

Supplemental material for

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2. Suiter HH. *Change Control Diet*. North Charleston, SC: CreateSpace Independent Publishing Platform; 2013.
3. To obtain the webinar modules mentioned, email Ronald Frank, MD, at ronfrank@greenbrookfamilymedicine.com.

Supplemental Appendix 1.

Excerpts from the book

Change Control Diet

Harry H. Suiter

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Table of Contents

Dedication

Chapter 1 – Introduction

Chapter 2 – Program Overview

Chapter 3 – Positive Thinking and Core Beliefs

Chapter 4 – Understanding and Estimating Calories

Chapter 5 – Food and Calorie Guidelines

Chapter 6 – Exercise Guidelines

Chapter 7 – Establishing a Baseline and Releasing Negative Energy

Chapter 8 – Food Level One

Chapter 9 – Food Levels Two through Seven

Chapter 10 – Exercise Levels One through Five

Chapter 11 – Everyone Cheats—The 80/20 Rule

Chapter 12 – Tracking Progress

Chapter 13 – Adjusting Calorie Values and Breaking a Plateau

Chapter 14 – Stress and Cravings

Chapter 15 – Love and Respect Your Archenemy

Chapter 16 – Focus on Changing Habits vs. Results

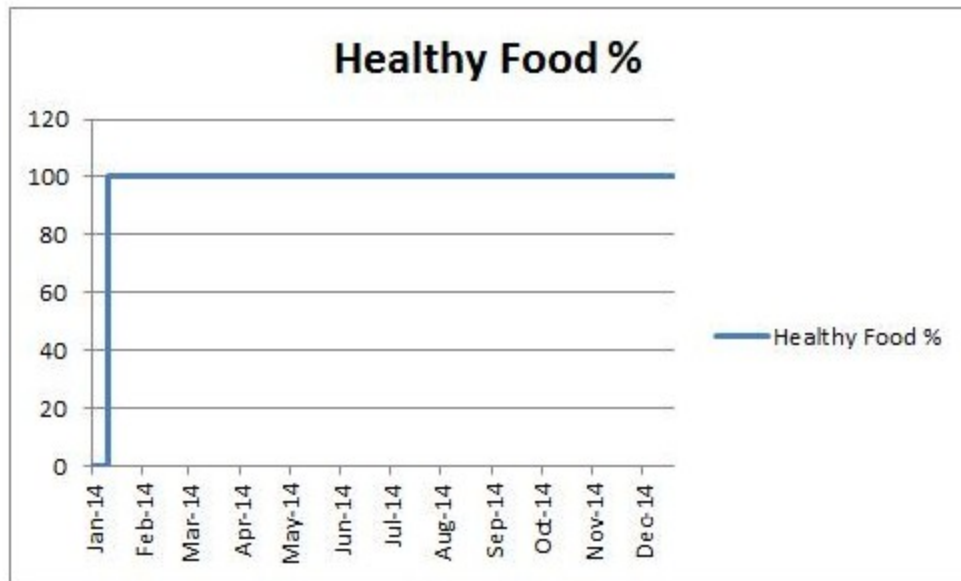
Chapter 17 – Change the Game

Chapter 18 – Breakthrough

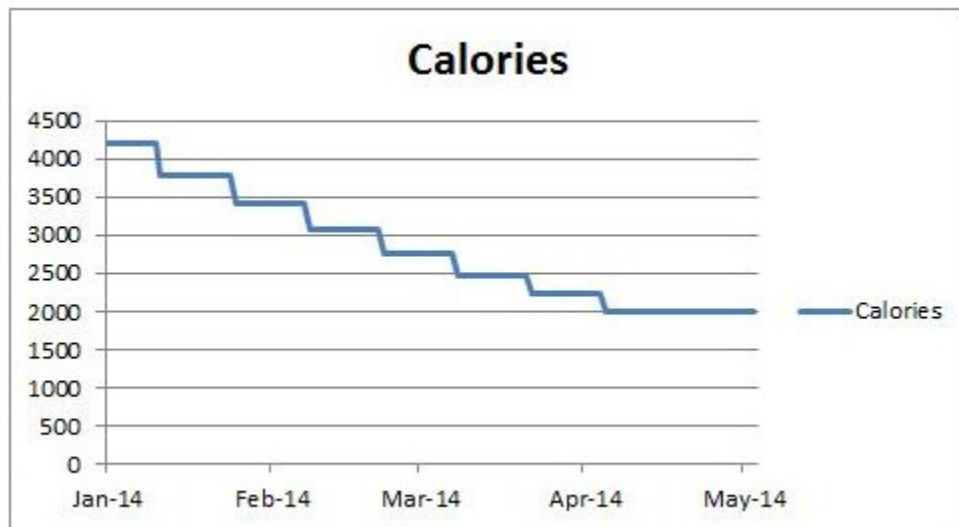
Chapter 2 – Program Overview

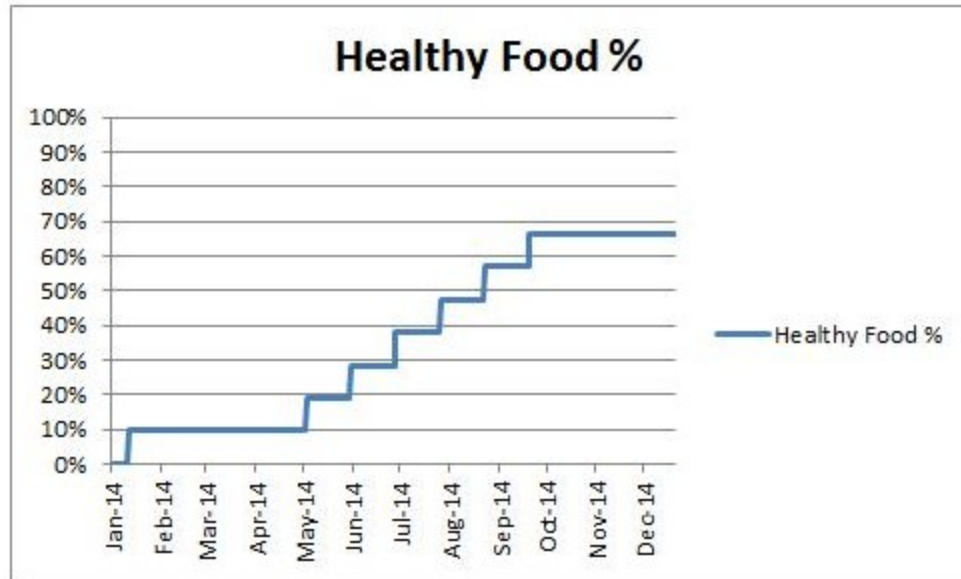
I have named this program “Change Control Diet” because the program is all about controlling the rate at which you make changes to your eating and exercise habits. The term “Change Control” by itself is a term commonly used in the pharmaceutical industry. It is a process to control any changes in order to preserve the safety, efficacy and purity of medicines. I realize the name “Change Control Diet” may be awkward for some; however, I wanted a name for