put a price on improving your health! Therefore, when you evaluate the cost, think about the value of everything you will gain from being part of the **OPTIFAST**[®] program. The **OPTIFAST**[®] program typically costs less than \$20 per day. When you add up the amount you usually spend on eating meals out or on groceries, you can see that it is not expensive. When consuming **OPTIFAST**[®] products, you will receive complete nutrition for approximately \$140 per week. Consider these scenarios to see how prices compare:

- Meal for 2 people at a mid-range restaurant is \$50
- Medium latte or cappuccino is \$3 to \$5
- Inexpensive lunch meal is \$7 to \$10

Can I trust the **OPTIFAST**[®] program?

The medically monitored **OPTIFAST**[®] program has been helping patients lose weight for more than 40 years. It has been cited in more than 80 publications. Countless numbers of patients have taken part in the program. The company that makes **OPTIFAST**[®] updates the products, program components, and scientific research to make sure it is a safe and effective option for patients who need to lose weight under medical supervision.



YOUR WEIGHT LOSS JOURNEY WITH THE OPTIFAST® PROGRAM

Participation in the **OPTIFAST®** program includes 3 key phases designed to help you lose weight by changing your relationship with food and eating.



ACTIVE WEIGHT LOSS PHASE

During this phase, you will eat a diet of **OPTIFAST®** full meal replacement products.



TRANSITION PHASE

Self-prepared foods are gradually reintroduced into your diet, while you attend classes to help change the way you think about and approach food and eating.



MAINTENANCE PHASE

You should continue to attend ongoing support sessions to help you maintain your weight loss and manage your weight long-term.

MONTHS

1-4

MONTHS

4-6

MONTHS

6-24

The OPTIFAST® program:

- Has been proven effective for over 40 YEARS and is cited in more than 80 publications
- Includes full meal replacement, medical monitoring, patient support, exercise guidance, and lifestyle and nutrition education

The journey to a new you starts today!

1. Ard JD, Schroeder MC, Kivilaid K, et al. Practical application of a comprehensive weight management program in patients with and without metabolic syndrome. *J Obes Weight Loss Ther.* 2014;S4:007. **2.** Wadden TA, Foster GD, Letizia KA, et al. A multicenter evaluation of a proprietary weight reduction program for the treatment of marked obesity. *Arch Intern Med.* 1992;152(5):961-966. **3.** Drawert S, Bedford K, Largent D. Change in glucose, blood pressure, and cholesterol with weight loss in medically obese patients. *Obesity Res.* 1996;4(S1):675. **4.** FDA Office of Nutrition. A Food Labeling Guide: Guidance for Industry, Appendix B: Additional Requirements for Nutrient Content Claims. College Park, MD: FDA Office of Nutrition, Center for Food Safety and Applied Nutrition; January 2013. **5.** Kahathuduwa C, Davis T, O'Boyle M, et al. Total meal replacement and typical food-based calorie restriction differentially affect visual food-cue reactivity of the human brain as measured by fMRI. Oral abstract presented at: The Obesity Society Annual Meeting at ObesityWeek 2016; October 31-November 4, 2016; New Orleans, LA. Abstract T-OR-LB-2101. **6.** Rothberg AE, McEwen LN, Kraftson AT, et al. Factors associated with participant retention in a clinical, intensive, behavioral weight management program. *BMC Obes.* 2015;1(2):1-7. **7.** Seagle HM, Strain GW, Makris A, et al. Position of the American Dietetic Association: weight management. *J Am Diet Assoc.* 2009;109(2):330-346. **8.** Gonzalez-Campoy JM, St. Jeor ST, Castorino K, et al. Clinical practice guidelines for healthy eating for the prevention and treatment of metabolic and endocrine diseases in adults: cosponsored by the American Association of Clinical Endocrinologists/the American College of Endocrinology and The Obesity Society. *Endocrine Pract.* 2013;19(suppl 3):1-82.1. **9.** Jensen MD, Ryan DH, Apovian CM, et al. Executive summary: guidelines (2013) for the management of overweight and obesity in adults. *Obesity.* 2014;22(suppl 2):S5-S39. **10.** Astbury N, Piernas-Sanchez C, Hartmann-Boyce J, et al. The use of meal replacements for weight loss: a systematic review and meta-analysis. *Obes Facts.* 2017;10(suppl 1):215.

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