this program that articulated the true essence of this diet. I also wanted to stay away from a “marketing gimmick name”; this has been a huge frustration of mine with the weight loss industry. To help visualize this concept of controlling the rate of change, let’s say John is consuming on average 4200 calories per day prior to starting this program. Here is how a standard diet will implement changes to John’s caloric intake and meal choices over time:





As you can see from these graphs, the rate of change is very intense for standard diets, going from one extreme to the other in only one day. The Change Control Diet is different; it's all about controlling the rate of change. Here is an example of how changes are introduced to John's calories and food choices following the Change Control Diet:





As you can see from these graphs, the Change Control Diet controls the rate of change in a progressive stepwise manner which allows your body the proper time to adjust to changes. The program consists of seven levels of dietary changes and five levels of exercise changes to your routine. You progress through the levels at your own pace, only moving to the next level after your body adjusts to the changes in the previous level of the program. The levels are focused on weekly goals, not daily goals. For example, there are seven days in a week, which equates to a total of twenty-one meals and twenty-one snacks per week (eating a total of six times per day). It is much easier to set a weekly goal versus a daily goal to allow flexibility for unexpected events, changes to your schedule, stress, etc. One of the key reasons for my failures at other diets was finding an excuse to quit an entire program based on one bad day at work. Focusing on the week versus the day was an amazing mindset alteration for me.

Chapter 5 - Food and Calorie Guidelines

As a general guideline for how many calories you should have daily, here is a table that was developed by the National Institutes of Health (NIH). It contains recommended daily calories by age, gender, and activity level:

Gender	Age (years)	Activity Level		
		Sedentary	Moderately Active	Active
Female	4–8	1,200	1,400–1,600	1,400–1,800
Female	9–13	1,600	1,600–2,000	1,800–2,000
Female	14–18	1,800	2,000	2,400
Female	19–30	2,000	2,000–2,200	2,400
Female	31–50	1,800	2,000	2,200
Female	51+	1,600	1,800	2,000–2,200
Male	4–8	1,400	1,400–1,600	1,600–2,000
Male	9–13	1,800	1,800–2,200	2,000–2,600
Male	14–18	2,200	2,400–2,800	2,800–3,200
Male	19–30	2,400	2,600–2,800	3,000
Male	31–50	2,200	2,400–2,600	2,800–3,000
Male	51+	2,000	2,200–2,400	2,400–2,800

As defined by the NIH,

- Sedentary means a lifestyle that includes only the light physical activity associated with typical day-to-day life.

- b. 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.
- c. 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.¹

This table does not factor in your current weight, your current metabolism, how much muscle is on your body, or how many calories you are currently consuming daily (prior to starting this program). For Level One of the program, it is recommended that you do not reduce your daily caloric intake by more than 10 percent at a time and that you eat six times a day. For example, if you are a thirty-five-year-old obese male who is currently consuming 5,000 calories a day, dropping to 2,200 calories a day in one day will shock your system, and you have approximately an 80 percent chance you will fail long term. Instead, this program has you reducing your daily total calories by 10 percent initially and spreading this over eating six times a day. This would result in 4,500 calories a day for starting off on day one at the first level of this program. More is explained about this approach in Chapter 8 – Food Level One.

The following table represents a recommended daily caloric plan for the Change Control Diet after you determine your daily caloric total:

¹ <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/healthy-weight-basics/balance.htm> (National Institutes of Health, National Heart, Lung and Blood Institute, Balance Food and Activity)

Daily Calories	Breakfast	Midmorning Snack	Lunch	Mid- afternoon Snack	Dinner	Evening Snack
1,200	300	120	300	120	300	60
1,300	325	130	325	130	325	65
1,400	350	140	350	140	350	70
1,500	375	150	375	150	375	75
1,600	400	160	400	160	400	80
1,700	425	170	425	170	425	85
1,800	450	180	450	180	450	90
1,900	475	190	475	190	475	95
2,000	500	200	500	200	500	100
2,100	525	210	525	210	525	105
2,200	550	220	550	220	550	110
2,300	575	230	575	230	575	115
2,400	600	240	600	240	600	120
2,500	625	250	625	250	625	125
2,600	650	260	650	260	650	130
2,700	675	270	675	270	675	135
2,800	700	280	700	280	700	140
2,900	725	290	725	290	725	145
3,000	750	300	750	300	750	150
3,100	775	310	775	310	775	155
3,200	800	320	800	320	800	160

For caloric goals not listed in this table, the formulation is:

- Breakfast, Lunch, Dinner – 75 percent of your total daily calories (25 percent at each meal)
- Midmorning Snack and Midafternoon Snack – 20 percent of your total daily calories (10 percent at each snack)
- Evening Snack – 5 percent of your total daily calories

So for the example of the thirty-five-year-old obese male who is consuming 5,000 calories prior to starting this program:

- $0.9 \times 5,000 \text{ calories} = 4,500 \text{ calories total per day to start this program}$
- Breakfast, Lunch, Dinner – $4,500 \text{ calories} \times 0.25 = 1,125 \text{ calories per meal}$
- Midmorning and Midafternoon snacks – $4,500 \text{ calories} \times 0.1 = 450 \text{ calories per snack}$
- Evening Snack – $4,500 \times 0.05 = 225 \text{ calories}$

I have experimented with different caloric values for meals and snacks. You can make modifications to this based on your schedule and energy demands, but it is important not to go significantly over or under your calories for the day. For example, if you have a physical job and need to consume more calories earlier in the day to keep you going, that is fine; just use common sense. For me, on the days when I exercise in the evenings, I eat smaller meals and snacks at the beginning of the day and larger snacks and meals later in the day to ensure I have energy to support my evening workouts. Alternatively, for days when I work out in the mornings, I eat a larger breakfast and midmorning snack.

Your meals should be balanced with protein and carbohydrates—do not have a protein-only meal or a carbohydrate-only meal. “Real meals” and “real snacks” are the foods you normally eat. “Healthy meals” and “healthy snacks” are the foods your doctor recommends for you to eat: grilled chicken, grilled fish, fruits, vegetables, whole grains, etc.

The below table contains examples of real foods and healthy food alternatives for this program. On the notion of keeping it simple, this program is not about becoming a health-food nut. It’s about finding the right balance between real food and healthy food to help you achieve your weight-loss and health goals.

Change Control Diet Food Category	Real Foods	Healthy Foods Alternatives
Animal Proteins	Prime Rib, Delmonico Steak, T-Bone Steak, Roast Beef, Cheeseburger, Meatballs, Sausage, Fried Chicken, Bacon, etc.	Lean Steak (Sirloin), Salmon, Flounder, Shrimp, Lobster, Grilled/Baked Chicken, Turkey, Turkey Burger, Turkey Meatballs, etc.
Dairy	Whole Milk, Yogurt, Cheese, Ice Cream, etc.	Fat-Free Milk, Fat-Free Yogurt, Low-Fat Cheese, etc.
Bread/Pasta (Complex Carbohydrates)	White Bread, White Pasta, White Rice, Baked Potatoes, etc.	Whole Grain Bread, Whole Wheat Bread, Whole Wheat Pasta, Brown Rice, Oatmeal, Yams, etc.
High-Sugar Snacks (Simple Carbohydrates)	Skittles, Butterfingers, Snickers, Starburst, Sherbet, Candy, Cookies, Chocolate Cake, etc.	Fresh Fruits: Oranges, Grapefruits, Apples, Pears, Plums, Strawberries, Blueberries, etc.
Crunchy Snacks	Bagged Processed Salty Snacks: Potato Chips, Pretzels, Cheetos, etc.	Carrots, Celery, Peppers, Cucumbers, etc.

Here are some general themes to eating healthier that should not be a surprise to anyone:

- Replace red meat with grilled chicken, turkey, or fish
- Replace fried food with a baked alternative—for example, panko-breaded baked chicken versus fried chicken
- Replace crunchy processed snacks (potato chips, pretzels, etc.) with a crunchy vegetable (carrots, peppers, celery, etc.)
- Replace sugary processed snacks (cookies, candy, etc.) with fruit (oranges, apples, grapes, etc.)

- For on-the-go meals and fast food, choose low-calorie options: grilled chicken versus a burger, don't order the fries, etc.

Work with your doctor to establish additional guidelines if necessary for your current health and weight-loss goals. Remember, the key to this diet is eating fewer calories more frequently throughout the day. Only a 9.5 percent change is required in food choices for Level One of the program, which equates to two healthy meals and two healthy snacks per week at Level One of the program. You will start losing weight at Level One of the program because your metabolism will increase by eating smaller portions six times a day.

The last section of the Food Guidelines covers proper hydration. According to the NIH, “although there is no research to identify the exact amount of water you should drink, experts usually recommend drinking six to eight eight-ounce glasses of water daily.”² Water is essential to life. Our bodies are made of approximately two-thirds water, and you will die in a few days without drinking water. Another benefit of drinking water throughout the day is to help with cravings. Sometimes our bodies send signals that we interpret as being hungry when in fact your body is signaling that it needs more water.

² <http://www.nlm.nih.gov/medlineplus/ency/article/002471.htm> (National Institutes of Health, Medline Plus, Water in Diet, August 2011)

Supplemental Appendix 2.

Excerpts from

Change Control Diet®

Health Care Provider's Guide

Version 1

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Contents

Chapter 1, Introduction	3
Chapter 2, Physicians Guide Program Overview	Error! Bookmark not defined.
Chapter 3, Patient Motivational and Stress Assessment	4
Chapter 4, Office Module Overview	Error! Bookmark not defined.
Chapter 5, Key Changes to the Physicians Guide vs. the Book	Error! Bookmark not defined.
Chapter 6, Module 1 Initial Program Discussion (Page 1 of 2).....	5
Chapter 6, Module 1 Initial Program Discussion (Page 2 of 2).....	6
Chapter 7, Module 2 Establish Baseline and Teach Calories (Page 1 of 2)	Error! Bookmark not defined.
Chapter 7, Module 2 Establish Baseline and Teach Calories (Page 2 of 2)	Error! Bookmark not defined.
Chapter 8, Module 3 Baseline Assessment & Increase Meal Frequency (Page 1 of 3)	Error! Bookmark not defined.
Chapter 8, Module 3 Baseline Assessment & Increase Meal Frequency (Page 2 of 3)	Error! Bookmark not defined.
Chapter 8, Module 3 Baseline Assessment & Increase Meal Frequency (Page 3 of 3)	Error! Bookmark not defined.
Chapter 9, Module 4 Level 1 (Page 1 of 1).....	Error! Bookmark not defined.
Chapter, 10 Module 5 Level 1 Check In (Page 1 of 1).....	Error! Bookmark not defined.
Chapter 11, Module 6 Level 2 (Page 1 of 1).....	Error! Bookmark not defined.
Chapter 12, Module 7 Level 3 (Page 1 of 1).....	Error! Bookmark not defined.
Chapter 13, Module 8 Level 4-7 (Page 1 of 1)	Error! Bookmark not defined.
Chapter 14, Form A – Motivational and Stress Assessment	7
Chapter 15, Form B – Reading the Book.....	8
Chapter 16, Form C – Personal Benefits and Obstacles (Page 1 of 2)	9
Chapter 16, Form C – Personal Benefits and Obstacles (Page 2 of 2)	10
Chapter 17, Form D – Understanding Food Labels.....	Error! Bookmark not defined.
Chapter 18, Form E – Establishing a Baseline Instructions (Page 1 of 2).	Error! Bookmark not defined.
Chapter 18, Form E – Establishing a Baseline Instructions (Page 2 of 2).	Error! Bookmark not defined.
Chapter 19, Form F – Food and Beverages Diary	Error! Bookmark not defined.
Chapter 20, Form G – Time Log	Error! Bookmark not defined.
Chapter 21, Form H – Exercise Log	Error! Bookmark not defined.
Chapter 22, Form I – Weekly Calorie Tracker	Error! Bookmark not defined.
Chapter 23, Form J – Patient Results Tracking Sheet	Error! Bookmark not defined.

Chapter 3, Patient Motivational and Stress Assessment

For this weight loss program to be successful the patient must demonstrate a medium to high level of motivation to lose weight and stress levels must be at a manageable level. We have learned the following for administering this program to patients:

1. Patients who are highly motivated to lose weight do very well on the program.
2. Patients who are not motivated to lose weight do poorly on the program.
3. Patients who show some level of motivation but are primarily influenced by the physician to start the program have mixed results. To remove the bias of the physician's influence, the best approach is to give the patient a motivational and stress assessment questionnaire that is filled out at home by the patient. The patient should also be encouraged to answer questions honestly.
4. Patients who have high levels of stress (either before or during the program) can result in a negative impact on their progress; even if they were highly motivated to start the program.

During an office visit, the physician should inquire with the patient's interest level in losing weight. If the patient demonstrates any level of motivation, then the physician should give the patient Form A "Motivational and Stress Assessment" and instruct the patient to fill out at home. The form should be sent back to the physician (either mail or electronically) within two days. For patients that score above 6 or greater on the motivational questions, then it is likely that they may be ready to start a weight loss program and a one week follow up visit should be scheduled to further explore this program with the patient as described in Module 1. Scores ranging from 6-7 may indicate some ambivalence and scores ranging from 8-10 indicate that the patient is highly motivated to start the program. For patients that score below 6, the physician should strive to understand what it would take to get their score above a 6.

Chapter 6, Module 1 Initial Program Discussion (Page 1 of 2)

A. Module Objectives

This is the initial meeting with the patient to discuss the book after the motivational and stress assessment. Discuss the book and program and see if the patient is interested in it. If so, provide the patient the book, Form B “Reading the Book” and Form C “Personal Benefits and Obstacles”. Have them read the book and fill out form C and return within one week.

B. Physician/Practitioner Talking Points

1. **Assess** if the patient is open to a new approach to weight loss. Determine if the patient is open to a program that is not a “traditional diet” with a meal plan.
2. **Advise** the patient on an overview of the program:
 - The author is not a doctor, nutritionist, or trainer. He is an average guy who got frustrated with his own failures of over 15 years failing at standard diets and developed his own program.
 - The program is a long term program that is focused on behavior modification. It is not a prescribed diet that tells you exactly what to eat.
 - This program is very easy to follow and practical, you will continue to eat the foods you eat now as a starting point for this program. Calorie reductions and changes to food choices are made slowly over time and you are in full control of when to advance to higher levels of the program.
 - The end state of this program is not about obtaining six pack abs or eating 100% healthy. The goal is to find the right balance of healthy food and normal food for you to achieve your health goals.
 - You are required to learn about calories and track calories initially, but this program is not about calorie counting long term. Typically patients track calories for the first several weeks of the program, after a routine is established, portion control comes naturally.
3. **Agree** that the next step in the process is for the patient to read the book and to determine if the book is a reasonable approach to try with the help of a physician.
4. **Assist** by giving the patient the book and scheduling a follow up visit in 7-10 days. Cover the following points with the patient:
 - I have a high interest in helping you succeed in losing weight and improving your health. If you are interested in the program I just described, I will buy the book for you and give it to you now for free.
 - I just ask that you take next week to read the book and come back to meet with me if you are interested in following this program. If you are not interested in this program, simply return the book at your next office visit.

Chapter 6, Module 1 Initial Program Discussion (Page 2 of 2)

C. Arrange (Patient Assignment)

1. Read the book (given to Patient with Form B – Reading the Book)
2. Fill out Form C – Personal Benefits and Obstacles
3. Schedule a follow up visit in 7-10 days

Chapter 14, Form A – Motivational and Stress Assessment

Patient Name _____ Date: _____

Question	Answer
1. From a scale of 0 to 10 with zero meaning not interested and 10 is extremely interested, how interested are you in reducing your weight at this time in your life?	
2. From a scale of 0 to 10 with zero meaning not interested and 10 is extremely interested, how interested are you in changing your eating habits and activity level to lose weight at this time of your life?	
3. From the list below, circle the number one reason you want to lose weight? <ul style="list-style-type: none"> • I want to look better • I want to feel better • I want to improve a medical condition • Other (Please explain) _____	See Circled Answer
4. From a scale of 0 to 10 with zero meaning there is no stress in your life and 10 meaning there are extremely high stress levels in your life, how much stress is in your life currently?	
5. If you scored a 5 or higher in question four above, circle the number reason for your stress in your life <ul style="list-style-type: none"> • Job • Family • Other (Please explain) _____	See Circled Answer
6. Is there anything that is happening in your life right now that may interfere with starting a new diet program? <p style="text-align: center;">Circle one : Yes No</p> <ul style="list-style-type: none"> • If yes, Please explain _____	See Circled Answer

Chapter 15, Form B – Reading the Book

Patient Name _____

Office Visit Date: _____

Next Office Visit Date _____

Patient Instructions:

- 1) Read Change Control Diet book over the next seven days. The book only takes approximately 5-7 hours to read.
- 2) While you are reading the book, do not make any changes to your diet or routine.
- 3) Think about your eating habits and your previous attempts to lose and keep weight off.
- 4) Complete the Personal Benefits and Obstacles form and bring this form with you on your next office visit to review with your doctor.
- 6) Meet with your doctor once you have finished reading the book to review the program and to create your plan.

Chapter 16, Form C – Personal Benefits and Obstacles (Page 1 of 2)

Patient Name _____ Date: _____

We all have many different reasons why we would like to lose weight. We also have many different reasons why we have not been successful at doing so in the past. As part of this program, identifying these issues will help us move forward and make the appropriate behavior modifications needed to be successful.

We would like you to take the time and consider what your personal goals for weight loss include, as well as reflect on obstacles that have stopped you from losing weight in the past. We expect that there will be multiple reasons on both of these lists. Personal benefits may range from feeling better about yourself to improving your current health status. Obstacles can range from busy schedules, to not having the support from your loved ones, to lack of motivation. You may even have some ideas that are not listed and we encourage you to add them at the bottom of the lists.

These sheets should be completed as an honest and personal reflection. Please take the time needed to really think about what your goals are for the future and for this program. You should bring these sheets to your first appointment and we will give you a copy to keep so you can continue to reflect on them throughout the program.

This is why I want to weigh less (Check All That Apply):

✓	Personal Benefits	✓	Personal Benefits
	Improve my Overall Health		Be healthier as I get older
	Improve my Diabetes		Be able to try to do more when I get older
	Improve my Cholesterol		Be able to try to do more when I get older
	Improve my Hypertension (blood pressure)		Increase my energy level
	Improve my arthritis		Lower my risk of Heart Attack and Stroke
	Improve my sleep apnea		I want to feel better emotionally
	Reduce my medications		Enhanced sex life
	Be able to be more active		Set a good example for my kids
	Feel better about my self		Other:
	Feel better about how others perceive me		Other:

Chapter 16, Form C – Personal Benefits and Obstacles (Page 2 of 2)

Patient Name _____ Date: _____

My obstacles to losing weight (check all that apply):

✓	My obstacles to losing weight
	I do not exercise
	I am not motivated
	I don't know how to start
	I do not have support from my family
	I eat out a lot
	I do not do the shopping at home
	Food is everywhere
	I eat the wrong foods
	There is a financial cost to eating healthy
	I am too busy to focus on weight loss
	I take care of everyone before my self
	OTHER:
	OTHER:
	OTHER: