Weight Management

A Medical Dictionary, Bibliography,
and Annotated Research Guide to
Internet References

James N. Parker, M.D.
and Philip M. Parker, Ph.D., Editors

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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."[1] Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with weight management is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about weight management, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to weight management, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on weight management. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to weight management, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on weight management.

The Editors

[1] From the NIH, National Cancer Institute (NCI): **http://www.cancer.gov/cancerinfo/ten-things-to-know**.

CHAPTER 1. STUDIES ON WEIGHT MANAGEMENT

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on weight management.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and weight management, you will need to use the advanced search options. First, go to **http://chid.nih.gov/index.html**. From there, select the "Detailed Search" option (or go directly to that page with the following hyperlink: **http://chid.nih.gov/detail/detail.html**). The trick in extracting studies is found in the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Journal Article." At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display "whole records." We recommend that you type "weight management" (or synonyms) into the "For these words:" box. Consider using the option "anywhere in record" to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the "Search in these fields" drop box. The following is what you can expect from this type of search:

- **Weight Control After Ostomy**

  Source: Ostomy Quarterly. 28(3): 28-31. Summer 1991.

  Contact: Available from United Ostomy Association. 36 Executive Park, Suite 120, Irvine, CA 92714. (800) 826-0826 or (714) 660-8624.

  Summary: Following ostomy surgery, patients are encouraged to eat well-balanced general diets designed for weight gain. However, persons who have experienced years of chronic illness also may have developed a decreased metabolic rate. Therefore, it is important to balance the nutritional needs and caloric intake to prevent a rapid weight gain. This article reviews the importance of weight control after ostomy and presents successful **weight management** guidelines. Topics include nutritional supplements; the

role of exercise; making food choices; and psychosocial factors of eating and weight loss. The authors also provide a diet program chart that describes three group programs, Weight Watchers, Nutri/Systems, and Optifast; a chart of superfoods; a list of nutrition tips and facts; and good dessert alternatives. 2 figures.

- **Osteoarthritis, Shoulder Impingement, Cervical Radiculopathy, Plantar Fasciitis**

  Source: Patient Care. 33(12): 176-178,181-182,184,187-188,191-192,194, 197-198,201-202. July 15, 1999.

  Summary: This journal article provides health professionals with information on diagnosing and treating osteoarthritis (OA), shoulder impingement syndrome, cervical radiculopathy, and plantar fasciitis. The diagnostic dilemma posed by OA of the knee and hip lies in differentiating OA from other causes of pain and stiffness. Although radiography is the diagnostic gold standard for OA, objective diagnostic criteria are still needed for arthritis. Another diagnostic problem is trying to predict when early stage OA is likely to progress to a more advanced, disabling stage. Pain caused by OA may be managed with nonsteroidal anti-inflammatory drugs (NSAIDs), opioid analgesics, cyclo-oxygenase-2 inhibitors, intra-articular corticosteroid injections, and injections of hyaluronic acid. **Weight management** is also important for overweight patients with OA of the knee or hip. Unloading braces may also be helpful. Many patients with OA are using the nutritional supplements glucosamine and chondroitin. Referral to an orthopedic surgeon may be necessary if all nonsurgical treatment options have been exhausted in a patient who has end-stage disease. Although shoulder impingement is common, accurate diagnosis requires an understanding of the anatomy and biomechanics of the shoulder. Diagnosis is based on information obtained from the medical history, physical examination, and diagnostic tests. Following an accurate diagnosis, conservative treatment approaches, including rest, anti-inflammatory therapy, and range-of-motion exercises may be used. Long-acting corticosteroid injections may be needed for more advanced disease. Neck pain is very common and has many causes. Diagnosis is based on information obtained from the medical history, physical examination, and diagnostic tests. Conservative treatment includes immobilization, anti-inflammatory treatment, and physical therapy. Referral for surgical intervention may be needed if these methods fail. Plantar fasciitis is a very common, painful condition of sudden onset. The typical symptom is pain on the anterior medial aspect of the heel. Diagnosis is based on information obtained from the medical history, physical examination, and diagnostic tests. A comprehensive therapeutic program for plantar fasciitis should include using NSAIDs, modifying activities, performing exercises to stretch the Achilles tendon, wearing shoes with an arch support, and using a tension splint. 3 figures, 6 tables, and 16 references.

Federally Funded Research on Weight Management

The U.S. Government supports a variety of research studies relating to weight management. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.[2] CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable

[2] Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at **http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen**. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to weight management.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore weight management. The following is typical of the type of information found when searching the CRISP database for weight management:

- **Project Title: A CHURCH-BASED INTERVENTION TO INCREASE PHYSICAL ACTIVITY**

  Principal Investigator & Institution: Whitt, Melicia C.; Instructor; Biostatistics and Epidemiology; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104

  Timing: Fiscal Year 2002; Project Start 10-MAY-2002; Project End 30-APR-2007

  Summary: (Applicant's abstract) The candidate, Melicia Whitt, Ph.D., is trained in Exercise Physiology and Epidemiology, with a subspecialty in physical activity (PA) epidemiology. She is currently engaged in a post-doctoral fellowship at the University of Pennsylvania (Penn), where she is involved in a pilot weight gain prevention program for African American (AA) women and an ancillary study of PA measurement methods among AA women. Dr. Whitt has a strong interest in pursuing an academic career in research related to PA with a focus on issues related to minority populations, including associations between PA and health, PA determinants, and understanding the design and conduct of programs to increase PA and promote health. Dr. Whitt's initial training focused on the assessment of physical activity. The proposed training will provide the additional exposure and experience necessary to support a career as an independent and productive researcher in other areas related to PA and will focus on analyses of determinants of PA in both observational and intervention settings, and the design, conduct, and behavioral outcomes of PA interventions. The specific aims of the training program are: 1) to fill in gaps in knowledge of critical content areas related to the epidemiology of CVD and approaches to related to publication and grantsmanship. The training program will include continued participation in and analysis of several ongoing and pending lifestyle change projects (e.g., **weight management** programs for AAs; evaluation of programs to increase PA and healthy behaviors), development, implementation, and analysis of an independent church-based PA intervention, manuscript preparation, additional course work at Penn, attendance at specialty courses (e.g., independent R01 proposal during year 5). Dr. Whitt will be mentored by Dr. Shiriki Kumanyika, an established nutrition epidemiology researcher with specific expertise in lifestyle behavior change interventions among AAs. She will also have an advisory committee of established researchers in the areas of PA determinants, statistics, lifestyle change interventions, and issues related to adherence to behavioral change. This award will be carried out in the Center for Clinical Epidemiology and Biostatistics (CCEB) at the Penn School of Medicine. CCEB faculty includes M.D. and Ph.D. epidemiologists and biostatisticians. Research programs include observational studies and clinical trials addressing diverse clinical and public health problems. Dr. Whitt will be able to collaborate formally with faculty through courses and seminars offered by the CCEB.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: BEHAVIORAL WEIGHT MANAGEMENT AND COPING SKILLS TRAINING IN OA**

  Principal Investigator & Institution: Keefe, Francis J.; Professor and Associate Director; Duke University Durham, Nc 27706

  Timing: Fiscal Year 2003; Project Start 01-JUL-2003; Project End 30-JUN-2008

  Summary: Obesity is a prevalent comorbid condition in osteoarthritis (OA)patients that is associated with increased pain and disability. Recent research suggests that two psychosocial treatments may be beneficial for patients with OA: lifestyle behavioral **weight management** and pain coping skins training. Yet, these two interventions have evolved independently, and have never been directly compared. Further, the combination of these two interventions may be more effective than either alone. Research needs to clarify the processes by which these interventions operate (mediators) and patient characteristics that predict success with each intervention(moderators). This study examines two potential mediators (weight toss, pain coping) and a potential moderator (body mass index [BMI]) of treatment outcomes. Overweight (BMI equal to or more than 30) adults with OA (N =280) will be randomly assigned to 1 of 4 treatment groups : 1) lifestyle behavioral **weight management** alone, 2) pain coping skills training alone, 3) lifestyle behavioral weight: management plus pain coping skills training, or 4) standard care control. Patients in the lifestyle behavioral **weight management** alone condition will receive a comprehensive, lifestyle modification program designed to decrease weight through changes in lifestyle, exercise, attitudes, relationships, and nutrition. Patients in the pain coping skills training alone condition will receive training in pain coping skills to improve their ability to control and decrease pain, Patients in the lifestyle behavioral **weight management** plus pain coping skills training condition will receive both a **weight management** program and pain coping skills training. Measures of pain, physical disability, psychological disability, joint stiffness, activity, gait, and markers of systemic inflammation and joint tissue metabolism will be collected pre- and post-treatment and at 6- and 12, month follow-up. If the combined intervention is effective, future research could explore ways to make this approach even more cost-effective (e.g. home-based or internet-based treatment.) The information gathered about mechanisms could lead to even more effective interventions that more directly target specific change processes, Future research can also test whether these interventions can be applied to obese patients with other rheumatic and chronic pain problems whose excess weight contributes to increased pain and disability (e.g. obese patients with rheumatoid arthritis, fibromyalgia, and low back pain.)

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: BODY IMAGE IN AFRICAN AMERICAN BREAST CANCER SURVIVORS**

  Principal Investigator & Institution: Hughes, Chanita A.; Assistant Professor; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104

  Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 29-SEP-2007

  Summary: About 56% to 75% of breast cancer patients gain weight following treatment and African American breast cancer survivors are at significantly greater risk for experiencing this treatment-related side effect. Body image perceptions have been shown to have a significant influence on motivations to lose weight and/or avoid obesity among breast cancer survivors. However, even though African American breast cancer survivors reported significantly greater concerns about their weight and body image, physical activity and **weight management** efforts were signifiantly greater

among Caucasian breast cancer survivors. The cultural sensitivity of body image assessment tools is being addressed through ongoing research; however, this issue has received limited attention among African American breast cancer survivors. In addition to being culturally sensitive, body image assessment tools may also need to be sensitive to breast cancer treatment experiences. The first step in developing both culturally and experientially sensitive body image assessment tools for African American breast cancer survivors is to assess the performance of existing body image assessment tools in this population. Therefore, the aim of this formative pilot study is to evaluate the sensitivity and acceptability of existing body image assessment tools (i.e., figure rating scales) among African American breast cancer survivors. We predict that existing figure rating scales will have less sensitivity and acceptability among African American breast cancer survivors who have received surgical breast cancer treatment compared to survivors who received non-surgical treatment. Subjects eligible (n=20) to participate in the study include African American breast cancer survivors who were at least 21 years of age at diagnosis and who have completed all breast cancer treatment. Four focus groups with a group of five African American breast cancer survivors will be conducted to understand African American breast cancer survivors' body image perceptions and responses (i.e., acceptability) to existing figure rating scales. A combination of quantitative and qualitative data analyses will be conducted to characertize the study population, describe body image perceptions, and attributions about changes in body size and image. The results of this study will provide preliminary data that will be used to develop and evaluate obesity prevention interventions for African American breast cancer survivors.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: BODY IMAGE TREATMENT FOR WEIGHT CONCERNED SMOKERS**

  Principal Investigator & Institution: Clark, Matthew M.; Mayo Clinic Rochester 200 1St St Sw Rochester, Mn 55905

  Timing: Fiscal Year 2002; Project Start 01-SEP-2001; Project End 31-AUG-2004

  Summary: (provided by applicant): This application will serve as the foundation on which the Principal Investigator will build a major line of research dedicated to the area of improving smoking abstinence rates in weight-concerned smokers. Many individuals smoke to manage their weight. This subpopulation of smokers has been classified as having weight concerns. Weight concerned smokers have lower smoking abstinence rates compared to non-weight concerned smokers, and women have higher rates of weight concern than men. Behavioral **weight management** interventions added to nicotine dependence treatment have not been found to be effective and pharmacological interventions have delayed rather than prevented weight gain. New avenues need to be explored for this difficult-to-treat subpopulation. A novel approach is to focus on changing the weight concerns themselves by implementing a body image intervention. Negative body image has been found to predict reduced rates of smoking abstinence. The primary aim of this study is to evaluate the efficacy of body image treatment compared to **weight management** intervention on improving the smoking abstinence rates in weight concerned smokers after 12 weeks of treatment and at 6-month (week 24) follow-up. A further aim is to examine the effect of body image treatment on improving body image satisfaction, and reducing weight concerns in weight concerned smokers. We hypothesize that the body image treatment will be associated with higher 7-day point-prevalence smoking abstinence rates, greater improvements in body image satisfaction scores, and decreased weight concerns at end of treatment (week 12) and at 6-month follow-up as compared to the **weight management** intervention. The ultimate

goal is to develop effective interventions that will reduce tobacco-related morbidity and mortality in this population. This is consistent with the objectives of the National Cancer Institute to develop and test new behavioral, pharmacological, and combination therapies to treat nicotine dependence, with special emphasis on populations at high risk. Subjects will be randomly assigned to either a 12-week group cognitive-behavioral treatment for body image improvement (experimental group) (N=20) or to a 12-week group behavioral **weight management** treatment (contact control group) (N=20). Subjects in both conditions will receive bupropion and prescription for home-based exercise. The major assessments will occur at end-of-treatment (week 12) and at 6-month (week 24) follow-up. Dependent measures include 7-day point prevalence smoking abstinence confirmed with expired air carbon monoxide, and self-report measures of body image satisfaction and weight concerns.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: CARBOHYDRATE CRAVING: BEHAVIOR/PSYCHOBIOLOGICAL FEATURES**

  Principal Investigator & Institution: Spring, Bonnie J.; Professor; Psychology; University of Illinois at Chicago 1737 West Polk Street Chicago, Il 60612

  Timing: Fiscal Year 2001; Project Start 01-SEP-1999; Project End 31-AUG-2004

  Summary: (adapted from investigator's abstract): Obesity is a serious health problem that has reached epidemic proportions in the U.S. today. Obese women have 60-120 percent greater risk of death than their leaner counterparts and even mild overweight heightens the risk of morbidity and mortality. Many overweight people attribute their **weight management** problems to an irresistible urge to consume high-carbohydrate (CHO) snacks when feeling dysphoric. These so-called "carbohydrate (CHO) "cravers" report mood elevation after eating foods rich in CHO. CHO craving garnered programmatic research attention in the 1980s, but methodological and conceptual difficulties led research on the phenomenon to dissipate. Currently, there is disagreement about whether the phenomenon of CHO craving even exists. Despite this, the CHO-craving concept continues to be widely used by obesity researchers and receives tremendous endorsement by the lay public. In reality, the CHO craving construct has yet to be systematically validated. Study 1 will determine whether the phenomenon of CHO preference can be objectively demonstrated and whether, as CHO-cravers claim, self-administering CHO dispels negative moods. Sixty mildly to moderately overweight females who report excessive consumption of high-CHO snacks will be tested in a substance self-administration paradigm. The aim is to see whether they systematically prefer CHO to protein when induced into a dysphoric mood, given a choice between novel taste and calorie-matched beverages, and blinded to information about their nutrient composition. This study will also test whether CHO intake improves the mood and cognitive performance of self-professed CHO cravers, and whether benefits are greater when CHO are chosen and self-administered, rather than experimenter-administered. Study 2 will compare CHO cravers and weight-matched controls on their insulin, tryptophan and leptin responses to the CHO beverage, as well as their familial history of Type II diabetes. Results will indicate whether CHO cravers show an increased family prevalence of diabetes and display evidence of insulin resistance and blunting of the expected rise in the tryptophan ratio and leptin concentration after CHO intake.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: CNS ACTION OF APPETITE SUPPRESSANT AMINOSTEROL**

  Principal Investigator & Institution: Ahima, Rexford S.; Assistant Professor; Medicine; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104

  Timing: Fiscal Year 2002; Project Start 15-JUL-2002; Project End 31-MAY-2005

  Summary: (provided by applicant): The prevalence of obesity in the United States has reached epidemic proportions and poses enormous public health challenges, as obesity is a major risk factor for type 2 diabetes, hypertension, cardiovascular disease and cancer, as well as an independent risk factor for mortality. Although diet and exercise are essential to **weight management,** it has become increasingly clear that a large proportion of patients would require drug treatment to decrease and maintain body weight. The goal of this grant is to understand the action of a novel cholesterol derivative with potent anti-obesity and anti-diabetic properties. MSI- 1436 is an aminosterol which we have found to cause reversible suppression of food intake, increased energy expenditure and normalization of glucose levels when administered by peripheral and more potently intracerebroventricular injection to rodents. Unlike other anorectics, a single injection of MSI-1436 produces a prolonged effect lasting several days. MSI- 1436 is effective in ob/ob and db/db mice, fa/fa rats, and diet-induced obese mice, suggesting that leptin signaling is not critical to its action. By contrast, MSI-1436 effect is blunted in agouti (Ay/a) mice, suggesting that its central action may involve the melanocortin pathway. Although acute MSI1436 administration strongly induces Fos-immunoreactivity in the paraventricular nucleus and to a lesser extent in the arcuate, ventromedial and pre-mammillary nuclei, the neuronal circuitry mediating the anti-obesity vs anti-diabetic effects of MSI-1436 is not known. We hypothesize that MSI-1436 enters the braii via a specific transport mechanism and engages hypothalamic neuronal targets to regulate energy balance and glucose homeostasis. Specific Aim 1 involves the injection of MSI-1436 into specific hypothalamic nuclei to determine which sites mediate the effects on feeding, body weight and glucose levels. Specific Aim 2 will analyze the distribution of MSI-1436 binding sites and determine the chemical phenotypes 01 MSI-1436 responsive neurons. Specific Aim 3 will determine the contribution of the central melanocortin system by analyzing MSI-1436 response in melanocortin receptor (MCR)-3 and 4 knockout mice. Finally, Specific Aim 4 will utilize GeneChip microarray to determine whether MSI-1436 regulates novel hypothalamic genes. Putative MS-1436 targets will be validated in multiple mouse models. Together these studies will provide insights into the mechanisms underlying MSI-1436 action in the brain. Understanding the basis for the novel effects of MSI-1436 on feeding behavior, body weight and glucose will greatly enhance the field of obesity and metabolism. New pathways affected by MSI-1436 may elucidate novel cellular targets for the treatment of obesity.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: COMPUTER ASSISTED SUPPORT FOR UNDERSERVED DIABETICS**

  Principal Investigator & Institution: Christian, James G.; Phcc, Lp Box 390 Pueblo, Co 81002

  Timing: Fiscal Year 2002; Project Start 20-MAY-2002; Project End 30-NOV-2002

  Summary: Sixteen million Americans suffer from diabetes. Prevalence of diabetes is especially high among Hispanic adults. Helping patients control their diabetes can decrease complications, improve quality of life, and decrease costs of care. Nutrition and exercise to achieve a healthy weight are key behavioral interventions in diabetes management. However, clinic-based **weight management** programs are inexpensive,

difficult to deliver on a population-basis and are not typically structured to meet the unique needs of medically underserved Hispanic populations. The goal of this proposal is to develop a practical and easily delivered intervention for **weight management** to address the special needs of low-income Hispanic diabetics. The intervention will utilize a computer-based software program tp tailor the intervention to the unique needs of each patient. Evidence-based behavioral models that hold promise for helping individuals make changes to better manage body weight will be applied. This system is designed to operate on clinic-based personal computers and will providing individual assessment and tailored, real-time and feedback reports to patients and caregiver reports outlining key areas for patient improvement and counseling suggestions for practitioners. In Phase I we will develop the software program and evaluate system acceptability using a pre-post design in a single group of subjects (N=50). PROPOSED COMMERCIAL APPLICATIONS: Effective low-cost population based **weight management** interventions provide important quality of life and financial benefits. Medical providers are increasingly looking for ways to provide high quality care at lower costs-especially for patients with chronic diseases. Community health centers, hospitals and MCOs, have significant incentives to better manage the costs of care. This system is designed to be produced at a low cost and should have a significant commercial market among the 1,000+ health care organizations now participating in capitated care.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: CORE--MODEL DEMONSTRATION UNIT**

  Principal Investigator & Institution: Clark, Charles M.; Professor of Medicine; Indiana Univ-Purdue Univ at Indianapolis 620 Union Drive, Room 618 Indianapolis, in 462025167

  Timing: Fiscal Year 2002

  Summary: Description (taken from application): The guidelines for the Diabetes Research and Training Centers mandate a model demonstration unit (MDU) for the training of students and practitioners in diabetes care and for the support of diabetes research. The IU-DRTC has responded to this mandate by developing a multi-site MDU that addresses training and research in three diabetes patient populations: adults (with special emphasis on pregnant women with pre-existing and gestational diabetes), transitional age adolescents, and children. The primary goals of our multi-site MDU are to train health care professionals in state-of-the-art diabetes management and facilitate research that addresses barriers between what is thought to represent ideal diabetes care reflecting current scientific advances in the understanding of diabetes and what is routinely practiced. Even though there are distinct differences in patient populations served by the MDU, a unifying philosophy is involved in the demonstration of model diabetes care across all of these sites. Model care should: 1) be delivered by multi-disciplinary teams with an emphasis on interactive decision making, 2) incorporate algorithmic protocols that are based on state-of-the-art care standards, 3) be supported by new technologies when possible, and 4) be rigorously evaluated and revised as necessary. During the past cycle we have significantly expanded diabetes treatment programs in the MDU. As a result, trainees have exposure to all aspects of model diabetes care including state-of-the-art measures to improve glycemic control, formal **weight management** programs, and cardiovascular risk reduction programs. The programs afford trainees exposure to patients of all age groups (i.e., pediatrics, adolescents, adults and the elderly) and of varied ethnic and socioeconomic status. Furthermore, through exposure to the proposed Women?s Health Initiative MDU

program, gender-specific aspects of providing care to females with diabetes will be modeled. Finally, an important expansion of our MDU are programs designed to provide training and education in model diabetes care to medical students, trainees, and primary care physicians who practice at sites distant from these state-of-the-art model programs. 2.The specific objectives of the IU-DRTC MDU are: 1.To establish state-of-the-art diabetes patient management programs for the demonstration of model care. 2.To train health professional students and practitioners in state-of-the-art management and education of persons with diabetes. 3.To serve as a resource to facilitate the conduct of biomedical, health care, educational, epidemiologic and psychosocial research in diabetes mellitus.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: COUPLES INTERVENTION FOR CARDIAC RISK REDUCTION**

  Principal Investigator & Institution: Sher, Tamara G.; Psychology; Illinois Institute of Technology Main Building, Room 301 Chicago, Il 606163793

  Timing: Fiscal Year 2002; Project Start 01-SEP-1999; Project End 31-AUG-2004

  Summary: Long-term maintenance of behavioral change to reduce health risk factors is essential to producing a positive effect on medical outcomes. The proposed study will determine whether an on going, long-term relationship can help patients with recent cardiac events or symptoms adhere to three risk-reduction behavioral interventions and to maintain healthy behavioral changes. The couples intervention is designed to (a) change the patient's physical and social environment to facilitate cardiac risk- reducing behavioral changes, (b) optimize social reinforcement and motivation for behavior change between the partners, and (c) decrease relationship stress related to patient's illness and other factors. The state-of-the-risk-reducing behavioral interventions will target three areas of change for cardiac patients in which long-term adherence is problematic: exercise, **weight management,** and adherence to lipid-lowering medication. Participants will be randomized to standard behavioral treatment or standard treatment plus the couples intervention. Following a pilot study to refine the couples intervention, 160 patients will be enrolled form Rush-Presbyterian-St.Luke's Medical Center and Cook County Hospital in Chicago. To enhance the salience of their health risks, participants will have had a cardiovascular event or acute symptoms (e.g., MI or angina) or a risk-reducing medical or surgical procedure (e.g., CABG or angioplasty). Participants will be referred to the study when their physician or medical caregiver determines that they require all three behavioral interventions to reduce their health risks (estimated as 50 percent of all patients eligible for cardiac rehabilitation). They must also have a partner (spouse or live- in-partner) who is willing to participate in the program should the participant be assigned to the couples component. Referral sources have been developed to obtain patients from diverse economic and social backgrounds. Patients will be followed in the study for 18 months. Behavioral outcomes to be assessed include adherence cardiac rehabilitation exercise regimen; exercise capacity; achievement of weight loss goals, maintenance of weight loss, and adherence to recommended dietary recommendations; and changes to lipid values and adherence to lipid-lowering medication. Psychosocial outcomes to be assessed include patient mood, illness coping, and quality of life. Health outcomes will also be monitored, including occurrence of acute events, hospitalizations, and changes in symptom patterns and medications. The study is intended to determine whether a short-term intervention to alter a long-term relationship can result in sustained behavioral change, improved quality of life, and on- going health benefits for heart patients.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: EFFECTIVENESS OF BRIEF COUNSELING FOR WEIGHT MANAGEMENT**

  Principal Investigator & Institution: Foreyt, John P.; Professor of Medicine; Medicine; Baylor College of Medicine 1 Baylor Plaza Houston, Tx 77030

  Timing: Fiscal Year 2002; Project Start 01-MAY-2001; Project End 30-APR-2004

  Summary: (investigator's abstract): The overall objective of this study is to evaluate the effectiveness of brief counseling sessions for the management of obesity. The interventions are: Treatment A: orlistat + 12 monthly clinic visits (no cognitive behavior therapy [CBT]); Treatment B: 12 monthly brief individual CBT counseling sessions; Treatment C: orlistat + 12 monthly brief individual CBT counseling sessions. The proposed study will recruit and randomly assign 246 obese (BMI 30 to 40) adult women and men to the three conditions for one year. Specific Aim 1 is to compare the effectiveness of the treatment groups as assessed by changes in BMI and weight. Specific Aim 2 is to compare changes in other health outcomes (blood lipids, blood pressure and glucose). Secondary hypotheses will include examination of main effects and attendance, pill counts, dietary recall and exercise recall and maintenance of weight losses. The investigators believe that this study is significant because it will test a model for obesity treatment (brief individual CBT counseling) that can be applied expeditiously and conveniently to patients in a primary care setting.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: EFFECTS OF A HIGH GLYCEMIC LOAD DIET ON VASCULAR SYSTEM**

  Principal Investigator & Institution: Rutledge, John C.; Professor; Internal Medicine; University of California Davis Sponsored Programs, 118 Everson Hall Davis, Ca 95616

  Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 31-AUG-2004

  Summary: (provided by applicant): Recent dietary guidelines recommend a low fat, high carbohydrate diet. However, data from a variety of sources indicate that diets containing carbohydrate primarily as simple sugars increase cardiovascular risk. The mechanisms of this increased risk are yet to be fully understood. The parent study of this proposal seeks to understand the metabolic consequences of consuming a diet with a low glycemic load versus a diet with a high glycemic load in overweight women. Our ancillary study will extend the parent project by examining some of the cardiovascular consequences of these diets and the mechanisms of the cardiovascular consequences in subjects who consume these diets. Our goals are first to determine if consuming a high glycemic load diet activates endothelium, platelets and monocytes. Second, we will examine mechanisms by which postprandial triglyceride-rich lipoproteins (TGRL) generated by these diets induce arterial injury. We expect that a high glycemic load diet with the accompanying increase in postprandial TGRL will increase platelet and monocyte activation and increase adherence of these cells to endothelium. Further, we expect that high levels of ongoing TGRL lipolysis will increase endothelial layer permeability. The increase in endothelial layer permeability will enable more and larger postprandial lipoproteins to enter the artery wall and localize on the endothelial cell luminal surface and in the subendothelial space. Contrasting sources of dietary carbohydrate may have distinctive influences on the fate of dietary fat. Eating a high carbohydrate, low glycemic load diet may improve fat metabolism, reduce cardiovascular risk factors, and suppress hunger in overweight women. Ultimately this type of diet may be a good alternative to restricting calories for **weight management.** We urgently need more information about the cardiovascular consequences of some of

the commonly used diets in order to properly advise individuals and the public at-large about the long-term consequences of dieting.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: ENVIRONMENTAL INFLUENCES ON FOOD INTAKE AND OBESITY**

  Principal Investigator & Institution: Rolls, Barbara J.; Professor and Guthrie Chair in Nutrition; Nutritional Sciences; Pennsylvania State University-Univ Park 201 Old Main University Park, Pa 16802

  Timing: Fiscal Year 2002; Project Start 01-AUG-2001; Project End 31-JUL-2006

  Summary: It has been suggested that increases in the portion size of foods have contributed to excess energy intakes and thus the growing incidence of obesity. Few studies, however, have examined the relationship between portion size and food intake. It is probable that characteristics of the consumer, as well as of the type of food eaten, may influence how portion size affects energy balance. The energy density of foods (kcal per gram) is also likely to have a significant impact on the response to portion size. If energy density and portion size interact to affect intake, this will support the hypothesis that large portions of foods high in energy density have a major role in promoting excess energy intake. On the other hand, if increasing the portions of foods low in energy density also affects the amount eaten, this would suggest a strategy for reducing energy intake. To address these issues, four highly-controlled laboratory experiments are proposed. Experiments 1a, 1b, and 2 will test the effect on energy intake of incrementally increasing the portions of three different foods. Experiment 3 will investigate the interaction between portion size and energy density by using formulated foods which systematically vary in these two factors. Experiment 4 will test the impact of increasing the portions of all foods offered, both those high and low in energy density, over a two-day period. These studies will address the following specific aims: 1) to determine the effect on energy intake of increasing the portion size of different types of foods; 2) to identify characteristics of individuals which modulate the effect of portion size on intake; 3) to determine how portion size and energy density interact to influence intake; and 4) to determine the effect on energy intake of increasing the portion size of all foods served over two days. The proposed studies will provide fundamental data about the effect of portion size on intake of different types of foods, and about individuals likely to be most responsive to this effect. These data are critical for the development of effective strategies for **weight management** that incorporate the influence of portion size on energy intake.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: EXPLORING BARRIERS TO TREATMENT: PEDIATRIC OBESITY**

  Principal Investigator & Institution: Zeller, Margaret H.; Children's Hospital Med Ctr (Cincinnati) 3333 Burnet Ave Cincinnati, Oh 45229

  Timing: Fiscal Year 2002; Project Start 01-SEP-2001; Project End 31-AUG-2006

  Summary: (provided by applicant) The K23 candidate (Dr. Zeller) has recently advanced to a junior faculty position in the Department of Pediatrics, Division of Psychology. This award will provide the candidate with the scholarly training, mentorship, and support necessary to develop into an independent clinical researcher executing outcomes-based intervention research in pediatric obesity. Specific objectives are to: 1) develop expertise in pediatric obesity with consideration of biological, developmental, psychological factors, and extend research training into the areas of epidemiology and biostatistics, 2)

develop a program of observational research regarding peer and family environments and emotional well being of children and adolescents who are obese, 3) use this expertise and observational data about children/adolescents who are obese to design treatment approaches for this population, and 4) become an independent and externally funded investigator in pediatric obesity. To achieve these career objectives, the candidate proposes a five-year training program with faculty mentors from a strong pediatric department and affiliated medical school. Her primary sponsor is a very experienced pediatric psychology researcher whose work has focused on the development of treatment studies for improved adherence to medical regimens, with an emphasis in nutrition and growth in pediatric populations. Co-mentors represent subspecialty divisions that are directly relevant to the research and career development plan. The career development plan describes activities focused on enhancing scientific knowledge of obesity and research-related approaches to pediatric **weight management** through coursework and independent study. Other activities in the plan include supervised experience in the development of grant proposals for individual research support and training in the responsible conduct of research. The candidate's proposed research involves two projects. Study 1 will compare children and adolescents who are obese and have been referred for **weight management** treatment to non-obese control children and adolescents on measures of: 1) family functioning, 2) child/adolescent peer relationships, and 3) child/adolescent emotional well-being. These data will provide information about the correlates of obesity that are critical to identifying potential barriers to successful **weight management** treatment and maintenance that is needed to guide the development of pilot clinical intervention trial(s) for Study 2. Interventions will target processes that 1) maintain negative behaviors that inhibit effective **weight management,** and/or 2) enhance and support effective **weight management** and lifestyle change.

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- **Project Title: FACTORS EFFECTING BLOOD PRESSURE: THE ROLE OF OBESITY**

  Principal Investigator & Institution: Smith, Sharon M.; Epidemiology and Biostatistics; University of South Carolina at Columbia Byrnes Bldg., Room 501 Columbia, Sc 29208

  Timing: Fiscal Year 2002; Project Start 01-JAN-2002

  Summary: (provided by applicant): The goal of this research training is to obtain research experiences at many levels: 1) designing a study; 2) recruiting participants and collecting primary data; and 3) analyzing data. To obtain this training, I will be assessing the association of leptin and obesity on blood pressure within three different studies. The first study, KIDS, is still in the design phase. KIDS is a study that will include pre-pubertal children who will have their blood pressure and anthropometric measures evaluated and a complete dietary assessment. Because KIDS is still early in development, my primary responsibilities will include (with supervision from my mentor) important research decisions such as protocol issues and day-to-day operations at the clinic site. The second study is Strategies for **Weight Management** in Type II Diabetes: Pounds Off With Empowerment (POWER). I am currently working on POWER as a graduate assistant and have been involved in writing protocols, data collection, and monitoring the study progress. Since POWER is a clinical trial, analyses will focus on the effect of weight loss on leptin levels and blood pressure. The third study is the Insulin Resistance Atherosclerosis Study (IRAS). The data for IRAS have already been collected and the leptin assays were recently completed.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: HEALTHY WEIGHT MANAGEMENT FOR BREAST CANCER SURVIVORS**

  Principal Investigator & Institution: Rock, Cheryl L.; Professor; Cancer Center; University of California San Diego 9500 Gilman Dr, Dept. 0934 La Jolla, Ca 92093

  Timing: Fiscal Year 2002; Project Start 26-APR-2002; Project End 31-JAN-2004

  Summary: Weight gain commonly occurs in women following the diagnosis of breast cancer. Post-diagnosis weight gain may increase risk for recurrence, and obesity at diagnosis of breast cancer is an established negative prognostic factor. Weight control is of great concern to many breast cancer survivors. Post-diagnosis weight gain is positively associated with energy intake and inversely related to physical activity level, suggest that behavioral strategies to reduce energy intake or increase exercise are likely to influence the long-term pattern of weight gain. Newer behavioral skills training programs to promote the adoption and maintenance of physical activity based on social learning theory have demonstrated success in other groups of inactive adults. Also, we have demonstrated than an intensive, innovative telephone-based counseling intervention can promote major changes in the dietary intakes for women at risk for breast cancer recurrence. The hypothesis to be tested in this exploratory project is that telephone-based counseling can also be useful in facilitating the adoption and maintenance of increased physical activity, and thus, promote weight loss in overweight and obese breast cancer survivors. One approach to healthy **weight management** emphasizes increased physical activity, improved body image, self- acceptance, and healthy eating attitudes and behaviors. The core content of the curriculum to be used in this project is based on a behavioral skills training program that has been shown to be effective in other target groups of inactive adults, with the incorporation of cognitive-behavioral techniques and emotional processing to promote acceptance and address the unique needs and characteristics of breast cancer survivors. The specific aims of this study are: (1) To examine the effect of a group- based program to increase physical activity and promote healthy eating attitudes and behaviors on measured weight change at the end of an intensive treatment period (16 weeks) and at one year, compared to a wait-list control group; (2) To examine the additional effect of individualized telephone counseling to increase physical activity and promote healthy eating attitudes and behaviors on measured weight change at the end of an intensive treatment period (16 weeks) and at one year, compared to the control group; and (3) To collect preliminary data on the change in level of physical activity that may be expected to occur in breast cancer survivors who participate in a group-based program and individualized telephone counseling to promote healthy **weight management.**

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: IMPACT OF WEIGHT LOSS & EXERCISE ON KNEE OSTEOARTHRITIS**

  Principal Investigator & Institution: Bartlett, Susan J.; Assistant Professor; Medicine; Johns Hopkins University 3400 N Charles St Baltimore, Md 21218

  Timing: Fiscal Year 2002; Project Start 01-APR-2000; Project End 31-MAR-2005

  Summary: (Taken from the applicant's abstract): Dr. Susan Bartlett has a clinical background in weight loss and exercise. Her commitment to clinical research is said to be demonstrated by her investment of many years with the Obesity Research Group at the University of Pennsylvania, return to graduate school obtain Ph.D. training in research methodology and interventions as a clinical psychologist, as well as completion of a fellowship in **Weight Management** at the Johns Hopkins School of Medicine. Knee

osteoarthritis (OA) is a major public health challenge affecting millions of people in the US. Obesity is a primary target for intervention since it accounts for up to 30% of knee OA, exacerbates symptoms and is associated with bi-lateral involvement and more rapid progression of the disease. While the American College of Rheumatology Practice Guidelines recommends modest weight loss as symptomatic therapy, to date no published clinical trials have investigated the impact of weight loss on knee OA. Physical activity has also been associated with pain reduction and increased mobility in individuals with knee OA and should included in treatment (ACR Practice Guidelines). Exercise may be especially helpful for overweight persons with knee OA as it is a potent predictor of maintenance of weight loss. Though adherence to traditional exercise programs has been poor, lifestyle in which exercise is accumulated throughout the day appears to be a promising new approach to physical activity. Lifestyle physical activity has been associated with both health and weight loss benefits. Lifestyle exercise may also enhance exercise adherence by increasing options to be active and reducing time barriers. Episodes of physical activity may be preferable to continuous exercise in reducing pain and avoiding injury. The primary objective of this proposal is to evaluate the impact of weight loss and lifestyle exercise on knee osteoarthritis. To accomplish this, 156 overweight persons with symptomatic knee OA will be randomized to receive a 16-week program of: 1) a weight loss + lifestyle physical activity; or 2) health education (control). The primary outcome measure will be knee pain. Secondary measures include physical disability, quality of life, performance measures and long-term adherence to behavior change. This study will provide data on integrating behavioral changes into the treatment of knee OA.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: IMPROVING THE EFFECTIVENESS OF OBESITY MANAGEMENT**

  Principal Investigator & Institution: Wadden, Thomas A.; Professor; Psychiatry; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104

  Timing: Fiscal Year 2003; Project Start 20-SEP-2003; Project End 31-JUL-2008

  Summary: (provided by applicant): This is an application for a Midcareer Investigator Award in Patient-Oriented Research (K24) for Improving the Effectiveness of Obesity Management. The award will provide the candidate 40% effort for each of the next 5 years to increase his mentoring of postdoctoral fellows and junior faculty and to continue his research to improve the treatment of obesity. Postdoctoral fellows will be provided both clinical and research training and will have the opportunity to collaborate on the candidate's current NIH-funded studies. These include two randomized clinical trials to improve the maintenance of weight loss. The first encourages obese individuals to increase their daily lifestyle activity (Lifestyle Activity for **Weight Management,** DK56114), while the second combines behavior modification with the long-term use of weight loss medication (Behavior Modification and Pharmacotherapy for Obesity, DK56124). A third trial is the Look AHEAD study that is assessing the long-term health consequences of intentional weight loss and increased physical activity in overweight individuals with type 2 diabetes (U01-DK57135). The candidate will assist postdoctoral fellows in initiating their own investigations and mentor them through the stages from formulating a suitable question to publishing their results. He will similarly facilitate the research of junior faculty who are supported by Mentored Patient-Oriented Research Awards (K23) and similar mechanisms. The present award will support the candidate's efforts to improve the treatment of obesity in primary care practice. Working with faculty in the Department of Family Practice and Community Medicine, he will develop a brief physician-delivered intervention for **weight management.** The success of this

intervention will be assessed in a controlled pilot study conducted in the Department's outpatient practice. Thus, this award will help the candidate move beyond the customary efficacy trials of obesity therapies (conducted in research clinics such as his own) to examine the effectiveness of a **weight management** intervention delivered in the more challenging arena of primary care practice.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: INDIVIDUALIZED EXPERT SYSTEMS FOR WEIGHT MANAGEMENT**

  Principal Investigator & Institution: Johnson, Sara S.; Pro-Change Behavior Systems, Inc. 2 Chafee Rd Kingston, Ri 02881

  Timing: Fiscal Year 2002; Project Start 07-MAR-2002; Project End 31-MAR-2003

  Summary: (Provided by applicant): The prevalence of overweight and obesity has increased dramatically over the last two decades. Overweight and obesity, the second leading preventable cause of death, poses a major public health challenge in that it increases the risk of chronic diseases, including coronary heart disease, and all-cause mortality. Clinic-based programs for **weight management** are costly and serve only a small percentage of individuals. Population-based behavior change programs are needed to reach larger percentages of at risk individuals more cost-effectively. Preliminary research on the application of the Transtheoretical Model (TTM) to **weight management** suggests that the model has the potential to guide the development of effective multiple-behavior interventions. Phase I of this Fast-Track proposal involves the customization and feasibility testing of a stage-matched, individualized, interactive intervention based on the TTM. Feasibility includes proactively recruiting 60 percent of eligible participants (n=250) to participate in a randomized clinical trial and evaluating acceptability of the intervention materials. Computerized expert system interventions and stage-matched manuals delivered proactively to entire populations can have unprecedented impacts on the targeted health behaviors as well as weight. Using the TTM as the basis will provide the theoretical framework that experts have indicated is necessary to develop more effective and cost-effective interventions. PROPOSED COMMERCIAL APPLICATION: The proposed TTM based expert system **weight management** intervention is capable of high recruitment rates, accurate assessment, and individualized interventions that have the ability to create high impact on a population basis. We envision such interactive technologies for entire populations delivered at relatively low costs through the mail or over the Internet or an Intranet. Commercial applications include marketing to healthcare providers, namely managed care organizations, and employers who share the burden of healthcare expenses.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: INTERACTIVE, WEB-BASED FOOD PORTION TUTORIAL**

  Principal Investigator & Institution: Riley, William T.; Director of Research; Personal Improvement Computer Systems 12007 Sunrise Valley Dr, Ste 480 Reston, Va 22091

  Timing: Fiscal Year 2002; Project Start 15-APR-2002; Project End 30-SEP-2002

  Summary: The primary purpose of this project is to develop and test the feasibility of a web-based program to provide food portion tutorials on demand or via an interactive training module. Food portion estimation is a considerable source of error in a dietary assessments and food portion tutorials have been shown to improve the accuracy of these estimation. Unfortunately, the current state of these tutorials have been shown to improve the accuracy of these estimations. Unfortunately, the current state of these

tutorials is remarkably "low-tech", consisting primarily of pictures or plastic models of foods in various portion sizes, causing these tutorials to be labor intensive and poorly disseminated. This Phase I project will develop a web-based, advanced video-streaming, interactive, and automated food portion tutorial (CFPT) that can be easily utilized by dietary researchers, nutritionists, or general consumers. Usability evaluations with nutritionists/researchers and with potential end users will be conducted during the development process. Feasibility of the product will be evaluated by comparing CFPT-trained vs. untrained subjects on food portion estimation following a typical meal, and subsequently exposing the untrained cohorts to the CFPT on-demand features to determine if their food portion estimation improves following exposure. PROPOSED COMMERCIAL APPLICATIONS: The potential market for the proposed product includes all individuals who monitor their diet and food portion size for any reason including **weight management** and dietary management of various medical conditions. Although general consumers should find the CFPT useful, the program is designed primary for he needs of dietary researchers and clinical nutritionists for whom food portion tutorials are an important component of any dietary assessment that does not involve weighing of food portions. Marketing which targets whose professions as well as licensing agreements with the array of commercial dietary management programs and user fees for advanced features are sufficient to make this project commercially viable.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: INTERNET-AIDED PREVENTION OF PREGNANCY-INDUCED OBESITY**

  Principal Investigator & Institution: Lovejoy, Jennifer C.; Associate Professor; None; Lsu Pennington Biomedical Research Ctr 6400 Perkins Rd Baton Rouge, La 70808

  Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 29-SEP-2004

  Summary: Obesity is reaching epidemic proportion in the United States with recent surveys showing that over half of all U.S. adults are overweight or obese. Obesity is difficult and treat and relatively few individuals are successful at long-term maintenance of weight loss. These facts make prevention of obesity an important goal. The present application targets the prevention of pregnancy-associated obesity in African-American women. Pregnancy is a high-risk time for the development of obesity. The average weight retention after pregnancy is 2-5 pounds but many women retain considerably more weight postpartum. Previous studies have shown that African-American women retain more weight following pregnancy than Caucasians and are less likely to diet to loss the excess pregnancy weight. African-American women have a higher rate of obesity than Caucasians, and the role of pregnancy in the obesity of this population is unknown. The present application describes a randomized, controlled, parallel-arm intervention study in postpartum African-American women. The overall goal of the present proposal is to evaluate the effectiveness of traditional versus Internet-aided behavior modification for **weight management** in postpartum African-American women. The Internet-based intervention will be used in addition to face-to-face group sessions to allow for more extensive behavioral feedback and contact with interventionists. Thus, this proposal makes use of innovative technology in the prevention of obesity in a population at extremely high risk for excess weight gain. The research will address the primary hypothesis that the use of the Internet-aided behavior intervention will be more effective than traditional behavioral intervention program in preventing excess postpartum weight retention. Fifty-six previously non-obese postpartum women who retained > 25 pounds of excess weight after pregnancy will be

studied in this pilot program. All subjects will receive 12 bimonthly group sessions providing core information on healthy diet, activity, and weight loss. Half the subjects will be assigned to an experimental arm involving an Internet-aided behavioral modification to supplement group sessions. The Internet intervention will continue for 3 months past the core group intervention for a total of 9 months of intervention. The control group will receive only the group sessions. This application addresses a critical gap in our knowledge of effective obesity preention strategies in African-American women, a group at high risk for obesity. In addition, these studies allow us to address ways of preventing the development of obesity following pregnancy, which has relevance to all women.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: INTERNET-BASED OBESITY PREVENTION FOR BLACK ADOLESCENTS**

  Principal Investigator & Institution: Williamson, Donald A.; Professor; None; Lsu Pennington Biomedical Research Ctr 6400 Perkins Rd Baton Rouge, La 70808

  Timing: Fiscal Year 2002; Project Start 01-MAR-2000; Project End 29-FEB-2004

  Summary: Overweight in adolescence affects 30 percent of African-American girls and is an important target for preventive efforts because of its implications for lifelong increased health risk. We have assembled a multidisciplinary team of scientists from the Pennington Biomedical Research Center and from Louisiana State University to test the efficacy of an internet-based secondary prevention program for obesity in African-American adolescent girls who are overweight and at risk for chronic obesity. We will recruit families from rural areas of South Louisiana, which is an underserved population with very significant health problems. The project will test the hypothesis that a family-oriented behavioral internet-based intervention is more efficacious for weight loss than an internet-based nutrition education condition. Adolescent participants who are overweight and have at least one obese parent will be randomly assigned to one the of two experimental conditions. Both the behavioral intervention and the control condition will utilize the internet to provide health interventions which will span two years. The behavioral intervention will focus upon the promotion of healthy eating and exercise for **weight management** in the overweight adolescent girls and the obese parent. The primary endpoints for the study will be Body Mass Index, expressed as percentile for a particular age, and percent body fat, as measured by dual-energy absorptiometry. Secondary endpoints will measure a variety of health indicators and health behaviors. The project's major strength is its use of an innovative approach, an interactive internet program, to promote compliance. Internet interactions with the research team will be frequent, and will supplement less frequent face-to-face contact in therapy sessions. We hypothesize that the internet-based behavioral intervention will remove obstacles to treatment such as travel and significant time commitments by the family, thereby enhancing compliance with the behavioral prescriptions of the program. This program can be conceptualized as a secondary prevention program since adolescent participants will be overweight and the development of chronic obesity in adulthood may be circumvented if the behavioral internet-based intervention is successful. Furthermore, if this approach is successful, the technology lends itself to widespread implementation.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: NPY FEEDING CIRCUITS DURING DEVELOPMENT**

  Principal Investigator & Institution: Grove, Kevin L.; None; Oregon Health & Science University Portland, or 972393098

Timing: Fiscal Year 2003; Project Start 05-MAY-2003; Project End 30-APR-2008

Summary: Obesity is now considered a worldwide health concern, being a major contributor to the increased incidences of coronary heart disease and type II diabetes. By 1998, 18% of the adults in the United states were defined as being obese, with greater than twice that number categorized as overweight. Furthermore, the number of obese adults in the United States is increasing at a rate of 0.7% per year. Even more disturbing is the dramatic increase in obesity and type II diabetes among children. The central hypothesis of this proposal is that body **weight management** during adulthood is directly determined by the hypothalamic feeding circuits established during a "critical period" postnatal development. Furthermore, if exposure to perturbations in energy balance occurs during this "critical period" of neural plasticity, permanent alterations in body **weight management** may occur and lead to abnormal body weight phenotypes during adulthood. One of the most potent modulators of appetite and energy expenditure in the hypothalamus is neuropeptide Y (NPY). There are dynamic changes in the hypothalamic NPY system during postnatal development that implicate this system as being pivotal for the proper maturation of hypothalamic feeding circuitry. This proposal will study the postnatal period to 1) Determine the functional importance of the development of ARH projections. 2) Determine if NPY plays a role in the regulation of body **weight management** during early postnatal development. 3) Determine if changes in the endogenous NPY system are responsible for the obese phenotype induced by chronic overfeeding during the postnatal period. The main goal of this proposal is to use a multidisciplinary approach to determine if modification of the endogenous NPY system during postnatal development leads to abnormal body **weight management** during adulthood. To identify the role of the endogenous NPY system in the regulation of food intake and energy expenditure during the postnatal period we will use a combination of in vivo (changes in food intake and adiposity in whole animals) and in vitro (peptide release and electrophysiology in hypothalamic explants) physiological and pharmacological experiments, coupled with neuroanatomical measures (immunocytochemistry and in situ hybridization). The changes in the hypothalamic NPY system in these models will be correlated with changes in peripheral markers of energy expenditure and body weight status, using RIA and real-time PCR. These studies will provide important insight into the consequences of manipulation of the NPY feeding circuits, during the postnatal period on metabolic rate and body weight during childhood. Understanding of the normal and abnormal development of this circuitry is critical to determining the physiological mechanisms that underlie adult obesity and identify a critical period for possible intervention.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: NUTRIENT & PORTION EDUCATION TOOL FOR WEIGHT MANAGEMENT**

  Principal Investigator & Institution: Weiss, Rick; Princeton Multimedia Technologies Corp 90 Shadybrook Ln Princeton, Nj 08540

  Timing: Fiscal Year 2002; Project Start 10-JUN-2002; Project End 09-DEC-2004

  Summary: (Scanned from the Applicant's Abstract): This proposal is for a Phase I feasibility study to develop and test Internet Nutritional Education Scale System (iNESSy) for **weight management.** iNESSy is a computer-assisted system that promotes a healthier life style by training subjects to control their eating and monitor their weight. When completed iNESSy will facilitate **weight management** by maximizing adherence to a dietary plan through portion control education, increasing the likelihood and frequency of self-monitoring, and maximizing accessibility to support. Innovations of

this system are: (1) using a scale to train clients to recognize appropriate food portion sizes; (2) providing immediate feedback on caloric intake by analyzing composition of a client's estimated food records; (3) monitoring changes in weight and body fatness using a bathroom scale equipped with bioelectrical impedance analysis technology; (4) tracking physical activity and comparing to behavioral goals; and (5) improving professional counseling by organizing patient clinical data (intake, weight and activity) on a server, that is updated through the Internet and accessible by the counselor. A pilot version of iNESSy will be developed during Phase I. The major tasks during this development are to determine the optimal design, develop overall system specifications, construct a prototype and evaluate the design using focus groups.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: OBESITY AND NEGATIVE AFFECT-INDUCED EATING**

  Principal Investigator & Institution: Pagoto, Sherry L.; Psychology; University of Illinois at Chicago 1737 West Polk Street Chicago, Il 60612

  Timing: Fiscal Year 2003; Project Start 05-APR-2003; Project End 31-MAR-2008

  Summary: (provided by applicant): This proposal describes a 5-year training program that will enable Dr. Sherry Pagoto to develop expertise in the research of behavioral mechanisms of positive energy balance in obesity. In the past four years, Dr. Pagoto has completed her training in clinical psychology, with a specialization in cardiovascular risk reduction via behavior change (e.g., **weight management,** stress reduction, smoking cessation). Dr. Pagoto will work closely with her sponsor Dr. Bonnie Spring, as well as her co-mentors, Drs. Audrey Ruderman and Donald Hedeker at the University of Illinois at Chicago, Dr. Marian Fitzgibbon at Northwestern University in Chicago, and Dr. Karina Davidson at Mt. Sinai School of Medicine in New York. Dr. Pagoto's short term goals are to enhance the theoretical, methodological, and statistical skills needed to study the behavioral mechanisms of unhealthy eating patterns that lead to weight gain and obesity. Her long-term goals are to develop an independent laboratory and a network of collaborators devoted to the understanding of risk factors and treatments for obesity and other outcomes that contribute to cardiovascular risk. Two studies are proposed. Study 1 aims to compare the calorie intake of obese and nonobese males and females during anxious, angry, and neutral mood states. The hypothesis is that both anxiety and anger compared to neutral mood, trigger disproportionately increased eating among both obese males and females compared to normal controls. Anger may be more potent than anxiety in triggering disproportionately increased eating in obese individuals. Study 2 addresses a potential behavioral mechanism of negative affect-induced eating. The aim is to examine the effect of food intake on anxious and angry mood states in obese and nonobese males and females, testing the hypothesis that the negative affect dispelling consequences of eating are greater for obese individuals than for normal weight controls. This is the first study to systematically investigate the effects of eating on different mood states using comparable methodology. Results should increase the understanding of obesity and be used to enhance weight loss interventions. The University of Illinois at Chicago provides an ideal setting for training behavioral scientists and the mentoring team will provide a sound training experience for the PI from which an academic career can be launched.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: OBESITY TREATMENT IN A MANAGED CARE SETTING**

  Principal Investigator & Institution: Jeffery, Robert W.; Professor; Epidemiology; University of Minnesota Twin Cities 200 Oak Street Se Minneapolis, Mn 554552070

Timing: Fiscal Year 2002; Project Start 01-MAR-1999; Project End 29-FEB-2004

Summary: Obesity is a major and growing health problem in the US. It affects more than 50 million Americans, causes significant morbidity (e.g. diabetes, hypertension), and contributes to increased mortality. New methods are thus much needed for delivering effective **weight management** serves to large numbers of people at a reasonable cost. The present research is designed to evaluate such **weight management** systems within the context of a managed care organization (MCO). A cohort of 1500 overweight members of an MCO will be identified and followed for 2 years. Five hundred (500) will be randomized to each of three experimental groups: 1) "usual care" control, 2) mail-based intervention comprised of an interactive program of weight counseling through the mail, and 3) phone-based intervention comprised of an interactive program of weight counseling by phone. Participation in available programs will be optional. The **weight management** systems will be evaluated in terms of the proportion of members who choose to enroll and mean weight change. Program costs and medical care utilization will also be examined. It is hypothesized that MCO members assigned to both the phone-based and mail- based groups will enroll in those weight control programs at higher rates than members assigned to the control group do to programs available as "usual care." It is also hypothesized that mean weight losses over 2 years among members who are offered mail-based and phone-based programs will be greater than in the control group. The proposed research is important because it focuses on long-term management of an important health problem in an applied setting (MCO) where such systems of long-term care might be realistically used. It also addresses important issues of cost and population outreach, and would provide a basis for determining whether such **weight management** systems are economically viable for primary health care providers.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: OVERWEIGHT STATUS AFTER CHILDBIRTH**

  Principal Investigator & Institution: Walker, Lorraine O.; Luci B. Johnson Centennial Professor; None; University of Texas Austin 101 E. 27Th/Po Box 7726 Austin, Tx 78712

  Timing: Fiscal Year 2002; Project Start 01-FEB-1999; Project End 31-DEC-2003

  Summary: Obesity has reached epidemic proportions in the US. One approach to stemming this epidemic is expanding the science about critical periods of obesity development such as the period surrounding childbearing. Not only is childbearing a critical period for weight gain and obesity development for US women, it is also a key turning point that may have negative effects on health behaviors, such as exercise; mood; and body image. These multiple dimensions of well-being are integrated in a preliminary model of "thriving" in postpartum. Thriving as a framework for studying **weight management** in postpartum integrates weight with (1) promoting healthy lifestyles; (2) managing psychosocial distress; and (3) enhancing body image satisfaction. The thriving model also includes both static (such as ethnicity) and dynamic factors (such as lactation). This study will validate with low income African American, Hispanic, and White women during the first year after childbirth a thriving-based model of postpartal **weight management.** Study aims include (1) comparing dimensions of thriving in African American, Hispanic, and White women; (2) examining relationships between weight status and factors influencing thriving, especially those mediated by ethnicity; (3) validating relationships between measured weight status and psychosocial variables; (4) exploring relationships between measured weight status and macro- and micronutrients in the diet; and (5) formulating a model for **weight management** intervention during postpartum for women at risk of continued

overweight. A sample of 556 low income women (33.3 percent white, 33.3 percent black, and 33.3 percent Hispanic) will be recruited into a prospective, longitudinal design with assessments at shortly after birth in the hospital; 6 weeks, and 3,6, and 12 months postpartum. At these time points, observations will be made on body mass index based on measured weights, dietary intake of macro- and micro-nutrients, physical activity, food habits, self-care practices, body image, weight-related distress, and depressive symptoms. Study outcomes include formulation of a model for **weight management** intervention after childbirth for overweight women which takes into account influencing factors, and patterns of postpartal weight loss for African American, Hispanic and White women.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PBRN DEVELOPMENT AND UTILIZATION OF PDAS IN RESEARCH**

  Principal Investigator & Institution: Wagner, Peggy J.; Associate Professor; Family Medicine; Medical College of Georgia 1120 15Th St Augusta, Ga 30912

  Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 29-SEP-2004

  Summary: Provided by Applicant: Category 1. The Southern Primary Care Research Network (SPCRN) is being created at the time of this application. The network's underlying practice structure relies on the long-standing teaching clerkship sites affiliated with the Department of Family Medicine at the Medical College of Georgia (MCG). Twenty-two practice sites in 18 counties are included throughout the state of Georgia and one in South Carolina. Preceptors all have clinical faculty appointments at MCG and receive financial incentive in the amount of $1950 per student per six week rotation. The patient population is largely poor (16 of 18 counties with poverty rates greater than the state rate which is 14.7 percent vs. the national rate of 11.8 percent), rural (17 of the 18 counties are designated as medically underserved), and reflective of a substantial proportion of African Americans (state rate of 28.7 percent, practice site rate estimated at 37 percent). The network's research focuses upon the areas of health promotion/disease prevention and access to care. Proposed infrastructure development includes: 1) an expanded web-based data collection site, 2) partial financial support for a master's level Network Coordinator to monitor research projects and travel to sites for periodic "live" encouragement, and 3) creation of a point-of-care data collection system using evolving PDA technology. Category II. The proposed pilot project seeks to test the effectiveness of a handheld computer communication system to increase the translation of research evidence into practice in the area of obesity management. Physicians, practicing at randomly assigned intervention or control sites, will receive obesity treatment updates either to their PDAs (intervention) or via tradition e-mail only (control). Transmitted information includes current guidelines and new findings in obesity treatment. Measurement by patient and physician questionnaires and patient chart audit for **weight management** content will occur pre/post in both conditions with a follow-up after 6 months. Effectiveness of such technology-driven physician behavior change programs has substantial implications for translational research in all arenas.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PEER ENHANCED INTERVENTION TO SUPPORT TEEN WEIGHT LOSS**

  Principal Investigator & Institution: Jelalian, Elissa; Assistant Professor; Miriam Hospital Providence, Ri 02906

  Timing: Fiscal Year 2003; Project Start 15-MAY-2003; Project End 30-APR-2007

Summary: (provided by applicant): The prevalence of overweight children and adolescents has increased significantly during the last two decades. While there are empirically supported **weight management** interventions for school age children, treatment findings with overweight adolescents are not as consistent. A potential limitation of weight control interventions for adolescents is the minimal attention given to the peer group as an active component of treatment. We have promising findings from a pilot study that involves adding an innovative peer-based intervention (peer-based skills training; PBST) to cognitive behavioral **weight management** treatment for adolescents. The purpose of the proposed study is to expand the pilot by: 1) increasing our sample size, 2) assessing weight loss over a longer time period, and 3) evaluating the role of psychosocial variables, as well as physical activity and diet, in mediating treatment outcome. It is hypothesized that overweight adolescents randomized to cognitive-behavioral treatment with peer enhancement will demonstrate greater weight loss at long term follow-up than adolescents randomized to cognitive-behavioral treatment with exercise. One hundred and fifty adolescents between the ages of 13 and 16 years and 20% and 80% overweight will be randomized to one of two treatment conditions: 1) Cognitive-Behavioral Weight Loss Treatment with Peer-Based Skills Training (CBT + PBST) or 2) Cognitive-Behavioral Weight Loss Treatment with Exercise (CBT+EXER). Measures of height, weight, physical activity, diet, and psychosocial functioning will be obtained at baseline, end of treatment, 12 months, and 24 months after randomization. A between-groups t-test will be conducted to evaluate group differences in change in percent overweight between baseline and 24 month follow-up. Hierarchical linear modeling will be used to assess the pattern of weight loss for the two treatment groups across four time points: baseline, end of treatment, 12 month, and 24 month follow-up. Effects of treatment of psychosocial measures will be analyzed using mixed analysis of variance with treatment condition as the between subjects factor and a within subject factor of time. Finally, a series of regression analyses will be conducted to evaluate the role of psychosocial variables, physical activity, and diet, as mediators of treatment outcome.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PRIMARY CARE OFFICE MANAGEMENT OF OBESITY**

  Principal Investigator & Institution: Martin, Pamela D.; None; Lsu Pennington Biomedical Research Ctr 6400 Perkins Rd Baton Rouge, La 70808

  Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2004

  Summary: Approximately 55% of the American Population is either overweight or obese. African American women in particular are at significant risk for becoming obese with as many as 49% currently qualifying for obesity (BMI greater than or equal to 30). Low-income, African American women appear less likely to engage in dietary and activity habits associated with weight maintenance and cultural factors may influence their acceptance of excessive body weight. Furthermore, traditional weight loss approaches have been minimally effective with low-income, African American women. Focus group research suggest that African-American women may be responsive to prevention programs which focus on the health b3enefits of **weight management** and which employ culturally sensitive educational materials. Preliminary research also suggests that a patient centered motivational intervention which uses messages targeted at patient's motivational level, knowledge and perceived barriers may enhance preention efforts. Primary care physicians who provide routine medical care to low-income, African American women are in a unique position to offer preventive services to deter weight gain and promote maintenance of weight loss. This randomized, two

arm treatment study will use culturally sensitive educational materials by trained primary care physicians. It will compare physicians directed education (standard care group) to another group who receive customized education plus patient centered messages by primary care physicians. It will attempt to determine a physician delivered patient centered intervention is more effective than standard cre in regard to prevention of weight gain and achievement of weight loss at 6 months. It will also examine whether the groups differ in regard to weight maintenance at 12 and 18 months follow up. It is hypothesized that patients in the patient centered group will demonstrate less weight gain, more weight loss at 6 months, greater maintenance of weight loss at 12 and 18 months as well as dietary and physical activity improvement throughout the observation period than patients receiving standard care.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: SELF-MONITORED PHYSICAL ACTIVITY FOR WEIGHT MANAGEMENT**

  Principal Investigator & Institution: Walker, Karen E.; Nursing; Temple University 406 Usb, 083-45 Philadelphia, Pa 19122

  Timing: Fiscal Year 2003; Project Start 01-JUN-2003; Project End 31-MAY-2006

  Summary: (provided by applicant): This application for a Mentored Research Scientist Development Award (K01) is a re-submission by a new investigator. The goal of the award is to provide the investigator further training in the fields of obesity and community health nursing. As part of this training, the investigator will receive mentoring and pursue academic study in the following areas: 1) etiology and complications of obesity; 2) behavioral treatment of obesity; 3) community health nursing; 4) conduct of clinical trials; 5) exercise physiology; 6) biostatistics; and 7) nutrition. The proposal builds on a background in cardiovascular research, clinical study of weight loss maintenance, and community-based activities. Recent data show that 61% of US adults are overweight or obese. As a result, there is an epidemic of obesity-related health problems such as diabetes, coronary artery disease, and high blood pressure. Losses of only 5% to 10% of body weight significantly improve health, and individuals in programs that modify diet and lifestyle typically achieve weight losses of this magnitude. Unfortunately, the great majority of people cannot maintain the loss. Regular exercise is crucial to the maintenance of weight loss, but most individuals have problems with adherence due to a variety of barriers to exercise. Typical barriers are lack of time, lack of childcare, and lack of access to facilities. The goal of the proposed research is to improve the maintenance of weight loss by increasing physical activity in a low-income, primarily African American population that participates in a community-based behavioral weight loss program. All participants (n=152) will be treated with a 20-week weight reduction program followed by 52 weeks of maintenance. At the outset of the study, subjects will be randomized to one of two physical activity conditions. The research has two specific aims: The first is to compare at week 72 the maintenance of weight loss and physical activity adherence in individuals who are prescribed a standard structured exercise program of walking (Condition 1) versus a lifestyle activity intervention self-monitored via pedometer (Condition 2). Adherence will be determined by obtaining a common measure of physical activity across both conditions using accelerometers. The second aim is to compare short- (week 20) and long-term (week 72) differences between the two conditions in measures of physical (serum lipids, glucose/insulin ratio, interleukin-6, C-reactive protein, resting blood pressure, cardiorespiratory fitness) and psychosocial health (mood, quality of life). This study has been selected to further develop the

investigator's knowledge of the treatment of obesity using principles of community health nursing, and the training has been designed to facilitate the investigator's development as an independent clinical scientist studying innovative ways of reducing cardiovascular risks within urban communities.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: SMOKING RESEARCH WITH INCARCERATED FEMALES**

  Principal Investigator & Institution: Cropsey, Karen L.; Psychiatry; Virginia Commonwealth University Richmond, Va 232980568

  Timing: Fiscal Year 2002; Project Start 30-SEP-2002; Project End 31-AUG-2007

  Summary: (provided by applicant): The purpose of this application for a 5-year Mentored Patient-Oriented Research Career Development Award (K23) on smoking among incarcerated females is to conduct research and training activities to advance the candidate's development as an independent clinical researcher. This includes formal classwork pertaining to research design, biostatistics, and ethics along with conference attendance and meetings with mentors. The proposed research plan includes two studies that build upon each other in the area of smoking among female prisoners. The first study is cross-sectional and is designed to investigate the smoking behavior of incarcerated females. In addition, this study will examine differences between smokers, ex-smokers, and non-smokers on measures of substance abuse and personality, with consideration to other key covariables such as criminal history, medical problems, readiness to change, and Axis I pathology as possibly differentiating between the three groups. The second study will be a clinical trial using Hall et al.'s (1994) Mood Management group smoking cessation intervention combined with nicotine patch (or no patch). The intervention group will be compared to a wait-list control group who will receive the treatment six months later. It is expected that women who successfully complete the intervention will have higher smoking cessation rates than wait-list controls. Further, it is hypothesized that women with substance abuse and psychiatric comorbidity will have poorer outcomes than those without comorbidity. These projects should add significant information to the literature which is currently devoid of research related to smoking and female prisoners. This is particularly relevant now as it has been shown that women may have more difficulty with quitting smoking than men and may also have additional concerns related to smoking (e.g., smoking as weight management) that influence their success. Testing effective smoking cessation interventions with this underserved and understudied population is urgently needed as the medical costs associated with treating prisoners currently accounts for 11% of the Department of Corrections' budget and is expected to double over the next 10 years. Overall, these projects will provide experiences necessary for the candidate to develop an independent research program focusing on effective smoking interventions for incarcerated individuals.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: SPECIAL REPORT: IMPROVING BODY IMAGE IN MIDDLE SCHOOL**

  Principal Investigator & Institution: Cousineau, Tara; Inflexxion, Inc. Newton, Ma 02464

  Timing: Fiscal Year 2003; Project Start 04-APR-2003; Project End 31-MAR-2004

  Summary: (provided by applicant): We propose the development of an interactive, school-based multimedia program that addresses body dissatisfaction in adolescents (BDIA) called Special Report: Body Talk. The proposed program will be designed for

early adolescents, ages 12 to 14, when maturation, body image and weight concerns are highly salient. Body dissatisfaction is considered one of the most robust factors in the onset of body disturbances and harmful dieting, such as eating disorders. Through the use of an interactive CD-ROM incorporating engaging video, audio and graphic features, education will be delivered through a newsroom format where student users work with on-screen teens to create news stories focused on education of physical maturation and healthy eating, media literacy skills on cultural standards for attractiveness, and body image issues. Using empirically-sound prevention strategies, Special Report: Body Talk is one 45-50 minute session that will include: (1) risk assessment with tailored normative feedback, (2) basic knowledge test, (3) media literacy awareness exercise, (4) personally relevant education about **weight management** and nutrition, and skill building exercises to resist weight related teasing and increase body satisfaction. While the program is intended to be offered in school, the flexible self-contained design of the program will allow it to be readily used in other settings (e.g., primary care offices, youth centers). If such a program demonstrated effectiveness in reducing risk behaviors over traditional education approaches, school administrators and health educators would likely view it as a desirable and cost effective way to offer BDIA education and prevention to middle and junior high school students.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: TELEPHONE COUNSELING INTERVENTION TO PROMOTE CAREGIVER SELF CARE BEHAVIOR**

  Principal Investigator & Institution: Connell, Cathleen M.; Associate Professor; University of Michigan at Ann Arbor 3003 South State, Room 1040 Ann Arbor, Mi 481091274

  Timing: Fiscal Year 2002

  Summary: Caring for a spouse with Alzheimer's disease or a related disorder (ADRD) is an enormous burden that has been linked with a variety of negative physical and mental health outcomes for the caregiver. Preliminary evidence suggests that caregiving demands may lead to adverse health effects by negatively influencing caregivers' self-care behaviors. The broad objective of this research is to design, implement, and evaluate a telephone counseling intervention based on Social Cognitive Theory to promote self-care behaviors of spouse caregivers. The five specific aims of the proposed research are: 1) to conduct six focus group interviews to inform the process of designing a telephone counseling intervention to promote self-care behaviors among caregivers who provide in-home care to a spouse with ADRD, 2) to design the curriculum for a telephone counseling intervention to improve self-care behaviors (i.e., **weight management,** exercise, sleep patterns, stress management), 3) to conduct a field test of the intervention with 200 randomly selected experimental and control group subjects recruited from spouse caregivers of patients seen at the Michigan Alzheimer's Disease Research Center (MADRC), 4) to evaluate the process of implementing the intervention, including the extent to which the delivered activities fit the original design and factors external to the program competed with program effects., and (5) to evaluate the impact of the intervention of caregiver self-care behaviors, self-efficacy for self-care, physical health, depression, and caregiver burden. Data will be collected by telephone at baseline and 3,6,9, and 12 month follow-up assessments. Experimental group subjects will be contacted once a week throughout the 9-month intervention period to assess progress on self-care goals. In addition, each subject will record their self-cre behaviors in a daily health diary. Analyses will determine the effects of: 1) the intervention on physical

health, depression, and caregiver burden, 2) components of the intervention on specific behavioral and self-efficacy changes, and 3) important mediating variables (e.g., patient severity) on the outcomes. The long-term objective of this research is to test the telephone counseling intervention as part of a randomized clinical trial with a large representative and diverse caregiver population.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: TEST OF A NEW COGNITIVE-BEHAVIORAL THERAPY FOR OBESITY**

  Principal Investigator & Institution: Ames, Gretchen E.; Clinical & Health Psychology; University of Florida Gainesville, Fl 32611

  Timing: Fiscal Year 2003; Project Start 01-MAY-2003

  Summary: (provided by applicant): Obesity has a substantial adverse impact on health, longevity, and psychological well-being. Efficacy studies show that behavioral treatments of obesity produce clinically significant weight reductions. However, poor maintenance of treatment induced weight loss poses a significant problem in the long-term management of obesity. Following weight-loss treatment, obese individuals commonly demonstrate a consistent pattern of weight regain. Some researchers have argued that the maintenance problem stems from a failure of standard behavioral treatment to address two sets of psychological factors: (1) unfulfilled expectations for weight loss and for improvements in physical attractiveness and (2) the lack of skills required for maintaining lost weight. Accordingly, this study will test the effectiveness of a theoretically-based cognitive-behavioral weight-loss intervention designed to address: (1) primary motivation for weight loss and faulty expectations about treatment outcome and (2) training in the skills required for maintenance of lost weight. The primary objective is to compare the effectiveness of (a) a standard behavioral weight loss intervention to (b) a reformulated cognitive-behavioral intervention in overweight women attending the University of Florida. The primary outcome will be change in body weight from posttreatment to 1-year follow-up (6-18 months). Secondary outcomes (collected at baseline, 6 months, and 18 months) will be change in body image dissatisfaction, motivation and expectations for weight loss, self-esteem, social physique anxiety, content of dietary intake, and level of physical activity. We hypothesize that participants assigned to the reformulated cognitive-behavioral intervention will exhibit better maintenance of lost weight at one year follow-up and improved psychological outcomes compared with those assigned to the standard behavioral intervention. This trial will contribute to understanding and improving long-term **weight management** and psychological well-being in overweight women.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: VAGAL NEURONS & GASTRIC FUNCTION BY HYPOCRETIN**

  Principal Investigator & Institution: Moises, Hylan C.; Professor; Physiology; University of Michigan at Ann Arbor 3003 South State, Room 1040 Ann Arbor, Mi 481091274

  Timing: Fiscal Year 2003; Project Start 01-APR-2003; Project End 28-FEB-2007

  Summary: (provided by applicant): The dorsal motor nucleus of the vagus (DMV) provides the parasympathetic motor output to the gastrointestinal (GI) tract and plays an integral role, along with the nucleus of the tractus solitarius (NTS), in the reflex control of gastric motility and compliance. In addition, each of these nuclei receive descending projections from hypocretin (HCRT)- containing neurons in lateral hypothalamus and oxytocin (OT)-containing neurons of the paraventricular nucleus

(PVN) that together provide both the means for central control of GI activity and an important route for coordinating digestive processes with feeding behavior. A major objective of the proposed research is to define the cellular and synaptic actions of HCRT peptides and OT in the DMV and ascertain how they relate to the more global influence that these peptidergic inputs have on gastric-related functions. To accomplish this, we will conduct in vivo experiments and obtain patch clamp recordings in brain slices and cell culture from retrogradely labeled DMV neurons with defined GI projections. In Aim 1, we will conduct microinjection experiments in anesthethized rats together with immunohistochemical studies to determine the sites and cellular substrates where HCRTs act in the DMV to stimulate gastric motor function. The pharmacological sensitivity of gastric responses to HCRT will also be examined to determine the nature of the vagal efferent pathways involved. In Aim 2, patch recordings in slices will be used in conjunction with electrical stimulation in NTS to determine the effects of bath application of HCRTs or OT on the membrane properties and synaptic responses of identified GI-projecting DMV neurons. The neurochemistry of each sampled neuron will then be defined using single cell reverse transcription -polymerase chain reaction. Responses of individual cells to HCRT or OT application will be correlated with their specific GI target and chemical phenotype to test the hypothesis that these peptidergic signals exert opposing effects on gastric motility and tone by modulating the excitability of functionally distinct subpopulations of preganglionic vagal motor neurons. In Aim 3, we will obtain whole-cell recordings from identified GI-projecting DMV neurons in culture to characterize the voltage dependent calcium (Ca 2+) conductances in these cells and determine whether HCRTs regulate excitability of neurochemically distinct groups of preganglionic neurons by modulating Ca 2+ influx through specific channels types. The proposed research will increase our understanding of hypothalamic mechanisms that control gastric-related functions, and in so doing may lead to the design of new interventions for effective **weight management** and treatment of digestive disorders such as gastric stasis or non-ulcer dyspepsia associated with alterations in gastric motility and stomach emptying.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: WEIGHT CONTROL FOR BLACK WOMEN'S CARDIOVASCULAR HEALTH**

  Principal Investigator & Institution: Kumanyika, Shiriki K.; Professor of Epidemiology; Biostatistics and Epidemiology; University of Pennsylvania 3451 Walnut Street Philadelphia, Pa 19104

  Timing: Fiscal Year 2002; Project Start 30-SEP-1999; Project End 31-AUG-2002

  Summary: U.S. Black women are at excess risk of obesity and its cardiovascular consequences, but current **weight management** approaches have limited applicability to Black women. Weight gain prevention in Black women has not been formally studied. It has been proposed that programs developed within the socioecologic, cultural, and pyschosocial frameworks of Black women can facilitate their long term **weight management,** but this proposition has not been tested. The goal of this study will be to develop and pilot test a **weight management** program for use by established Black women's organizations, which offer a novel and natural venue for addressing culturally-mediated weight issues with a holistic and empowerment-oriented approach. The organizational context will be the National Black Women's Health Project (NBWHP), which has a 15+ year history of advocacy and programming for Black women's wellness and reaches Black women across socioeconomic strata. Specific aims will be to: 1) guide NBWHP members in the development of a **weight management** program that

addresses the psychosocial, sociocultural, and health perspectives and life circumstances of Black women; 2) assess the feasibility of program implementation by NBWHP chapters; 3) assess program acceptance and adherence by participants, and 4)assess program effects on weight change (primary outcome), systolic blood pressure, waist circumference, physical activity, eating patterns, physical fitness, and well-being. The core intervention will build upon existing NBWHP programs such as self-help groups and "Walking for Wellness". Content will address energy overconsumption, inactivity and activity, motivations for long-term **weight management** (e.g., body image; health outcome expectancies), will relate these to overall wellness, and will incorporate individual, extended family, social network, and community action perspectives. The intervention development process (year 1) will include retreats with NBWHP members, on which basis leader and participant manuals will be produced. The pilot study (years 2 and 3) will be a two- group, repeated-measures (at 6, 12, and 18 months from baseline) design in which the weight control program (implemented by specially-trained chapter representatives) will be compared to a "healthy lifestyle" group. Two chapters will be randomized to each arm and will each recruit and follow 25 women. Individual adherence and chapter-level implementation variables will be assessed.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.[3] The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with weight management, simply go to the PubMed Web site at **http://www.ncbi.nlm.nih.gov/pubmed**. Type "weight management" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for weight management (hyperlinks lead to article summaries):

- **"Shapedown" targets teens for weight management program.**
  Author(s): Walker M.
  Source: Tex Hosp. 1987 October; 43(5): 24-5. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10284760&dopt=Abstract

[3] PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **A biomedical and feminist perspective on women's experiences with weight management.**
  Author(s): Allan JD.
  Source: Western Journal of Nursing Research. 1994 October; 16(5): 524-43.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7992491&dopt=Abstract

- **A multi-intervention weight management program for low-income rural women.**
  Author(s): Daniel EL.
  Source: Journal of the American Dietetic Association. 1989 September; 89(9): 1310-1.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2768749&dopt=Abstract

- **A new perspective to long-term weight management. Is there a better way?**
  Author(s): Kausman R.
  Source: Aust Fam Physician. 2000 April; 29(4): 303-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10800212&dopt=Abstract

- **A pharmacist's guide to weight management.**
  Author(s): Thrasher K.
  Source: Journal of the American Pharmaceutical Association (Washington,D.C. : 1996). 2000 November-December; 40(6): 843-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11111369&dopt=Abstract

- **A platform for population-based weight management: description of a health plan-based integrated systems approach.**
  Author(s): Pronk NP, Boucher JL, Gehling E, Boyle RG, Jeffery RW.
  Source: Am J Manag Care. 2002 October; 8(10): 847-57.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12395953&dopt=Abstract

- **A residential camp experience as an approach to adolescent weight management.**
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  Author(s): Hauner H.
  Source: International Journal of Obesity and Related Metabolic Disorders : Journal of the International Association for the Study of Obesity. 1999 June; 23 Suppl 7: S12-7. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10455466&dopt=Abstract

- **The psychological ramifications of weight management.**
  Author(s): Miller-Kovach K, Hermann M, Winick M.
  Source: Journal of Women's Health & Gender-Based Medicine. 1999 May; 8(4): 477-82. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10839702&dopt=Abstract

- **The role of low-fat diets and fat substitutes in body weight management: what have we learned from clinical studies?**
  Author(s): Astrup A, Toubro S, Raben A, Skov AR.
  Source: Journal of the American Dietetic Association. 1997 July; 97(7 Suppl): S82-7. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9216575&dopt=Abstract

- **The role of orlistat in weight management.**
  Author(s): Marks S.
  Source: Aust Fam Physician. 2001 April; 30(4): 335-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11355219&dopt=Abstract

- **The role of sibutramine in weight management--towards a blueprint for a sibutramine weight management system.**
  Author(s): James WP, Finer N.
  Source: International Journal of Obesity and Related Metabolic Disorders : Journal of the International Association for the Study of Obesity. 2001 December; 25 Suppl 4: S34-8. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11916105&dopt=Abstract

- **The role of weight management in the health of women.**
  Author(s): St Jeor ST.
  Source: Journal of the American Dietetic Association. 1993 September; 93(9): 1007-12. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8360404&dopt=Abstract

- **Tips for long-term weight management.**
  Author(s): Kausman R.
  Source: Aust Fam Physician. 2000 April; 29(4): 310-3.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10800213&dopt=Abstract

- **To lose, to maintain, to ignore: weight management among women.**
  Author(s): Allan JD.
  Source: Health Care for Women International. 1991 April-June; 12(2): 223-5.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2022532&dopt=Abstract

- **Treatment approaches: food first for weight management and health.**
  Author(s): Blackburn GL.
  Source: Obesity Research. 2001 November; 9 Suppl 4: 223S-227S. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11707545&dopt=Abstract

- **Use of the BULIT bulimia screening questionnaire to assess risk and progress in weight management for overweight women who weight cycle. BULImia Test.**
  Author(s): Popkess-Vawter S, Owens V.
  Source: Addictive Behaviors. 1999 July-August; 24(4): 497-507.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10466845&dopt=Abstract

- **Value of structured meals for weight management: risk factors and long-term weight maintenance.**
  Author(s): Ditschuneit HH, Flechtner-Mors M.
  Source: Obesity Research. 2001 November; 9 Suppl 4: 284S-289S.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11707555&dopt=Abstract

- **Waist circumference as a measure for indicating need for weight management.**
  Author(s): Lean ME, Han TS, Morrison CE.
  Source: Bmj (Clinical Research Ed.). 1995 July 15; 311(6998): 158-61.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7613427&dopt=Abstract

- **Weight gain following smoking cessation: a possible role for nicotine replacement in weight management.**
  Author(s): Emont SL, Cummings KM.
  Source: Addictive Behaviors. 1987; 12(2): 151-5.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3630801&dopt=Abstract

- **Weight management and current options in pharmacotherapy: orlistat and sibutramine.**
  Author(s): Leung WY, Neil Thomas G, Chan JC, Tomlinson B.
  Source: Clinical Therapeutics. 2003 January; 25(1): 58-80. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12637112&dopt=Abstract

- **Weight management and fitness in the community.**
  Author(s): Fitzgerald G.
  Source: J R Soc Health. 1996 August; 116(4): 264-5. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8783859&dopt=Abstract

- **Weight management and weight loss strategies of professional jockeys.**
  Author(s): Moore JM, Timperio AF, Crawford DA, Burns CM, Cameron-Smith D.
  Source: International Journal of Sport Nutrition and Exercise Metabolism. 2002 March; 12(1): 1-13.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11993617&dopt=Abstract

- **Weight management behaviors of African American female college students.**
  Author(s): July F, Hawthorne D, Elliot J, Robinson W.
  Source: The Abnf Journal : Official Journal of the Association of Black Nursing Faculty in Higher Education, Inc. 2003 May-June; 14(3): 71-2.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12856446&dopt=Abstract

- **Weight management goals and practices among U.S. high school students: associations with physical activity, diet, and smoking.**
  Author(s): Lowry R, Galuska DA, Fulton JE, Wechsler H, Kann L.
  Source: The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine. 2002 August; 31(2): 133-44.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12127383&dopt=Abstract

- **Weight management in childhood: Canadian dietitians' practices.**
  Author(s): Wray S, Levy-Milne R.
  Source: Can J Diet Pract Res. 2002 Fall; 63(3): 130-3.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12296979&dopt=Abstract

- **Weight management on either side of the scale. Pharmacologic principles.**
  Author(s): Marek TA.
  Source: Adv Nurse Pract. 1998 April; 6(4): 49-52. Review. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9611484&dopt=Abstract

- **Weight management practices among primary care providers.**
  Author(s): Timmerman GM, Reifsnider E, Allan JD.
  Source: Journal of the American Academy of Nurse Practitioners. 2000 April; 12(4): 113-6.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11930414&dopt=Abstract

- **Weight management practices of black paraprofessional women.**
  Author(s): Reames B, Burnett MF.
  Source: Journal of the American Dietetic Association. 1991 July; 91(7): 841-3.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2071800&dopt=Abstract

- **Weight management program promises and delivers.**
  Author(s): Williams DR.
  Source: Mich Hosp. 1982 January; 18(1): 15-7. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10254242&dopt=Abstract

- **Weight management using a meal replacement strategy: meta and pooling analysis from six studies.**
  Author(s): Heymsfield SB, van Mierlo CA, van der Knaap HC, Heo M, Frier HI.
  Source: International Journal of Obesity and Related Metabolic Disorders : Journal of the International Association for the Study of Obesity. 2003 May; 27(5): 537-49.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12704397&dopt=Abstract

- **Weight management: a comparison of existing dietary approaches in a work-site setting.**
  Author(s): Leslie WS, Lean ME, Baillie HM, Hankey CR.
  Source: International Journal of Obesity and Related Metabolic Disorders : Journal of the International Association for the Study of Obesity. 2002 November; 26(11): 1469-75.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12439649&dopt=Abstract

- **Weight management: a practical approach.**
  Author(s): Toth S, Montgomery C, Bunn J.
  Source: Patient Educ Newsl. 1984 June; 7(3): 3-4. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10266750&dopt=Abstract

- **Weight management: what patients want from their primary care physicians.**
  Author(s): Potter MB, Vu JD, Croughan-Minihane M.
  Source: The Journal of Family Practice. 2001 June; 50(6): 513-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11401737&dopt=Abstract

CHAPTER 2. NUTRITION AND WEIGHT MANAGEMENT

Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and weight management.

Finding Nutrition Studies on Weight Management

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.[4] The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: **http://ods.od.nih.gov/databases/ibids.html**. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "weight management" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

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[4] Adapted from **http://ods.od.nih.gov**. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following information is typical of that found when using the "Full IBIDS Database" to search for "weight management" (or a synonym):

- **Prescription appetite suppressants in weight management.**
  Source: Cameron, K.E. Dwyer, J.T. Couris, R. Huff, N. McCloskey, W.W. Nutrition-today (USA). (October 1997). volume 32(5) page 202-210.
- **Weight management without dieting.**
  Author(s): Baylor College of Medicine, Houston, TX
  Source: Foreyt, J.P. Goodrick, G.K. Nutrition-today (USA). (April 1993). volume 28(2) page 4-9.

Additional physician-oriented references include:

- **A review of current weight management: research and recommendations.**
  Author(s): Community Clinic of Springdale, University of Arkansas, USA. bmdavis@nwark.net
  Source: Davis, R B Turner, L W J-Am-Acad-Nurse-Pract. 2001 January; 13(1): 15-9; quiz 20-1 1041-2972
- **A role for olestra in body weight management.**
  Author(s): P&G Nutrition Science Institute, Procter & Gamble Company, Cincinnati, Ohio, USA.
  Source: Eldridge, A L Cooper, D A Peters, J C Obes-Revolume 2002 February; 3(1): 17-25 1467-7881
- **A Web-accessible core weight management program.**
  Author(s): Department of Epidemiology and Social Medicine, Albert Einstein College of Medicine, Bronx, New York, USA.
  Source: Kalten, M R Ardito, D A Cimino, C Wylie Rosett, J Diabetes-Educ. 2000 Nov-December; 26(6): 929-36 0145-7217
- **An approach to weight management in children and adolescents (2-18 years) in primary care.**
  Source: Gibson, P Edmunds, L Haslam, D W Poskitt, E J-Fam-Health-Care. 2002; 12(4): 108-9 1474-9114
- **Dietary approaches for weight management in African Americans.**
  Author(s): School of Allied Health, Public and Community Health Program, Northern Illinois University, Dekalb, Illinois 60115, USA. aodoms@niu.edu
  Source: Odoms, A M Ethn-Dis. 2002 Fall; 12(4): S3-34-9 1049-510X
- **Energy density. A key component in weight management.**
  Author(s): Florida International University, Miami, USA.
  Source: Castellanos, V H Health-Care-Food-Nutr-Focus. 1998 December; 15(4): 5 1090-2260
- **Regaining perspective in weight management.**
  Author(s): Department of Community Health and Family Medicine, University of Florida College of Medicine, Gainesville, USA.
  Source: Kuritzky, L Hosp-Pract-(Off-Ed). 1998 November 15; 33(11): 49-51 8750-2836
- **Self-esteem changes in children enrolled in weight management programs.**
  Author(s): Duke University School of Nursing, Durham, North Carolina 27710, USA. camer015@mc.duke.edu

Source: Cameron, J W Issues-Compr-Pediatr-Nurs. 1999 Apr-September; 22(2-3): 75-85 0146-0862

- **The future of weight management.**
  Source: Meisler, J G J-Womens-Health-Gend-Based-Med. 1999 September; 8(7): 889-99 1524-6094
- **The psychological ramifications of weight management.**
  Author(s): Weight Watchers International Inc., Woodbury, New York 11797, USA.
  Source: Miller Kovach, K Hermann, M Winick, M J-Womens-Health-Gend-Based-Med. 1999 May; 8(4): 477-82 1524-6094
- **The role of diet and exercise in postpartum weight management.**
  Source: Thrash, L.E. Anderson, J.J.B. Nutr-today. Hagerstown, Md. : Lipponcott Williams & Wilkins. Sept/October 2000. volume 35 (5) page 175-182. 0029-666X
- **Weight management on either side of the scale. Pharmacologic principles.**
  Author(s): University of Wyoming Family Practice Residency Program, Cheyenne, USA.
  Source: Marek, T A Adv-Nurse-Pract. 1998 April; 6(4): 49-52 1096-6293

Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS's gateway to health information, including diet and nutrition: **http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0**
- The United States Department of Agriculture's Web site dedicated to nutrition information: **www.nutrition.gov**
- The Food and Drug Administration's Web site for federal food safety information: **www.foodsafety.gov**
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: **http://www.surgeongeneral.gov/topics/obesity/**
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: **http://vm.cfsan.fda.gov/**
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: **http://www.usda.gov/cnpp/**
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: **http://www.nal.usda.gov/fnic/**
- Food and Nutrition Service sponsored by the United States Department of Agriculture: **http://www.fns.usda.gov/fns/**

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: **http://search.aol.com/cat.adp?id=174&layer=&from=subcats**
- Family Village: **http://www.familyvillage.wisc.edu/med_nutrition.html**
- Google: **http://directory.google.com/Top/Health/Nutrition/**
- Healthnotes: **http://www.healthnotes.com/**
- Open Directory Project: **http://dmoz.org/Health/Nutrition/**
- Yahoo.com: **http://dir.yahoo.com/Health/Nutrition/**
- WebMD®Health: **http://my.webmd.com/nutrition**
- WholeHealthMD.com: **http://www.wholehealthmd.com/reflib/0,1529,00.html**

The following is a specific Web list relating to weight management; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation:

- **Food and Diet**

  Blood Type Diet
  Source: Healthnotes, Inc.; www.healthnotes.com

  Weight Management Index
  Source: Healthnotes, Inc.; www.healthnotes.com

CHAPTER 3. ALTERNATIVE MEDICINE AND WEIGHT MANAGEMENT

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to weight management. At the conclusion of this chapter, we will provide additional sources.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (**http://nccam.nih.gov/**) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to weight management and complementary medicine. To search the database, go to the following Web site: **http://www.nlm.nih.gov/nccam/camonpubmed.html**. Select "CAM on PubMed." Enter "weight management" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to weight management:

- **A biomedical and feminist perspective on women's experiences with weight management.**
  Author(s): Allan JD.
  Source: Western Journal of Nursing Research. 1994 October; 16(5): 524-43.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7992491&dopt=Abstract

- **A comparison of nutritional management with stress management in the treatment of bulimia nervosa.**
  Author(s): Laessle RG, Beumont PJ, Butow P, Lennerts W, O'Connor M, Pirke KM, Touyz SW, Waadt S.
  Source: The British Journal of Psychiatry; the Journal of Mental Science. 1991 August; 159: 250-61.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1773242&dopt=Abstract

- **A comprehensive psychological approach to obesity.**
  Author(s): Fawzy FI, Pasnau RO, Wellisch DK, Ellsworth RG, Dornfeld L, Maxwell M.
  Source: Psychiatr Med. 1983 September; 1(3): 257-73. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6400602&dopt=Abstract

- **A controlled study of supplementation with essential amino acids and alpha-keto acids in the conservative management of patients with chronic renal failure.**
  Author(s): Hecking E, Andrzejewski L, Prellwitz W, Opferkuch W, Muller D, Port FK.
  Source: Zeitschrift Fur Ernahrungswissenschaft. 1982 December; 21(4): 299-311.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6758383&dopt=Abstract

- **A crossover randomized trial of transcutaneous electrical nerve stimulation and oxybutynin in patients with detrusor instability.**
  Author(s): Soomro NA, Khadra MH, Robson W, Neal DE.
  Source: The Journal of Urology. 2001 July; 166(1): 146-9.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11435843&dopt=Abstract

- **A diabetes control program in a public health care setting.**
  Author(s): Baker SB, Vallbona C, Pavlik V, Fasser CE, Armbruster M, McCray R, Baker RL.
  Source: Public Health Reports (Washington, D.C. : 1974). 1993 September-October; 108(5): 595-605.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8210258&dopt=Abstract

- **A functional food product for the management of weight.**
  Author(s): Bell SJ, Goodrick GK.
  Source: Critical Reviews in Food Science and Nutrition. 2002 March; 42(2): 163-78. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11934132&dopt=Abstract

- **A holistic protocol for management of fluid volume excess in hemodialysis patients.**
  Author(s): Sciarini P, Dungan JM.
  Source: Anna J. 1996 June; 23(3): 299-305.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8716989&dopt=Abstract

- **A low-nitrogen low-phosphorus Vegan diet for patients with chronic renal failure.**
  Author(s): Barsotti G, Morelli E, Cupisti A, Meola M, Dani L, Giovannetti S.
  Source: Nephron. 1996; 74(2): 390-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8893161&dopt=Abstract

- **A microvolt calibrator for EMG systems.**
  Author(s): Bolton MP.

Source: Journal of Medical Engineering & Technology. 2001 July-August; 25(4): 178-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11601446&dopt=Abstract

- **A multidisciplinary approach to obesity management: the physician's role and team care alternatives.**
  Author(s): Frank A.
  Source: Journal of the American Dietetic Association. 1998 October; 98(10 Suppl 2): S44-8. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9787736&dopt=Abstract

- **A multi-intervention weight management program for low-income rural women.**
  Author(s): Daniel EL.
  Source: Journal of the American Dietetic Association. 1989 September; 89(9): 1310-1.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2768749&dopt=Abstract

- **A new perspective to long-term weight management. Is there a better way?**
  Author(s): Kausman R.
  Source: Aust Fam Physician. 2000 April; 29(4): 303-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10800212&dopt=Abstract

- **A perspective on obesity.**
  Author(s): Johnson RW, Broadnax PA.
  Source: The Abnf Journal : Official Journal of the Association of Black Nursing Faculty in Higher Education, Inc. 2003 May-June; 14(3): 69-70.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12856445&dopt=Abstract

- **A prospective study of the use of liquid oral dietary supplements in nursing homes.**
  Author(s): Kayser-Jones J, Schell ES, Porter C, Barbaccia JC, Steinbach C, Bird WF, Redford M, Pengilly K.
  Source: Journal of the American Geriatrics Society. 1998 November; 46(11): 1378-86.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9809759&dopt=Abstract

- **A questionnaire survey on nematode control practices on horse farms in Denmark and the existence of risk factors for the development of anthelmintic resistance.**
  Author(s): Lendal S, Larsen MM, Bjorn H, Craven J, Chriel M, Olsen SN.
  Source: Veterinary Parasitology. 1998 July 17; 78(1): 49-63.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9703619&dopt=Abstract

- **A randomised controlled trial evaluating the use of enteral nutritional supplements postoperatively in malnourished surgical patients.**
  Author(s): Beattie AH, Prach AT, Baxter JP, Pennington CR.

Source: Gut. 2000 June; 46(6): 813-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10807893&dopt=Abstract

- **A randomized controlled study of the impact of dietary zinc supplementation in the management of children with protein-energy malnutrition in Lesotho. I: Mortality and morbidity.**
  Author(s): Makonnen B, Venter A, Joubert G.
  Source: Journal of Tropical Pediatrics. 2003 December; 49(6): 340-52.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=14725411&dopt=Abstract

- **A randomized controlled trial evaluating nutrition counseling with or without oral supplementation in malnourished HIV-infected patients.**
  Author(s): Rabeneck L, Palmer A, Knowles JB, Seidehamel RJ, Harris CL, Merkel KL, Risser JM, Akrabawi SS.
  Source: Journal of the American Dietetic Association. 1998 April; 98(4): 434-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9550167&dopt=Abstract

- **Black-white differences in body size perceptions and weight management practices among adolescent females.**
  Author(s): Neff LJ, Sargent RG, McKeown RE, Jackson KL, Valois RF.
  Source: The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine. 1997 June; 20(6): 459-65.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9178083&dopt=Abstract

- **Effectiveness of hypnosis as an adjunct to behavioral weight management.**
  Author(s): Bolocofsky DN, Spinler D, Coulthard-Morris L.
  Source: Journal of Clinical Psychology. 1985 January; 41(1): 35-41.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3973038&dopt=Abstract

- **Fiber and weight management.**
  Author(s): Hamilton CC, Anderson JW.
  Source: J Fla Med Assoc. 1992 June; 79(6): 379-81. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1322448&dopt=Abstract

- **Prediction of successful weight management from personality and demographic data.**
  Author(s): Bolocofsky DN, Coulthard-Morrris L, Spinler D.
  Source: Psychological Reports. 1984 December; 55(3): 795-802.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6522544&dopt=Abstract

- **The helper-therapy principle applied to weight management specialists.**
  Author(s): Wallston KA, McMinn M, Katahn M, Pleas J.

Source: J Community Psychol. 1983 January; 11(1): 58-66.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10259114&dopt=Abstract

- **Treatment approaches: food first for weight management and health.**
  Author(s): Blackburn GL.
  Source: Obesity Research. 2001 November; 9 Suppl 4: 223S-227S. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11707545&dopt=Abstract

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: **http://www.herbmed.org/**
- AOL: **http://search.aol.com/cat.adp?id=169&layer=&from=subcats**
- Chinese Medicine: **http://www.newcenturynutrition.com/**
- drkoop.com®: **http://www.drkoop.com/InteractiveMedicine/IndexC.html**
- Family Village: **http://www.familyvillage.wisc.edu/med_altn.htm**
- Google: **http://directory.google.com/Top/Health/Alternative/**
- Healthnotes: **http://www.healthnotes.com/**
- MedWebPlus: **http://medwebplus.com/subject/Alternative_and_Complementary_Medicine**
- Open Directory Project: **http://dmoz.org/Health/Alternative/**
- HealthGate: **http://www.tnp.com/**
- WebMD®Health: **http://my.webmd.com/drugs_and_herbs**
- WholeHealthMD.com: **http://www.wholehealthmd.com/reflib/0,1529,00.html**
- Yahoo.com: **http://dir.yahoo.com/Health/Alternative_Medicine/**

The following is a specific Web list relating to weight management; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation:

- **General Overview**

  Diabetes Mellitus
  Source: Integrative Medicine Communications; www.drkoop.com

  High Blood Pressure
  Source: Integrative Medicine Communications; www.drkoop.com

Hypertension
Source: Integrative Medicine Communications; www.drkoop.com

- **Alternative Therapy**

Alchemical Weight Management
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/a.html

Enlighten
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/e.html

Enlighten Weight Management System
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/e.html

Feeling Light
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/f.html

Healthwatchers System
Source: The Canoe version of A Dictionary of Alternative-Medicine Methods, by Priorities for Health editor Jack Raso, M.S., R.D.
Hyperlink: http://www.canoe.ca/AltmedDictionary/h.html

General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at **http://www.nlm.nih.gov/medlineplus/alternativemedicine.html**. This Web site provides a general overview of various topics and can lead to a number of general sources.

CHAPTER 4. DISSERTATIONS ON WEIGHT MANAGEMENT

Overview

In this chapter, we will give you a bibliography on recent dissertations relating to weight management. We will also provide you with information on how to use the Internet to stay current on dissertations. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical dissertations that use the generic term "weight management" (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on weight management, we have not necessarily excluded non-medical dissertations in this bibliography.

Dissertations on Weight Management

ProQuest Digital Dissertations, the largest archive of academic dissertations available, is located at the following Web address: **http://wwwlib.umi.com/dissertations**. From this archive, we have compiled the following list covering dissertations devoted to weight management. You will see that the information provided includes the dissertation's title, its author, and the institution with which the author is associated. The following covers recent dissertations found when using this search procedure:

- **Client-provider Communication in a Group Weight Management Program: a Comparison of a Client-Empowered Approach with a Provider-Directed Approach** by Crum, Karen A., DRPH from Loma Linda University, 1999, 207 pages
  http://wwwlib.umi.com/dissertations/fullcit/9927427
- **Effectiveness of the Healthy Weight Workshop on Weight Management Practices of Paraprofessional Personnel of the Cooperative Extension Service** by Reames, Elizabeth S., PhD from The Louisiana State University and Agricultural and Mechanical Col., 1988, 146 pages
  http://wwwlib.umi.com/dissertations/fullcit/8917847
- **Family of Origin and Support System Factors Affecting Body Weight Management in Gastroplasty Patients (Obesity)** by Brower, Penny Lynn, PhD from The University of Iowa, 1991, 171 pages
  http://wwwlib.umi.com/dissertations/fullcit/9212857

- **Mental Health Correlates of a Behavior Modification Weight Management Program** by Mosier, Gara Marsae; PhD from University of Arkansas, 1999, 137 pages
  http://wwwlib.umi.com/dissertations/fullcit/9959410
- **Patterns and Processes of Weight Management among Urban Dwelling Women** by Allan, Janet Davidson, PhD from University of California, Berkeley, 1986, 524 pages
  http://wwwlib.umi.com/dissertations/fullcit/8718224
- **Second-order Change Through Brief Therapy among Obese Clients of a University-Based Weight Management Program** by Munro, Janice Fay, EDD from University of Missouri - Saint Louis, 2002, 151 pages
  http://wwwlib.umi.com/dissertations/fullcit/3049604
- **The Development and Validation of the Weight Management Support Inventory** by Rieder, Sherry, PhD from University of Illinois at Chicago, 2003, 85 pages
  http://wwwlib.umi.com/dissertations/fullcit/3083883
- **The Relationship between Self-Efficacy and Weight Management Measures** by Laing, Susan Jo; PhD from The University of Alabama at Birmingham, 1999, 149 pages
  http://wwwlib.umi.com/dissertations/fullcit/9956742
- **The Relationship between the Acceptance of the Socially Constructed Ideal Body Image, Body Mass Index, Level of Appearance Satisfaction and Weight Management Health Behaviors in College Women** by Lyter, Penny Lynn, PhD from The University of Wisconsin - Madison, 1997, 198 pages
  http://wwwlib.umi.com/dissertations/fullcit/9810616

Keeping Current

Ask the medical librarian at your library if it has full and unlimited access to the *ProQuest Digital Dissertations* database. From the library, you should be able to do more complete searches via **http://wwwlib.umi.com/dissertations**.

CHAPTER 5. CLINICAL TRIALS AND WEIGHT MANAGEMENT

Overview

In this chapter, we will show you how to keep informed of the latest clinical trials concerning weight management.

Recent Trials on Weight Management

The following is a list of recent trials dedicated to weight management.[5] Further information on a trial is available at the Web site indicated.

- **Computer Assisted Instruction Weight Management for Low Literacy Populations**

  Condition(s): Cardiovascular Diseases; Heart Diseases; Obesity

  Study Status: This study is completed.

  Sponsor(s): National Heart, Lung, and Blood Institute (NHLBI)

  Purpose - Excerpt: To develop and evaluate a computer assisted instruction (CAI) weight management program in an adult population with low literacy at Sheehan Memorial Hospital's Family Care Center (FCC), an outpatient clinic serving the inner city of Buffalo, New York.

  Study Type: Observational

  Contact(s): see Web site below

  Web Site: http://clinicaltrials.gov/ct/show/NCT00005693

Keeping Current on Clinical Trials

The U.S. National Institutes of Health, through the National Library of Medicine, has developed ClinicalTrials.gov to provide current information about clinical research across the broadest number of diseases and conditions.

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[5] These are listed at **www.ClinicalTrials.gov**.

The site was launched in February 2000 and currently contains approximately 5,700 clinical studies in over 59,000 locations worldwide, with most studies being conducted in the United States. ClinicalTrials.gov receives about 2 million hits per month and hosts approximately 5,400 visitors daily. To access this database, simply go to the Web site at **http://www.clinicaltrials.gov/** and search by "weight management" (or synonyms).

While ClinicalTrials.gov is the most comprehensive listing of NIH-supported clinical trials available, not all trials are in the database. The database is updated regularly, so clinical trials are continually being added. The following is a list of specialty databases affiliated with the National Institutes of Health that offer additional information on trials:

- For clinical studies at the Warren Grant Magnuson Clinical Center located in Bethesda, Maryland, visit their Web site: **http://clinicalstudies.info.nih.gov/**
- For clinical studies conducted at the Bayview Campus in Baltimore, Maryland, visit their Web site: **http://www.jhbmc.jhu.edu/studies/index.html**
- For cancer trials, visit the National Cancer Institute: **http://cancertrials.nci.nih.gov/**
- For eye-related trials, visit and search the Web page of the National Eye Institute: **http://www.nei.nih.gov/neitrials/index.htm**
- For heart, lung and blood trials, visit the Web page of the National Heart, Lung and Blood Institute: **http://www.nhlbi.nih.gov/studies/index.htm**
- For trials on aging, visit and search the Web site of the National Institute on Aging: **http://www.grc.nia.nih.gov/studies/index.htm**
- For rare diseases, visit and search the Web site sponsored by the Office of Rare Diseases: **http://ord.aspensys.com/asp/resources/rsch_trials.asp**
- For alcoholism, visit the National Institute on Alcohol Abuse and Alcoholism: **http://www.niaaa.nih.gov/intramural/Web_dicbr_hp/particip.htm**
- For trials on infectious, immune, and allergic diseases, visit the site of the National Institute of Allergy and Infectious Diseases: **http://www.niaid.nih.gov/clintrials/**
- For trials on arthritis, musculoskeletal and skin diseases, visit newly revised site of the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health: **http://www.niams.nih.gov/hi/studies/index.htm**
- For hearing-related trials, visit the National Institute on Deafness and Other Communication Disorders: **http://www.nidcd.nih.gov/health/clinical/index.htm**
- For trials on diseases of the digestive system and kidneys, and diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases: **http://www.niddk.nih.gov/patient/patient.htm**
- For drug abuse trials, visit and search the Web site sponsored by the National Institute on Drug Abuse: **http://www.nida.nih.gov/CTN/Index.htm**
- For trials on mental disorders, visit and search the Web site of the National Institute of Mental Health: **http://www.nimh.nih.gov/studies/index.cfm**
- For trials on neurological disorders and stroke, visit and search the Web site sponsored by the National Institute of Neurological Disorders and Stroke of the NIH: **http://www.ninds.nih.gov/funding/funding_opportunities.htm#Clinical_Trials**

CHAPTER 6. PATENTS ON WEIGHT MANAGEMENT

Overview

Patents can be physical innovations (e.g. chemicals, pharmaceuticals, medical equipment) or processes (e.g. treatments or diagnostic procedures). The United States Patent and Trademark Office defines a patent as a grant of a property right to the inventor, issued by the Patent and Trademark Office.[6] Patents, therefore, are intellectual property. For the United States, the term of a new patent is 20 years from the date when the patent application was filed. If the inventor wishes to receive economic benefits, it is likely that the invention will become commercially available within 20 years of the initial filing. It is important to understand, therefore, that an inventor's patent does not indicate that a product or service is or will be commercially available. The patent implies only that the inventor has "the right to exclude others from making, using, offering for sale, or selling" the invention in the United States. While this relates to U.S. patents, similar rules govern foreign patents.

In this chapter, we show you how to locate information on patents and their inventors. If you find a patent that is particularly interesting to you, contact the inventor or the assignee for further information. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical patents that use the generic term "weight management" (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on weight management, we have not necessarily excluded non-medical patents in this bibliography.

Patents on Weight Management

By performing a patent search focusing on weight management, you can obtain information such as the title of the invention, the names of the inventor(s), the assignee(s) or the company that owns or controls the patent, a short abstract that summarizes the patent, and a few excerpts from the description of the patent. The abstract of a patent tends to be more technical in nature, while the description is often written for the public. Full patent descriptions contain much more information than is presented here (e.g. claims, references, figures, diagrams, etc.). We will tell you how to obtain this information later in the chapter.

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[6]Adapted from the United States Patent and Trademark Office:
http://www.uspto.gov/web/offices/pac/doc/general/whatis.htm.

The following is an example of the type of information that you can expect to obtain from a patent search on weight management:

- **Administrative weight assignment for enhanced network operation**

  Inventor(s): Kataria; Deepak (Edison, NJ), Logothetis; Dimitris (North Bergen, NJ), Srinivasan; Santhanam (Holmdel, NJ), Veeraraghavan; Malathi (Atlantic Highlands, NJ)

  Assignee(s): Lucent Technologies Inc. (murray Hill, Nj)

  Patent Number: 6,385,172

  Date filed: March 19, 1999

  Abstract: Methods and communication networks having a plurality of connection-oriented switches in which administrative weights are assigned based on link call blocking probabilities. Three assignment schemes include, first, a solution that can be built in the switch software of sufficiently similar switches to enable the switches to determine administrative weights for their links. The second and third schemes employ administrative **weight management** stations. The second scheme uses an administrative **weight management** station that operates to enhance total network revenue or throughput in a communication network in which all of the switches implement a certain type of accounting management information databases (MIB). The third scheme uses an administrative **weight management** station that computes administrative weights for switches that do not have the capability for the second scheme, but which employ appropriate MIBs.

  Excerpt(s): This invention relates generally to the field of telecommunications and in particular to methods for assigning administrative weights pertaining to path selection in a communication network. In many present networks, administrative weights are used as link weights in path-selection methods, for instance, in those methods using a shortest path algorithm, such as Dijkstra's algorithm for route computation. Each link can have one administrative weight assigned for each possible class of service. The administrative weight of a path is the sum of the administrative weights of the component links. The administrative weight (hereinafter, AW) is typically a measure of the administrative policy or preference for usage of a link for the relevant class of service. Hence, links and paths with lower AWs are preferred by path selection methods over paths with higher AWs. Administrative weights thus enable a type of automatic path selection. Nevertheless, assignment of administrative weights in the existing fashion based on some static assignment scheme can be overly pessimistic and result in unnecessary denials of service.

  Web site: http://www.delphion.com/details?pn=US06385172__

- **Dietary composition with lipid binding properties for weight management and serum lipid reduction**

  Inventor(s): Meyers; Andrew E. (Boise, ID), Priddy; Mark R. (Meridian, ID)

  Assignee(s): Rexall Sundown, Inc. (boca Raton, Fl)

  Patent Number: 5,932,561

  Date filed: October 24, 1997

  Abstract: A dietary supplement is provided that binds lipid to aid in weight loss and reduce cholesterol. The supplement includes chitosan, or a nutritionally acceptable

derivative thereof, and aloin (especially aloe saponins); it can include at least one additional ingredient including any of betaine hydrochloride (betaine HCI), oat fiber or beta-glucan.

Excerpt(s): The present invention relates generally to a dietary supplement composition which has lipid binding properties and, more particularly, to a composition that includes aloin (especially aloe saponins) and an amino polysaccharide such as, for example, chitosan. It is known that obesity and hyperphagia, or excessive eating, are both problems with behavioral and physiological components. It is also known that one drawback of some diets is that they do not work effectively on people with excessive appetites. The constant feeling of hunger in such people disturbs their daily activities. People suffering from appetite disorders are also often subjected to pyrosis or gastric burning (heartburn) and a sensation of acidity in their stomachs when not eating. Chitin is an amino polysaccharide (poly-N-acetyl glucosamine) found in the exoskeleton of arthropods (e.g., crustaceans such as shrimp, crab and lobster; insects; and molluscs). The exoskeleton is the hard outer covering that functions as the mechanical supporting tissue of the body structure of such animals. Chitin is also found in some plants and fungi.

Web site: http://www.delphion.com/details?pn=US05932561__

- **Food product for health, nutrition and weight management**

  Inventor(s): Grace; Margery (New York, NY), Kiley; Joyce (Briarcliff, NY), Northrop; Rena (Putnam Valley, NY)

  Assignee(s): Indoor Tennis Consultants, Inc. (katonah, Ny)

  Patent Number: 6,426,077

  Date filed: August 4, 2000

  Abstract: A wholesome food product with many uses, for weight control, health and nutrition.

  Excerpt(s): The present invention relates to a wholesome food product and meal substitute, with a nutritional balance that makes it appropriate for weight maintenance or weight loss, and which provides a therapeutic benefit for medical/surgical patients. There are many commercially available weight loss, or diet, drinks. Products such as Slimfast.TM. and Nestle's Success.TM. claim to be low calorie, high energy, meal substitutes. In fact, diet drinks in this category range from about 200 calories to about 300 calories per serving, or meal. In addition, they contain a large amount of sugar, which with the milk solids are intended to provide the energy of a meal. SlimFast.TM. Strawberries and Cream, for example, has 220 calories, with 42 g. of carbohydrate, 37 g. of sugar, and 5 g. of fiber, in an 11-oz. serving. The theory behind these diet drinks is reduction in fat, control of serving size, and sense of fullness created by thickeners such as cellulose gums. All these drinks are fortified; for example, the Slimfast.TM. Strawberries N' Cream is said to be fortified with 23 vitamins and minerals, but the approximately 22 g. of added sugar places a price on the nutrition.

  Web site: http://www.delphion.com/details?pn=US06426077__

- **Golf putter**

  Inventor(s): Bland; Bertram Alvin (#24 Ambassadors Ct., Fairways, Maraval, TT)

  Assignee(s): None Reported

  Patent Number: 5,688,189

  Date filed: November 3, 1995

  Abstract: A golf putter includes a putter head which utilizes a **weight management** system to allow for an infinite variation in putter sweet spot adjustment. In one embodiment, the putter head combines a flat putting surface with a cylindrical bore which receives the **weight management** system. Alternatively, a cylindrical putter head is provided which has a diameter matching the diameter of a golf ball. The cylindrical putter head can also have a threaded interior bore for receipt of the **weight management** system.

  Excerpt(s): The present invention is directed to a golf putter and, in particular, to a golf putter using a **weight management** system for adjusting the putter's sweet spot and overall weight and a golf putter utilizing a cylindrical putter head. In the prior art, various systems have been proposed for adding weights to putter heads. Many of these systems utilize pre-drilled ports which are located in the back face of the heel and toe areas of the putter. "Mallet" putters have also been proposed with ports under the sole plates to accommodate weight discs. In addition, putters have been proposed with cylindrical putter heads.

  Web site: http://www.delphion.com/details?pn=US05688189__

- **Human body weight management**

  Inventor(s): Keenan; Robert M. (Baltimore, MD)

  Assignee(s): Pharmaco Behavioral Associates, Inc. (minneapolis, Mn)

  Patent Number: 5,643,928

  Date filed: October 21, 1992

  Abstract: A therapeutic method and article of manufacture to manage human body weight with the use of cotinine or pharmaceutically acceptable salt thereof.

  Excerpt(s): The invention relates to therapeutic methods and articles of manufacture to manage human body weight with use of cotinine or pharmaceutically acceptable salt thereof. The invention includes methods and articles of manufacture using cotinine or pharmaceutically acceptable salt thereof to manage human body weight in nicotine-abstinent, and nicotine-naive humans. Tobacco use in the United States is responsible for more than 400,000 deaths per year due to many types of cancer and cardiovascular disease (See, Office of Smoking and Health, The Health Consequences of Smoking: Nicotine Addition, A Report to the Surgeon General, U.S. Government Printing Office, Washington, D.C., DHHS Publication Number (CDC) 88-8406 (1988)). Despite the grave consequences of tobacco use, the vast majority of tobacco users are unable to abstain from nicotine use for any extended period of time. One reason for this inability to abstain from nicotine use is the weight gain experienced by most tobacco users in the post-cessation period, with this being especially true for female cigarette smokers. The relationship between tobacco use and decreased body weight has been known for more than 100 years. It has been well established that smokers weight less than non-smokers. Recent research has shown that nicotine is the substance responsible for the decreased

body weight of tobacco users (See, Chapter on Nicotine Dependence, The National Institute on Drug Abuse's Fourth Triennial Report to Congress, In Press). Two major factors related to nicotine use cessation are responsible for weight gain in the post-tobacco cessation period including 1) decreased metabolism and/or 2) increased dietary intake. Conversely, it must be the case that nicotine use results in increased metabolism and/or increased dietary intake. In humans, intravenous nicotine infusion was shown to modestly increase the resting metabolic rate (6.5%) of smokers and non-smokers similarly. Also, in smokers and non-smokers alike, nasal nicotine solution insufflation significantly reduced the perceived taste intensity of dietary "fat", but not "sweets". From this, it appears that nicotine acts to decrease body weight through decreased calorie intake (i.e., appetite suppression) and increased metabolism. The mechanism for the observed appetite suppression is likely related to the increased serotonergic activity within the hypothalamus of the brain.

Web site: http://www.delphion.com/details?pn=US05643928__

- **Thermogenic weight management composition**

  Inventor(s): Gorsek; Wayne F. (Boynton Beach, FL)

  Assignee(s): Vitacost.com, Inc. (boynton Beach, Fl)

  Patent Number: 6,565,847

  Date filed: July 3, 2002

  Abstract: A powerful formulation for weight loss containing Green Tea extract, hydroxycitric acid, thermogenic herbs, glucomannan, chromium, and a probiotic. The formulation boasts metabolic rates, suppresses appetite and helps burn fat without having adverse cardiovascular effects.

  Excerpt(s): The invention relates to a composition for permanent **weight management.** The composition burns fat, boosts metabolic rate, controls appetite, eliminates sugar cravings and eating binges. An orally ingested composition is provided which contains effective amounts of vitamins, minerals, herbs and natural extracts with the adverse effects to the cardiovascular system. The composition contains no dangerous stimulants like Ephedrine, commonly known as Ma Huang. The process by which weight is controlled is so complex that even most talented scientists do not understand it. Prior formulations such as those disclosed in U.S. Pat. No. 5,626,849 fall short of the unique blend which requires Citrus Aurantium L and Guarana Extract as a key nutrient to provide a feeling of satiation and a calming effect for healthy **weight management.**

  Web site: http://www.delphion.com/details?pn=US06565847__

- **Track-type vehicle having steerable wheels**

  Inventor(s): Satzler; Ronald L. (Princeville, IL), Schmillen; Edward E. (Metamora, IL)

  Assignee(s): Caterpillar Inc. (peoria, Il)

  Patent Number: 5,191,952

  Date filed: September 19, 1991

  Abstract: A track-type vehicle having first and second endless track assemblies and first and second steerable wheels includes a **weight management** apparatus including a measuring assembly for measuring the angle of steer of the steerable wheels, a hydraulic

cylinder connected between the frame of the vehicle and the axles of the steerable wheels, and an actuating device for actuating control valves which control pressure of the pressurized fluid to the hydraulic cylinder. Controlling the pressure of the pressurized fluid supplied to the hydraulic cylinder, as a function of the angle of steer of the steerable wheels, changes the ground pressure applied by the steerable wheels and the track assemblies. The pressure of the fluid supplied to the hydraulic cylinder also determines the amount of contact the track assemblies have with the ground. Steering of track-type vehicles is more difficult than wheel-type vehicles due to the large contact area of the track assemblies with the ground. The subject **weight management** apparatus reduces the contact area of the track assemblies and provides easier steering of the vehicle.

Excerpt(s): This invention relates to track-type work vehicles and more particularly to a track-type vehicle having steerable wheels and a weight distributing apparatus for distributing the vehicle weight between the track assemblies and the wheels. A large percentage of agricultural work vehicles are supported and propelled by four or more wheels on front and rear axles. In work conditions requiring low ground pressure and increased traction, as many as four additional wheels are added to the conventional four wheels. As an alternative to the four wheel agricultural vehicles, self-laying track-type work vehicles are often employed because they offer excellent traction and low ground pressure. Work vehicles having either metal chain track or elastomeric belt track are available. Although track-type work vehicles offer many advantages over wheel type vehicles, sharp turning of the track-type vehicles can disturb soil and vegetation. This is due to the large amount of ground contact offered by the track assemblies, such ground contact causing a shearing action during turning operations. One type of a vehicle having a track structure and steerable wheels is disclosed in U.S. Pat. No. 1,455,906 issued to W. C. Cox on May 22, 1923. In this patent a motor vehicle is equipped with an endless track structure at the rear of the vehicle and conventional steerable wheels at the front of the vehicle. Cushioning means are provided in the track sections to cushion the movement of the vehicle wheels upon their respective tracks. A hand wheel is disposed in proximity to the seat of the drive to adjust the tracks.

Web site: http://www.delphion.com/details?pn=US05191952__

- **Weight management system and method for marine drilling riser**

  Inventor(s): Weathers; Drew A. (Katy, TX), Wolff; Christian V. (Houston, TX)

  Assignee(s): Reading & Bates Development Co. (houston, Tx)

  Patent Number: 5,875,848

  Date filed: April 10, 1997

  Abstract: A system and a method are provided for managing the weight of an underwater riser assembly. The system includes a blocking mechanism for selectively blocking the bottom end of the riser assembly so that heavy drilling mud is retained within the riser assembly. Upper and lower flooding valves are located in the riser assembly above the blocking mechanism and are spaced apart. The valves can be opened so that an annulus in the riser assembly is in fluid communication with surrounding water. Drilling fluid can be introduced to or removed from the annulus during deployment or disconnect conditions using the upper and lower flooding valves. For the blocking mechanism, an elongated cylindrical tool can fill the annulus at the bottom end of the riser assembly to block fluid flow in the annulus.

Excerpt(s): This invention relates to marine drilling risers and, more particularly, to a management system and method for adjusting the weight of the lower portion of a riser assembly under deployment or disconnect operations. Drilling operations offshore from a floating vessel require the deployment, use and disconnect of marine drilling riser. The riser is a conduit and containment vessel for the drill string, drilling fluids and cuttings from the well, and for well gas that may need to be diverted in well control operations. At the sea bottom, the lower end of the riser is connected to a lower flex joint or ball joint which is part of a mechanism called the Lower Marine Riser Package (LMRP), which in turn is connected at the top of a Ram-type blow out preventer (BOP) that is mounted on top of the wellhead connector. The riser assembly is connected at its upper end to the drilling vessel by way of a telescoping or slip joint and an upper flex or ball joint, to a diverter housing which is located below the drill floor of the vessel.

Web site: http://www.delphion.com/details?pn=US05875848__

Patent Applications on Weight Management

As of December 2000, U.S. patent applications are open to public viewing.[7] Applications are patent requests which have yet to be granted. (The process to achieve a patent can take several years.) The following patent applications have been filed since December 2000 relating to weight management:

- **Body weight management system**

  Inventor(s): Sagel, Paul Joseph; (Maineville, OH)

  Correspondence: The Procter & Gamble Company; Intellectual Property Division; Winton Hill Technical Center - Box 161; 6110 Center Hill Avenue; Cincinnati; OH; 45224; US

  Patent Application Number: 20020156351

  Date filed: April 20, 2001

  Abstract: The invention relates to body **weight management** systems for subjects including humans and domestic animals. Such systems utilizes devices and compositions to shift the energy balance of the user in the direction wherein the calories burned due to the user's activity is greater than the calories consumed by that user. These devices include a diet-tracking system, devices for estimating energy expenditure of the subject and a satiety agent. Such systems have a variety of uses including, but not limited to body weight maintenance, reduction or gain; reduction of body fat and, or gain in muscle mass and improvement of a subject's fitness.

  Excerpt(s): The invention relates to body **weight management** systems for subjects including humans and domestic animals. Such systems utilize diet-tracking systems, devices to measure energy output and compositions comprising satiety agents. Such systems are used by subjects to assist the subject in terms of making choices in terms of exercise and, or the consumption of foods, beverages and other nutritional products in order to remain on target for meeting their desired body shape, weight, and fitness level goals. The system can be used by the subject's care-giver or alternatively by the subjects themselves. The system may also be interactive. Any form of identification provided by the subject to verify the authenticity as a subscriber to the body **weight management**

[7] This has been a common practice outside the United States prior to December 2000.

system when attempting to access said system. Said authenticating code includes, but is not limited to a Personal Identification Number or PIN. Managing a subject's body weight gains, losses and maintenance of a desirable weight, the fat to muscle ratio, fitness or physical condition, body appearance or shape and all combinations thereof.

Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Compositions comprising short and long chain fatty acids and methods of their use for the management of body weight**

  Inventor(s): Bharaj, Satinder Singh; (Butler County, OH), Clymer, Jeffrey Warren; (Mason, OH), Francis, Cynthia Elodi; (Cincinnati, OH), Kelm, Gary Robert; (Cincinnati, OH), Starcher, Mary Ann; (Hamilton, OH)

  Correspondence: The Procter & Gamble Company; Intellectual Property Division; Winton Hill Technical Center - Box 161; 6110 Center Hill Avenue; Cincinnati; OH; 45224; US

  Patent Application Number: 20030203004

  Date filed: August 7, 2002

  Abstract: Described herein are compositions comprising short and long chain fatty acids which are suitable for oral administration, wherein the compositions are useful for the management of body weight. For example, as described, body **weight management** may be effected via induction of satiety, by using a composition of the present invention. In particular, the described compositions comprise:(a) a short chain fatty acid component selected from the group consisting of acetic acid, propionic acid, butyric acid, esters thereof, salts thereof, and mixtures thereof; and(b) a long chain fatty acid component selected from the group consisting of long chain fatty acids, non-glyceryl esters of long chain fatty acids, and mixtures thereof;wherein the compositions are suitable for oral administration to a mammal.Further described are methods of using the present compositions for the management of body weight.

  Excerpt(s): The present application claims priority under Title 35, United States Code.sctn.119(e) to the following: U.S. Provisional Application Serial Nos. 60/375,653, 60/376,032, and 60/376,060, all filed Apr. 24, 2002. The present invention relates to compositions that are useful for the management of body weight. In particular, the present compositions may be of a variety of forms, including foods, beverages, tablets, capsules, emulsions and other orally administrable forms. The compositions are useful for the treatment of mammals, for example humans and companion animals. The incidence of obesity in the general population of the United States has dramatically increased over the last decade, with over 50% of the population considered overweight or obese. A similar trend is observed in other countries as the so-called "Western Diet" is adopted. Since obesity is associated with a variety of co-morbidities such as diabetes, hypertension, and atherosclerosis, this increase is a major health concern.

  Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Diet composition and method of weight management**

  Inventor(s): Alviar, Barbara; (Rockford, MI), Connor, Lynne Marie; (Rockford, MI), Dixon, Albert Augustus; (Tustin, CA), Magee, Molly Marie; (Aliso Viejo, CA), Maly, Eugene Robert; (Kentwood, MI), McLauchlan, Suzanne M.; (Ada, MI)

  Correspondence: Alticor INC.; 7575 Fulton Street East Mailcode 78-2g; Ada; MI; 49355; US

  Patent Application Number: 20020187204

  Date filed: June 28, 2002

  Abstract: A diet composition for managing body weight including effective amounts of Garcinia cambogia extract, Gymnema sylvestre extract, chromium picolinate, vanadium compound, L-carnitine, and conjugated linoleic acid. The daily effective amounts are administered in three approximately equal doses in conjunction with the daily meals. The diet composition is also administered in conjunction with a restricted-calorie diet. The diet composition optionally includes effective amounts of kola nut extract, dehydrated parsley, and lemon bioflavonoids.

  Excerpt(s): The present invention relates to a dietary supplement effective for managing body weight and to the method of managing body weight by administering the dietary supplement. Many people attempt to control their body weight in order to enhance personal health, appearance, and self image. Common methods to control or lose weight include one or more of the following: (1) a reduced-calorie diet that manages fat, carbohydrate, and protein intake, (2) pharmaceuticals, such as amphetamine-like agents to affect the hypothalamic center and reduce the hunger sensation, and (3) a physical activity/exercise program. However, far too often individuals abandon a reduced-calorie diet regime before they reach their goal or ideal weight because they struggle against ingrained eating habits and feelings of hunger, emotional pressure, and discouragement. Further, the use of synthesized pharmaceuticals can stress the overall health and cause unwanted side effects, including addiction. Many individuals also fail to adhere to a physical activity regime over a long period.

  Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Identification and characterization of multiple splice variants of the mu-opioid receptor gene**

  Inventor(s): Pan, Ying-Xian; (New York, NY), Pasternak, Gavril; (New York, NY)

  Correspondence: Frommer Lawrence & Haug Llp; 745 Fifth Avenue; New York; NY; 10151; US

  Patent Application Number: 20020077285

  Date filed: January 17, 2001

  Abstract: The present invention encompasses novel splice variant forms of the mu-opioid receptor-1 (MOR-1) and the polynucleotide sequences encoding the MOR-1 splice variants. The invention further encompasses methods of screening for compositions regulating the MOR-1 splice variant activities and the development of therapeutic modalities directed to regulating activity. Regulation of the MOR-1 splice variant activities may impact the physiologic processes of analgesia and **weight management.**

Excerpt(s): This is a continuation-in-part of the Jan. 16, 2001 U.S. national phase application of International Application PCT/US99/15974, having an international filing date of Jul. 15 1999, and designating the U.S. and claiming priority from U.S. Provisional Application No. 60/092,980, filed Jul. 16 1998. The present invention relates to mu-opioid receptor-1 (MOR-1) splice variant polypeptides, to DNA sequences encoding the splice variants, to DNA sequences encompassing non-coding region splice variants, to methods of screening compositions for agonists and antagonists of the splice variant receptor activities and to methods of measuring splice variant binding activities. Opiates are drugs derived from opium and include morphine, codeine and a wide variety of semisynthetic opioid congeners derived from them and from thebaine, another component of opium. Opioids include the opiates and all agonists and antagonists with morphine-like activity and naturally occurring endogenous and synthetic opioid peptides. Morphine and other morphine-like opioid agonists are commonly used pharmaceutically to produce analgesia.

Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Method and apparatus for quantifying caloric balance using metabolic parameters to assist subjects on weight management**

Inventor(s): Moerman, Piet; (St. Martens-Latem, BE)

Correspondence: Lahive & Cockfield; 28 State Street; Boston; MA; 02109; US

Patent Application Number: 20030223905

Date filed: March 26, 2003

Abstract: A weight loss system and method measures one or more metabolic parameters in a body fluid sample and correlates the level of the metabolic parameter to a change in body fat or a metabolic state. The weight loss system includes a weight loss monitor including a sampling device for yielding a sample of the body fluid sample and a test element for analyzing the body fluid sample to determine the level of the metabolic parameter. An algorithm correlates the level of the metabolic parameter to a change in body fat, the metabolic state of the user or other parameter indicative of the success of the dieting process. The weight loss monitor may also track and display a user's weight versus an objective and provide feedback and assistance with the dieting process.

Excerpt(s): The present application claims priority to U.S. Provisional Patent Application Serial No. 60/367,808, filed Mar. 26, 2002, and entitled "A Method and Apparatus for Quantifying Caloric Balance Using Metabolic Parameters to Assist Subjects on Weight Management", the contents of which are herein incorporated by reference. The present invention relates to a system and a method for managing body weight using the quantification of biochemical markers in the subject to assess an actual fat burning state and to quantify the amount of body fat consumed. The prevalence of obesity is increasing at an alarming rate. The percentage of Americans considered overweight has soared from 12% in 1991 to 18% in 1998. As many as one in three adults in the United States are overweight, or roughly 58 million people. In particular, the rise in adolescent obesity is causing great concern. Obesity is becoming one of the main risk factors in the development of the so-called "western" diseases. Americans spend almost $70 billion on health complications linked to being overweight. Another $33 billion a year is spend on weight loss products and programs.

Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Portable computing apparatus particularly useful in a weight management program**

  Inventor(s): Mault, James R.; (Evergreen, CO), Sanderson, John; (Bainbridge Island, WA)

  Correspondence: Gifford, Krass, Groh, Sprinkle; Anderson & Citkowski, PC; 280 N Old Woodard Ave; Suite 400; Birmingham; MI; 48009; US

  Patent Application Number: 20020027164

  Date filed: September 7, 2001

  Abstract: Portable computing apparatus for aiding a user in the monitoring of the consumption of consumable items, such as food items or prescribed medicaments, and reordering such items includes a common database for use in monitoring the items as consumed, and for preparing the reorder list at the proper time. The apparatus preferably includes an imaging device for recording the image of the item to be consumed, and recognition circuitry for utilizing the recorded image to identify the item and also to provide information concerning its nutritional content in a **weight management** program. The consumable item may also be identified in other manners, such as by a barcode reader, or a voice-recognition circuit.

  Excerpt(s): The present application is related to provisional application 60/230,860, filed Sep. 7, 2000, and to provisional application 60/234,154, filed Sep. 21, 2000, the contents of which applications are hereby incorporated by reference, and claims the priority dates of said applications. The present invention relates to a portable computing apparatus or device for use in a **weight management** program, and is therefore described below particularly with respect to this application. It will be appreciated, however, that the invention could be used in other applications, such as in a drug administering program, to better assure that prescribed medicaments are properly taken by the user at the prescribed times. The calorie balance for a person is determined by comparing TEE with the caloric intake of the person. If REE is known, the calorie balance may be found if caloric intake and AEE are monitored.

  Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **PROGRAMMABLE DIGITAL SCALE**

  Inventor(s): Dingler, Noah E.A.; (Richfield, MN), Montagnino, James G.; (St. Charles, IL), Ward, Evan T.; (Chicago, IL)

  Correspondence: Jonathan S Caplan Esq; Kramer Levin Naftalis & Frankel Llp; 919 Third Avenue; New York; NY; 10022; US

  Patent Application Number: 20020134589

  Date filed: January 13, 2000

  Abstract: A programmable microprocessor-controlled digital scale capable of storing profiles of multiple users and respective user-specific **weight management** information includes a software program executed by the microprocessor to create and store a user profile for each user. The software program also allows the generation user-specific weight control information based on the user's profile and weight, and displays the information to the user. The generated user-specific weight control information can include, for example: current weight; absolute as well as percentage change in weight; graph of the minimum and maximum weight for the average person matching the user's profile; a thirty day rolling graph of the user's weight history; information about the

number of calories that should be consumed in order to either maintain weight, or lose one pound per week; and body fat measurements.

Excerpt(s): The present invention relates to an electronic digital bathroom scale, specifically to a programmable digital scale that measures weight and also provides the user with personalized **weight management** information. Weight control has become a modern obsession. It is virtually a national pastime in the United States, where many tens of millions of Americans struggle daily with diets and exercise programs. Some are motivated by a desire to live a healthier lifestyle. Others are driven by a need to alleviate anxiety about personal appearance. Digital scales are an important tool used by many in a program of weight control or management. Most digital scales known in the art do little more than measure and display a user's current weight using a digital measurement technology instead of a conventional mechanical measurement technology, such as a strain gauge. Other prior art digital scales may display additional information, such as recent weight loss or gain, or a calorie counter. However, the digital scales known in the art are generally ineffective in providing the individual with a full range of information useful to a successful program of weight control or management.

Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **System and method of integrated calorie management using interactive television**

Inventor(s): Mault, James R.; (Evergreen, CO)

Correspondence: Gifford, Krass, Groh, Sprinkle,; Anderson & Citkowski, P.C.; Suite 400; 280 N. Old Woodward Avenue; Birmingham; MI; 48009; US

Patent Application Number: 20020062069

Date filed: November 28, 2001

Abstract: An improved system and method of health management for a person is provided, in which the person's resting metabolic rate (RMR) is determined at intervals using an indirect calorimeter. The system includes an entertainment device, a control means in communication with the entertainment device, a remote control device having a user input mechanism, and an interactive television network that maintains and implements a balance log **weight management** program that correlates RMR with caloric intake and activity level to determine the person's caloric expenditure and thus the person's caloric balance. The method includes the steps of the person selecting the balance log **weight management** program using the remote control device and selecting a transactional selection from a predetermined list for the balance log **weight management** program. The method also includes the steps of the interactive television network processing the selection and displaying the appropriate information on the display screen of the entertainment device. The method further includes the step of the person interactively participating in the program by communicating with the interactive television network through the remote control device, control means and entertainment device.

Excerpt(s): This application is a continuation-in-part of patent application Ser. No. 09/685,625 filed Oct. 10, 2000, which claims the benefit of provisional patent applications Ser. No. 60/158,553 filed Oct. 8, 1999; Ser. No. 60/167,276 filed Nov. 24, 1999; Ser. No. 60/177,016 filed Jan. 19, 2000; Ser. No. 60/177,011 filed Jan. 19, 2000; Ser. No. 60/178,979 filed Jan. 28, 2000; Ser. No. 60/194,126 filed Apr. 3, 2000; Ser. No. 60/200,428 filed Apr. 28, 2000; Ser. No. 60/207,051 filed May 25, 2000; Ser. No.

60/207,089 filed May 25, 2000; Ser. No. 60/209,921 filed Jun. 7, 2000; Ser. No. 60/219,069 filed Jul. 18, 2000; Ser. No. 60/219,512 filed Jul. 20, 2000; Ser. No. 60/228,680 filed Aug. 29, 2000, which are hereby incorporated by reference. This invention relates to health management, and in particular, to an integrated calorie management system for weight control using interactive television. Caloric balance is defined in terms of the difference between TEE and the caloric intake of the person.

Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Weight management system for animals**

  Inventor(s): Bierer, Tiffany L.; (Fullerton, CA), Bui, Linh M.; (Sylmar, CA), Wilson, Michael J.; (Rossmoor, CA)

  Correspondence: Fulbright & Jaworski, Llp; 1301 Mckinney; Suite 5100; Houston; TX; 77010-3095; US

  Patent Application Number: 20030138547

  Date filed: January 22, 2002

  Abstract: A pet food product for promoting comprehensive **weight management** in companion animals. The pet food includes, on a dry matter basis, about 35 to about 70% by weight of a protein, about 4 to about 10% by weight of a fat, about 5 to about 25% by weight of a fiber, about 10 to about 35% by weight of a digestible carbohydrate, and about 0.1 to about 1% by weight of a functional ingredient. In a preferred embodiment a diacylglyceride is the functional ingredient.

  Excerpt(s): The invention generally relates to a pet food for use in a **weight management** system for companion animals. More particularly, the **weight management** system includes a high protein, low caloric daily diet that includes a functional ingredient that further modulates metabolism and build lean muscle mass in companion animals. In westernized societies the most prevalent form of malnutrition in humans is over-consumption of calories resulting in excess body fat. Studies have shown that approximately 20-30% of dog and cat populations are overweight and obese (over-fat). Obesity in domesticated dogs and cats has been linked to the development of numerous diseases including renal failure, diabetes, arthritis and thyroid dysfunction. Overweight dogs have an increased risk of developing transitional cell carcinoma of the bladder. Further, it is well established that obesity is a predisposing factor to idiopathic hepatic lipidosis in cats, however, their inability to convert dietary C18 essential fatty acids into long chain fatty acids creates a need for dietary consumption of 20 carbon long chain fatty acids. Such a dietary requirement leaves cats extremely vulnerable to weight disorders and weight-associated diseases such as diabetes (Appleton et al., 2000). Obesity generally is considered present when body weight of the companion pet is 15% or more greater than optimum, which is the point at which health problems begin increasing with increasing weight. Generally speaking, the incidence of obesity in domestic animals increases with age. Similar to humans, as a dog ages, body fat increases, and lean body mass decreases. However, obesity commonly goes unnoticed by the animal's owner and, thus, poses a life-threatening problem to domesticated animals.

  Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

- **Weight management system for obese animals**

  Inventor(s): Bierer, Tiffany L.; (Fullerton, CA), Chow, Claudia; (Verden, DE)

  Correspondence: Fulbright & Jaworski, Llp; 1301 Mckinney; Suite 5100; Houston; TX; 77010-3095; US

  Patent Application Number: 20030138548

  Date filed: October 4, 2002

  Abstract: A diet system for promoting comprehensive **weight management** in companion animals. The diet system includes a stage I pet food product for promoting weight loss and building lean body mass and a stage II pet food product for maintaining the weight loss and the lean body mass.

  Excerpt(s): This application is a continuation-in-part of and claims priority to U.S. application Ser. No. 10/054,093, filed on Jan. 22, 2002. The invention generally relates to a pet food for use in a comprehensive **weight management** system for companion animals. More particularly, the **weight management** system includes two stages: a weight loss stage (stage I) and a weight maintenance stage (stage II). Stage I involves a pet food comprising a high protein, low calorie daily diet that includes a functional ingredient, which further modulates metabolism and builds lean body mass in companion animals. Stage II involves a pet food comprising a low calorie daily diet that maintains the leaner weight of the animal and improves health for the life of the animal. In westernized societies the most prevalent form of malnutrition in humans is over-consumption of calories resulting in excess body fat. Studies have shown that greater than 20-30% of dog and cat populations are overweight or obese (over-fat). Obesity in domesticated dogs and cats has been linked to the development of numerous diseases including renal failure, diabetes, and arthritis. Overweight dogs have an increased risk of developing transitional cell carcinoma of the bladder. Further, it is well established that obesity is a predisposing factor to idiopathic hepatic lipidosis in cats, however, their inability to convert dietary C18 essential fatty acids into long chain fatty acids creates a need for dietary consumption of 20 carbon long chain fatty acids. Such a dietary requirement leaves cats extremely vulnerable to weight disorders and weight-associated diseases such as diabetes (Appleton et al., 2000).

  Web site: http://appft1.uspto.gov/netahtml/PTO/search-bool.html

Keeping Current

In order to stay informed about patents and patent applications dealing with weight management, you can access the U.S. Patent Office archive via the Internet at the following Web address: **http://www.uspto.gov/patft/index.html**. You will see two broad options: (1) Issued Patent, and (2) Published Applications. To see a list of issued patents, perform the following steps: Under "Issued Patents," click "Quick Search." Then, type "weight management" (or synonyms) into the "Term 1" box. After clicking on the search button, scroll down to see the various patents which have been granted to date on weight management.

You can also use this procedure to view pending patent applications concerning weight management. Simply go back to **http://www.uspto.gov/patft/index.html**. Select "Quick Search" under "Published Applications." Then proceed with the steps listed above.

CHAPTER 7. BOOKS ON WEIGHT MANAGEMENT

Overview

This chapter provides bibliographic book references relating to weight management. In addition to online booksellers such as **www.amazon.com** and **www.bn.com**, excellent sources for book titles on weight management include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Federal Agencies

The Combined Health Information Database collects various book abstracts from a variety of healthcare institutions and federal agencies. To access these summaries, go directly to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. You will need to use the "Detailed Search" option. To find book summaries, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer. For the format option, select "Monograph/Book." Now type "weight management" (or synonyms) into the "For these words:" box. You should check back periodically with this database which is updated every three months. The following is a typical result when searching for books on weight management:

- **Get Real: A Personal Guide to Real-Life Weight Management. 2nd ed**

  Source: San Diego, CA: International Association of Fitness Professionals (IDEA), 217p., 1995.

  Contact: IDEA, 6190 Cornerstone Court East, Suite 204, San Diego, CA 92121-3773. (619) 535-8979, (800) 999-4332.

  Summary: In this book, the author describes a plan for long-term weight management. The plan includes developing a positive self- image, setting up an exercise plan, and dietary suggestions. The author stresses that each person is individual and that each reader should tailor the program to his or her needs.

- **The New Maximize Your Body Potential: Lifetime Skills for Successful Weight Management**

  Source: Palo Alto, CA: Bull Publishing, 607 p., 1997.

  Contact: Bull Publishing, P.O. Box 208, Palo Alto, CA 94302- 0208. (415) 322-2855.

  Summary: Nash discusses the process of weight management comprehensively. She examines the issue of the social importance of physical appearance and how to overcome the pitfall of equating health and thinness. She describes a process for beginning a weight management program, including readiness for change, how to create and maintain motivation, determining long-term weight goals, tracking progress, and social support. A special section covers nutrition in depth, discussing topics such as the relationship between nutrition and health, dietary supplements, food composition, food labels, and vegetarianism. Nash also analyzes how to change behavior patterns, and explains how to begin an exercise program. A final section looks at psychological factors such as motivation, depression, anxiety, anger, loneliness, binge eating, and backsliding. Appendixes cover body measurements, dietary allowances, and vitamins and minerals. A glossary and bibliography are also included.

- **Carbohydrates and Weight Management**

  Source: Washington, DC: International Life Sciences Institute, Technical Committee on Carbohydrates, 61p., 1998.

  Contact: ILSI Press, International Life Sciences Institute, 1126 Sixteenth St., NW, Washington, DC 20036-4810. (202) 659-0074. Fax (202) 659- 3859.

  Summary: Rolls and Hill discuss the role of carbohydrates in weight gain and obesity. They review the areas of carbohydrate effects on hunger, satiety and food intake; diet composition and body weight regulation; and carbohydrate effect on nutrient metabolism. They suggest that total fat consumption has not declined since 1971, but Americans have become less physically active and many have quit smoking. Smoking cessation, according to Rolls and Hill, is associated with weight gain. They suggest that weight gain is best prevented, and weight loss is best promoted, by consuming a diet high in carbohydrates and fiber. Low-fat, high-carbohydrate diets are most effective at maintaining weight loss and preventing obesity. They recommend a diet high in carbohydrates for weight control.

- **The New Maximize Your Body Potential: Lifetime Skills for Successful Weight Management. 2nd ed**

  Source: Palo Alto, CA: Bull Publishing Company, 480 p., 1997.

  Contact: Bull Publishing Company, PO Box 208, Palo Alto, CA 94302- 0208. (800) 676-2855.

  Summary: This book describes a variety of weight management strategies, allowing the reader to develop a weight management plan that best fits her or his lifestyle. Included in the discussion are making a commitment to weight management, goal setting, designing an exercise program, establishing healthy eating habits, coping with emotions, and handling the pressures of weight loss success.

- **Weight Management for Type II Diabetes**

  Source: Minneapolis, MN: Chronimed Publishing. 1997. 217 p.

Contact: Available from Chronimed Publishing. P.O. Box 59032, Minnetonka, MN 55459-0032. (800) 848-2793. PRICE: $12.95. ISBN: 1565611144.

Summary: This book provides information about weight management for people who have type 2 diabetes. The authors point out that people can simultaneously lose weight and gain better control of diabetes by making gradual changes. Following a low fat meal plan, becoming more active, managing stress, and developing a support system are important to both weight management and diabetes control. Fifteen chapters address topics including meal planning, record keeping, goal setting, exercise, nutrition, food labels, special occasions, and stress management. Various worksheets and sidebars are included throughout the book. Three appendices provide fat and calorie counts for foods from each food group and for foods from fast food restaurant chains; shopping tips; and low fat cooking tips. A list of resources categorized by chapter and a subject index conclude the book. (AA-M).

- **Nondiet Weight Management**

  Source: San Marcos, CA: Nutrition Dimension, 145 p., 1996.

  Contact: Nutrition Dimension, Box 1478, San Marco, CA 92079. (619) 598-1709.

  Summary: This is a continuing education package for nutritionists. It covers ractical strategies and techniques for dietary intervention, behavioral modification, exercise, and counseling.

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "weight management" at online booksellers' Web sites, you may discover non-medical books that use the generic term "weight management" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "weight management" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **365 Daily Affirmations for Creative Weight Management** by Jan Yager; ISBN: 1889262579;
  http://www.amazon.com/exec/obidos/ASIN/1889262579/icongroupinterna
- **52 Weeks: A Physician's Guide To Weight Management & Health** by Jimmy Graham; ISBN: 0974082228;
  http://www.amazon.com/exec/obidos/ASIN/0974082228/icongroupinterna
- **Ace Lifestyle & Weight Management Consultant Manual** by Richard T. Cotton (Editor); ISBN: 0961816155;
  http://www.amazon.com/exec/obidos/ASIN/0961816155/icongroupinterna
- **Carbohydrates and Weight Management** by Barbara J. Rolls; ISBN: 1578810132;
  http://www.amazon.com/exec/obidos/ASIN/1578810132/icongroupinterna

- **Clinical Handbook of Weight Management** by Martin Dunitz Publishers, Michael E. J. Lean; ISBN: 1841841048;
  http://www.amazon.com/exec/obidos/ASIN/1841841048/icongroupinterna
- **Creative Weight Management: An Audio Book** by Jan Yager; ISBN: 1889262625;
  http://www.amazon.com/exec/obidos/ASIN/1889262625/icongroupinterna
- **Dietitian's design : dare to be slim, trim, and happy! : a practical, motivating guide to successful weight management** by Sandra C. Hancock; ISBN: 0967066700;
  http://www.amazon.com/exec/obidos/ASIN/0967066700/icongroupinterna
- **Exchange Lists for Weight Management**; ISBN: 0945448171;
  http://www.amazon.com/exec/obidos/ASIN/0945448171/icongroupinterna
- **Exercise for Weight Management** by Gustav Mark Gedatus, Gus Gedatus; ISBN: 0736807063;
  http://www.amazon.com/exec/obidos/ASIN/0736807063/icongroupinterna
- **Finding Your Way to a Healthier Weight: A Weight Management Guide That Speaks to the Whole Person** by Barbara Tanenbaum, et al; ISBN: 1896817068;
  http://www.amazon.com/exec/obidos/ASIN/1896817068/icongroupinterna
- **Get Real: A Personal Guide to Real-Life Weight Management** by Daniel Kosich; ISBN: 1887781005;
  http://www.amazon.com/exec/obidos/ASIN/1887781005/icongroupinterna
- **Healing the Hungry Self: The Diet-Free Solution to Lifelong Weight Management** by Deirdra, Ph.D. Price, Dierdra Price; ISBN: 0452279402;
  http://www.amazon.com/exec/obidos/ASIN/0452279402/icongroupinterna
- **Health and Wellness: Stress, Heart Health, and Weight Management**; ISBN: 0945100035;
  http://www.amazon.com/exec/obidos/ASIN/0945100035/icongroupinterna
- **Healthy Eating for Weight Management** by Mary Turck; ISBN: 0736807098;
  http://www.amazon.com/exec/obidos/ASIN/0736807098/icongroupinterna
- **Let My Heart Attack Save Your Life: A Simple, Sound, Workable Weight Management Plant** by Joseph W. Mason; ISBN: 1565611349;
  http://www.amazon.com/exec/obidos/ASIN/1565611349/icongroupinterna
- **Lite' N Up!: A Sensible Approach to Healthy Living and Safe Weight Management (Lite' N Up Series!)** by Tom Iselin, Jack Ewing (Editor); ISBN: 0964913909;
  http://www.amazon.com/exec/obidos/ASIN/0964913909/icongroupinterna
- **Manage Your Emotions - Manage Your Weight: A Guide to Overcoming Emotional Eating and Succeeding at Weight Management** by Joyce D., Ph. D. Nash; ISBN: 0923521798;
  http://www.amazon.com/exec/obidos/ASIN/0923521798/icongroupinterna
- **Maximize Your Body Potential: Lifetime Skills for Successful Weight Management** by Joyce D. Nash; ISBN: 0923521712;
  http://www.amazon.com/exec/obidos/ASIN/0923521712/icongroupinterna
- **Mental Toughness for Weight Management** by Beverly Ann Fisher; ISBN: 0974506613;
  http://www.amazon.com/exec/obidos/ASIN/0974506613/icongroupinterna
- **Nan's plan : weight management for those who desire to lose 50 pounds or more : an inspirational book** by Nan Eckert; ISBN: 0964532603;
  http://www.amazon.com/exec/obidos/ASIN/0964532603/icongroupinterna

- **Not Another Diet Book: A Right-Brain Program for Successful Weight Management** by Bobbe L. Sommer; ISBN: 0897930460; http://www.amazon.com/exec/obidos/ASIN/0897930460/icongroupinterna
- **Nutrition and Weight Management** by Chelsea House Publications; ISBN: 0791078523; http://www.amazon.com/exec/obidos/ASIN/0791078523/icongroupinterna
- **Nutrition and Weight Management Journal** by Thomas Fahey; ISBN: 0767417143; http://www.amazon.com/exec/obidos/ASIN/0767417143/icongroupinterna
- **Nutrition and Weight Management Journal for Fit and Well** by Thomas Fahey, Paul Insel; ISBN: 0767407431; http://www.amazon.com/exec/obidos/ASIN/0767407431/icongroupinterna
- **Nutrition, Exercise, and Behavior: An Integrated Approach to Weight Management** by Liane M. Summerfield; ISBN: 0534541534; http://www.amazon.com/exec/obidos/ASIN/0534541534/icongroupinterna
- **Obesity and Weight Management in Primary Care** by Colin Waine, et al; ISBN: 0632065141; http://www.amazon.com/exec/obidos/ASIN/0632065141/icongroupinterna
- **Overweight and Weight Management: the Health Professional's Guide to Understanding and Treatment** by Sharron Dalton; ISBN: 0834206366; http://www.amazon.com/exec/obidos/ASIN/0834206366/icongroupinterna
- **Pregnancy Weight Management** by Theresa Francis-Cheung, Francis Cheung; ISBN: 1580623336; http://www.amazon.com/exec/obidos/ASIN/1580623336/icongroupinterna
- **Shapedown: Weight Management Program for Adolescents** by Martha Weston (Illustrator), Laurel M. Mellin; ISBN: 0935902090; http://www.amazon.com/exec/obidos/ASIN/0935902090/icongroupinterna
- **Shapedown: Weight Management Program for Adolescents/Workbook** by Laurel M. Mellin; ISBN: 0935902031; http://www.amazon.com/exec/obidos/ASIN/0935902031/icongroupinterna
- **Sir Cadian weight management : Sir Cadian. it's about time** by Larry A. Richardson; ISBN: 0963684000; http://www.amazon.com/exec/obidos/ASIN/0963684000/icongroupinterna
- **Stikky Weight Management: Learn How to Eat Well and Lose Weight -- In an Hour or Less** by Laurence Holt; ISBN: 1568582854; http://www.amazon.com/exec/obidos/ASIN/1568582854/icongroupinterna
- **Stress and Weight Management: Effective Herbal Therapy Using Rhodiola Rosea and Rhododendron Caucasicum** by Zakir Ramazanov, et al; ISBN: 0972343717; http://www.amazon.com/exec/obidos/ASIN/0972343717/icongroupinterna
- **The Learn Program for Weight Management 2000 (10th Ed.)** by Kelly D. Brownell; ISBN: 1878513249; http://www.amazon.com/exec/obidos/ASIN/1878513249/icongroupinterna
- **The New Maximize Your Body Potential: Lifetime Skills for Successful Weight Management** by Joyce D. Nash; ISBN: 0923521364; http://www.amazon.com/exec/obidos/ASIN/0923521364/icongroupinterna

- **The Pleasure Program: The Lifestyle and Weight Management Guide for Busy People**; ISBN: 078722457X;
http://www.amazon.com/exec/obidos/ASIN/078722457X/icongroupinterna
- **The Thin Book : Hypnotherapy Trance Scripts for Weight Management (Book and Cassette)** by Hal Brickman, Daniel L. Araoz; ISBN: 1891944096;
http://www.amazon.com/exec/obidos/ASIN/1891944096/icongroupinterna
- **The Weigh to Win at Weight Loss (Weigh to Win Weight Management System)** by Lynn Hill, Weigh To Win; ISBN: 0896930599;
http://www.amazon.com/exec/obidos/ASIN/0896930599/icongroupinterna
- **Thin Again: A Biblical Approach to Food, Eating, and Weight Management** by Arthur Halliday, Judy Wardell Halliday; ISBN: 0800758110;
http://www.amazon.com/exec/obidos/ASIN/0800758110/icongroupinterna
- **Tipping the Scales: Getting Answers on Weight Management** by Rosemarie Schulman, Harold Schulman; ISBN: 1401042112;
http://www.amazon.com/exec/obidos/ASIN/1401042112/icongroupinterna
- **Warriors: a Powerful Weight Management and Fitness Programme for Men** by Robert Paterson; ISBN: 0749921668;
http://www.amazon.com/exec/obidos/ASIN/0749921668/icongroupinterna
- **Weight Management** by Patricia O'Malley (Narrator), Patricia, Ph.D. O"malley; ISBN: 1892450127;
http://www.amazon.com/exec/obidos/ASIN/1892450127/icongroupinterna
- **Weight Management and Fitness During Pregnancy (Help Yourself)** by Theresa Francis-Cheung; ISBN: 0340756934;
http://www.amazon.com/exec/obidos/ASIN/0340756934/icongroupinterna
- **Weight Management and Personal Confidence with Hypnotherapy** by Paul Del Rio; ISBN: 0970924410;
http://www.amazon.com/exec/obidos/ASIN/0970924410/icongroupinterna
- **Weight Management for Type II Diabetes : An Action Plan** by Jackie Labat (Author), Annette Maggi (Author); ISBN: 0471347507;
http://www.amazon.com/exec/obidos/ASIN/0471347507/icongroupinterna
- **Weight Management Online Course** by Nicole Ayan; ISBN: 0736038418;
http://www.amazon.com/exec/obidos/ASIN/0736038418/icongroupinterna
- **Weight management resource guide (SuDoc HE 20.3008:W 42)** by U.S. Dept of Health and Human Services; ISBN: B00010FQL2;
http://www.amazon.com/exec/obidos/ASIN/B00010FQL2/icongroupinterna
- **Weight Management: A Summary of Current Theory and Practice**; ISBN: 9996768414;
http://www.amazon.com/exec/obidos/ASIN/9996768414/icongroupinterna
- **Weight Management: An American Yoga Association Wellness Guide: The Powerful Program to Change the Way You Look and Feel Forever** by Alice Christensen; ISBN: 1575666367;
http://www.amazon.com/exec/obidos/ASIN/1575666367/icongroupinterna
- **Weight Management: State of Science and Opportunities for Military** by Institute of Medicine, et al; ISBN: 0309089964;
http://www.amazon.com/exec/obidos/ASIN/0309089964/icongroupinterna

- **Weight Management: The Fitness Way: Exercise, Nutrition, Stress Control, Emotional Readiness (Jones and Bartlett Series in Health Sciences)** by Dorothy E. Dusek; ISBN: 0867204168;
  http://www.amazon.com/exec/obidos/ASIN/0867204168/icongroupinterna
- **Wont' Power, Weight Management That Works** by Joyce Ann Johnson; ISBN: 0962577324;
  http://www.amazon.com/exec/obidos/ASIN/0962577324/icongroupinterna
- **Your Pregnancy Quick Guide to Nutrition and Weight Management** by Glade B., Md Curtis, Judith Schuler; ISBN: 0738209546;
  http://www.amazon.com/exec/obidos/ASIN/0738209546/icongroupinterna
- **Ys Way to Weight Management** by Sandra K. Cotterman; ISBN: 0873220323;
  http://www.amazon.com/exec/obidos/ASIN/0873220323/icongroupinterna

Chapters on Weight Management

In order to find chapters that specifically relate to weight management, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and weight management using the "Detailed Search" option. Go to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "weight management" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on weight management:

- **Weight Management in Patients with Type 2 Diabetes Mellitus**

  Source: in Leahy, J.L.; Clark, N.G.; Cefalu, W.T. Medical Management of Diabetes Mellitus. Monticello, NY: Marcel Dekker, Inc. 2000. p. 607-613.

  Contact: Available from Marcel Dekker, Inc. Cimarron Road, P.O. Box 5005, Monticello, NY 12701. (845) 796-1919 or (800) 228-1160. Fax (845) 796-1772. Email: custserv@dekker.com. Website: www.dekker.com. PRICE: $99.75. ISBN: 824788575.

  Summary: Obesity is the most important risk factor for type 2 diabetes, and is found in 80 percent of affected persons in the United States. Moreover, successful control of excess adiposity is of great help in the glycemic management of these patients. This chapter on weight management inpatients with type 2 diabetes is from a textbook for practicing providers and for physicians in training that offers a comprehensive, up-to-date overview of diabetes mellitus. The text outlines the most effective diagnostic and therapeutic approaches to clinical problems, rather than try to be encyclopedic in coverage. In this chapter, the author discusses the role of the multidisciplinary team; elements of the weight loss program, including initial evaluation, behavioral-based weight loss program, very low caloric diet programs, gastrointestinal surgery, and drug treatment. 8 references.

CHAPTER 8. MULTIMEDIA ON WEIGHT MANAGEMENT

Overview

In this chapter, we show you how to keep current on multimedia sources of information on weight management. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Video Recordings

An excellent source of multimedia information on weight management is the Combined Health Information Database. You will need to limit your search to "Videorecording" and "weight management" using the "Detailed Search" option. Go directly to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. To find video productions, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Videorecording (videotape, videocassette, etc.)." Type "weight management" (or synonyms) into the "For these words:" box. The following is a typical result when searching for video recordings on weight management:

- **Lifesteps: Weight Management**

  Source: Rosemont, IL: National Dairy Council, 1994.

  Summary: This program kit is designed to help individuals change eating habits via behavior modification.

- **Weight Management: Steps For Lasting Success**

  Source: Beaverton, OR: Mosby Great Performances, 11 min., 1995.

  Summary: This video describes methods of weight control that can be followed throughout a lifetime. Making the right personal choices and skills needed for lasting weight control are taught.

- **Weight Management and Exercise**

  Source: Los Angeles, CA: National Health Video, 20 min., 1995.

  Contact: National Health Video, 12021 Wilshire Blvd., #550, Los Angeles, CA 90025. (800) 543-6803.

  Summary: This videotape discusses the benefits of exercise and offers suggestions on how to begin an exercise program, including selecting an activity and choosing footwear (if needed). The need for the elderly, pregnant, and smokers to check with their physician before beginning an exercise program is also emphasized. The videotape discusses some of the common beliefs about exercise, such as spot reduction, "no pain, no gain," and that exercise must be strenuous, and it explains why they are not true.

- **Introduction to the Exchange System for Weight Management**

  Source: Los Angeles, CA: National Health Video. 1992.

  Contact: Available from National Health Video. 12021 Wilshire Boulevard, Los Angeles, CA 90025. PRICE: $79.95 plus $3 shipping and handling.

  Summary: This videotape explains the food exchange system. Using the metaphor of monetary exchange, the daily meal pattern is equated with a monetary budget and exchange list portion sizes are the prices paid for one serving within each group. The exchange system is described as a tool to manage food intake, without counting calories. It emphasizes variety and allows for personal preferences. The foods that comprise each exchange list are discussed along with preparation methods and suggested food choices. Combination foods and complete meals are also explained. The importance of following the meal plan and using proper portion sizes is emphasized. (AA-M).

CHAPTER 9. PERIODICALS AND NEWS ON WEIGHT MANAGEMENT

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover weight management.

News Services and Press Releases

One of the simplest ways of tracking press releases on weight management is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to **http://www.prnewswire.com/**. Select your country. Type "weight management" (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters' Medical News and Health eLine databases can be very useful in exploring news archives relating to weight management. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to **http://www.reutershealth.com/en/index.html** and search by "weight management" (or synonyms).

The NIH

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at **http://www.nlm.nih.gov/medlineplus/alphanews_a.html**. MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date at the following Web page: **http://www.nlm.nih.gov/medlineplus/newsbydate.html**. Often, news items are indexed by MEDLINEplus within its search engine.

Business Wire

Business Wire is similar to PR Newswire. To access this archive, simply go to **http://www.businesswire.com/**. You can scan the news by industry category or company name.

Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at **http://www.marketwire.com/mw/release_index?channel=MedicalHealth**. Or simply go to Market Wire's home page at **http://www.marketwire.com/mw/home**, type "weight management" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (**http://dir.yahoo.com/Health/News_and_Media/**), or you can use this Web site's general news search page at **http://news.yahoo.com/**. Type in "weight management" (or synonyms). If you know the name of a company that is relevant to weight management, you can go to any stock trading Web site (such as **http://www.etrade.com/**) and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at **http://news.google.com/**.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at **http://www.bbc.co.uk/**. Search by "weight management" (or synonyms).

Newsletter Articles

Use the Combined Health Information Database, and limit your search criteria to "newsletter articles." Again, you will need to use the "Detailed Search" option. Go directly to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. Go to the bottom of the search page where "You may refine your search by." Select the dates and language that you prefer. For the format option, select "Newsletter Article." Type "weight management" (or synonyms) into the "For these words:" box. You should check back periodically with this database as it is updated every three months. The following is a typical result when searching for newsletter articles on weight management:

- **A Competency-Based Approach to Weight Management**

  Source: The Weight Control Digest. 7(3):617,625-626; May/June 1997.

  Contact: Weight Control Digest, 1555 W. Mockingbird Lane, Suite 203, Dallas, TX 75235. (800) 736-7323.

  Summary: This article examines weight management as a multifactored issue. Weight management involves factors such as nutrition, obesity, exercise, genetics and psychology. The author feels that because of this, it is more important to empower the individual to make choices rather than lay down rules for them to follow. The author identifies six approaches to weight management which will empower clients. The approaches include: building on competency; looking to the future rather than focusing on the past; setting positive goals; seeing exceptions as solutions; focusing on small changes (e.g., eating less fat rather than no fat); and realizing that simple isn't the same as easy.

- **Weight Management Update**

  Source: Fit Society Page. p. 7-8. Spring 2002.

  Contact: American College of Sports Medicine. P.O. Box 1440, Indianapolis, IN 46206-1440. www.acsm.org.

  Summary: This article reviews recent research in the area of weight management. According to a report from the Women's Health Initiative, challenges in maintaining a low-fat diet arise when eating out, traveling, and attending celebrations and holiday gatherings. Strategies for maintaining healthy eating during these occasions are provided. The author reviews research conducted by investigators at Ball State University in Muncie, Indiana, who studied 59 overweight and obese women following three different 1200-calorie diets for 12 weeks. Women who completed the study lost an average of 9 pounds, regardless of diet type: high protein, high fat; high carbohydrate, low fat; or standard proportions of protein, fat, and carbohydrates. The article also details the latest research on the relationship between amenorrhea (lack of menstruation), thinness, bone health, and exercise. Online weight management information is also reviewed, and the high drop-out rates of participants in these Internet- based programs is noted.

- **Choosing the Right Dietitian for Weight Management**

  Source: Tufts University Health and Nutrition Letter. P.3, June 1997.

  Contact: Tufts University Diet and Nutrition Letter, 53 Park Place, New York, NY 10007.

Summary: This brief article offers guidelines for selecting a dietitian to assist in weight loss. According to the article, many dietitians may have unrealistic perceptions of how much weight is overweight, which can lead to their setting inappropriate goals for their clients. Additionally, many dietitians surveyed felt that heavy people lack the discipline to follow through on a weight-loss plan, which may make it difficult for them to empathize with their overweight clients. The article suggests interviewing the dietitian to be sure he or she does not have rigid weight-loss goals, and that the client will be involved in setting up the program.

Academic Periodicals covering Weight Management

Numerous periodicals are currently indexed within the National Library of Medicine's PubMed database that are known to publish articles relating to weight management. In addition to these sources, you can search for articles covering weight management that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to **http://www.ncbi.nlm.nih.gov/pubmed**, type the name of the periodical into the search box, and click "Go."

If you want complete details about the historical contents of a journal, you can also visit the following Web site: **http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi**. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At **http://locatorplus.gov/**, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button "Search LOCATORplus." Then type in the name of the journal and select the advanced search option "Journal Title Search."

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as "clinical" or "professional" guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute[8]:

- Office of the Director (OD); guidelines consolidated across agencies available at **http://www.nih.gov/health/consumer/conkey.htm**
- National Institute of General Medical Sciences (NIGMS); fact sheets available at **http://www.nigms.nih.gov/news/facts/**
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: **http://www.nlm.nih.gov/medlineplus/healthtopics.html**
- National Cancer Institute (NCI); guidelines available at **http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25**
- National Eye Institute (NEI); guidelines available at **http://www.nei.nih.gov/order/index.htm**
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at **http://www.nhlbi.nih.gov/guidelines/index.htm**
- National Human Genome Research Institute (NHGRI); research available at **http://www.genome.gov/page.cfm?pageID=10000375**
- National Institute on Aging (NIA); guidelines available at **http://www.nia.nih.gov/health/**

[8] These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at **http://www.niaaa.nih.gov/publications/publications.htm**
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at **http://www.niaid.nih.gov/publications/**
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at **http://www.niams.nih.gov/hi/index.htm**
- National Institute of Child Health and Human Development (NICHD); guidelines available at **http://www.nichd.nih.gov/publications/pubskey.cfm**
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at **http://www.nidcd.nih.gov/health/**
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at **http://www.nidr.nih.gov/health/**
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at **http://www.niddk.nih.gov/health/health.htm**
- National Institute on Drug Abuse (NIDA); guidelines available at **http://www.nida.nih.gov/DrugAbuse.html**
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at **http://www.niehs.nih.gov/external/facts.htm**
- National Institute of Mental Health (NIMH); guidelines available at **http://www.nimh.nih.gov/practitioners/index.cfm**
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at **http://www.ninds.nih.gov/health_and_medical/disorder_index.htm**
- National Institute of Nursing Research (NINR); publications on selected illnesses at **http://www.nih.gov/ninr/news-info/publications.html**
- National Institute of Biomedical Imaging and Bioengineering; general information at **http://grants.nih.gov/grants/becon/becon_info.htm**
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at **http://kb.nih.gov/www_query_main.asp**
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at **http://nccam.nih.gov/health/**
- National Center for Research Resources (NCRR); various information directories available at **http://www.ncrr.nih.gov/publications.asp**
- Office of Rare Diseases; various fact sheets available at **http://rarediseases.info.nih.gov/html/resources/rep_pubs.html**
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at **http://www.cdc.gov/publications.htm**

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.[9] Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:[10]

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: **http://www.nlm.nih.gov/databases/databases_bioethics.html**
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: **http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html**
- **NLM Online Exhibitions:** Describes "Exhibitions in the History of Medicine": **http://www.nlm.nih.gov/exhibition/exhibition.html**. Additional resources for historical scholarship in medicine: **http://www.nlm.nih.gov/hmd/hmd.html**
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: **http://www.ncbi.nlm.nih.gov/**
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: **http://www.nlm.nih.gov/databases/databases_population.html**
- **Cancer Information:** Access to cancer-oriented databases: **http://www.nlm.nih.gov/databases/databases_cancer.html**
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: **http://www.profiles.nlm.nih.gov/**
- **Chemical Information:** Provides links to various chemical databases and references: **http://sis.nlm.nih.gov/Chem/ChemMain.html**
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: **http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html**
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): **http://www.nlm.nih.gov/databases/databases_space.html**
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: **http://www.nlm.nih.gov/databases/databases_medline.html**

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[9] Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINE*plus* (**http://medlineplus.gov/** or **http://www.nlm.nih.gov/medlineplus/databases.html**).

[10] See **http://www.nlm.nih.gov/databases/databases.html**.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: **http://sis.nlm.nih.gov/Tox/ToxMain.html**
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies: **http://www.nlm.nih.gov/research/visible/visible_human.html**

The NLM Gateway[11]

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.[12] To use the NLM Gateway, simply go to the search site at **http://gateway.nlm.nih.gov/gw/Cmd**. Type "weight management" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	11862
Books / Periodicals / Audio Visual	344
Consumer Health	795
Meeting Abstracts	180
Other Collections	817
Total	13998

HSTAT[13]

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.[14] These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.[15] Simply search by "weight management" (or synonyms) at the following Web site: **http://text.nlm.nih.gov**.

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[11] Adapted from NLM: **http://gateway.nlm.nih.gov/gw/Cmd?Overview.x**.

[12] The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

[13] Adapted from HSTAT: **http://www.nlm.nih.gov/pubs/factsheets/hstat.html**.

[14] The HSTAT URL is **http://hstat.nlm.nih.gov/**.

[15] Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists[16]

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.[17] Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.[18] This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: **http://www.ncbi.nlm.nih.gov/Coffeebreak/**.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see **http://www.ohsu.edu/cliniweb/**.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see **http://www.mwsearch.com/**.

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[16] Adapted from **http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html**.

[17] The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

[18] After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called "Fact Sheets" or "Guidelines." They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on weight management can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to weight management. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at **http://health.nih.gov/**. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are "health topic pages" which list links to available materials relevant to weight management. To access this system, log on to **http://www.nlm.nih.gov/medlineplus/healthtopics.html**. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for "weight management":

- Other guides

  Diabetes
  http://www.nlm.nih.gov/medlineplus/diabetes.html

  Juvenile Diabetes
  http://www.nlm.nih.gov/medlineplus/juvenilediabetes.html

  Weight Loss and Dieting
  http://www.nlm.nih.gov/medlineplus/weightlossanddieting.html

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: **http://www.nlm.nih.gov/medlineplus/**. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on weight management. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is **http://chid.nih.gov/**. To search this database, go to **http://chid.nih.gov/detail/detail.html**. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

- **Questions Most Frequently Asked About Weight Management**

  Contact: Sugar Association, Inc., 1101 Fifteenth Street, N.W., Suite 600, Washington, DC 20005. (202) 785-1122.

  Summary: Certain questions are asked of nutritionists and dietitians regularly, according to this brochure. Most of them are addressed in this booklet. Topics such as exercise, fad diets, fat consumption and the health risks of being overweight are discussed. Checking with a physician is stressed.

- **Weight management and health insurance**

  Source: American Obesity Association.

  Contact: American Obesity Association, 1250 24th Street NW, Suite 300, Washington, DC 20037. 1-800-98OBESE.

  Summary: Most health insurance plans will only pay for the costs of weight-related health problems after they develop. Weight-loss treatments that prevent these problems in the first place and reduce their severity are often not reimbursable. This brochure offers basic information about obesity-how it is diagnosed, its complications and costs and benefits of treatment; valuable tips on how to request reimbursement for weight-loss treatment from your health insurance company or employer, and contact information for the American Obesity Association (AOA), which can provide additional support.

- **The facts about consumer protection weight management products and services**

  Source: American Obesity Association.

  Contact: American Obesity Association, 1250 24th Street, N.W., Suite 300, Washington, DC 20037. 1-800-98-OBESE.

  Summary: Numerous products and programs offering weight loss solutions are available to consumers. This fact sheet states that consumers must be properly educated on how to evaluate which ones are effective, safe and offer realistic results.

- **Meeting the Challenge of Weight Management with Reduced-Calorie Fats**

  Source: Chicago: ADA, 3p. 1999.

  Contact: American Dietetic Association, 216 West Jackson Blvd., Chicago, IL 60606-6995. (800) 366-1655.

  Summary: The author explains why reducing fat intake alone will not result in weight loss. While reducing fat intake can reduce the risk of many chronic illnesses, by itself it cannot result in weight loss. Several problems with low-fat products are discussed. These include the fact that low-fat products may still contain high amounts of calories and that low-fat products may not be as flavorful as their regular-fat counterparts. The authors suggest using the Food Guide Pyramid to select flavorful, low-fat snacks.

- **Weight Management: Never Say Diet**

  Source: Waco, TX: Health Edco. 1998. 15 p.

  Contact: Available from Health Edco. P.O. Box 21207, Waco, TX 76702-1207. (800) 299-3366, ext. 295. Fax (817) 751-0221. PRICE: $0.98 each for 50 copies, $0.89 each for 100 copies. Item number LA40049.

  Summary: This booklet provides guidelines on weight management. People who want to lose weight and maintain their weight loss need to eat a healthy diet and exercise regularly. Most diets may actually make people fat because the body starves while shedding water, fat, and muscle, when most people go back to old eating habits after the diet is over, they regain the fat without rebuilding the muscle tissue, thus getting fatter and fatter. Long lasting weight loss can be produced only by working with the body through exercise, not against it through deprivation. The booklet highlights the dangers of being overweight, explains how people can determine how much weight they need to lose, presents guidelines on choosing a plan that works, and offers suggestions on changing eating habits. In addition, the booklet explains how weight is controlled through a balance between eating and activity and provides tips on developing a balanced exercise program. Suggestions include varying the exercise program, emphasizing frequency, choosing an enjoyable sport, making exercise convenient, checking one's frame of mind, and determining the target heart rate.

- **Weight Management and Health Insurance: Setting the Wheels in Motion**

  Source: Washington, DC: American Obesity Association. 1998. 16 p.

  Contact: Available from American Obesity Association. 1250 24th Street, NW, Suite 300, Washington, DC 20037. (800) 986-2373. Website: www.obesity.org.

  Summary: This brochure addresses the issue of insurance reimbursement for weight-loss treatment. It begins by explaining how to determine whether a person is obese and focuses on the use of the body mass index to check for obesity. The brochure continues

by identifying the health risks associated with being overweight and stresses the importance of losing a modest amount of weight to reduce these risks. It highlights the reasons why a health insurance company might be reluctant to pay for weight-loss treatment and offers suggestions on communicating with a health insurance company about reimbursement for such treatment. In addition, the brochure outlines steps that people can take if their request for reimbursement is turned down and concludes with information on the American Obesity Association. 1 figure. 14 references.

- **Weight Management**

  Source: Atlanta, GA: Pritchett and Hull Associates, Inc. 1999. [2 p.].

  Contact: Available from Pritchett and Hull Associates, Inc. 3440 Oakcliff Road, NE, Suite 110, Atlanta, GA 30340-3079. (800) 241-4925 or (770) 451-0602. Fax (800) 752-0510. Website: www.p-h.com. PRICE: $8.25 for a pad of 50 sheets; plus shipping and handling. Item number 287.

  Summary: This fact sheet uses a question and answer format to address the topic of weight management and explains that calculating body mass index (BMI) is one way a person can determine whether he or she is overweight. In addition, the fact sheet lists the health risks of being overweight or obese, offers suggestions for losing weight and reducing health risks, and presents a BMI chart.

- **The No-Fail Diet for Weight Management: More Guidelines for Healthy Living by the Nutrition Experts at UAB Nutrition Information Service**

  Source: Birmingham, AL: University of Alabama at Birmingham, 4 p., N.D.

  Contact: Nutrition Information Service, Nutrition Sciences Department, University of Alabama at Birmingham, Birmingham, AL 35294. 1-800-231-DIET. Available free of charge.

  Summary: This four-page fact sheet offers a diet plan developed by registered dietitians. Though recognizing that metabolic rate and heredity play a role in obesity, limiting fat and caloric intake and burning calories through exercise are the key factors in weight loss. Calories come from carbohydrates, protein, fat, and alcohol; fat is the most concentrated of the calorie sources. The suggested diet plan involves counting fat and caloric intake on a daily basis and allows dieters to eat the foods they want within fat and calorie limits; there are no "forbidden foods" on the plan. Ideas for avoiding fat and making food more appealing while on a diet are included. There is a daily diet plan provided and also a recipe for chicken and pasta salad.

- **Guidelines for Weight Management Programs for Healthy Adults**

  Source: Dallas, TX: American Heart Association, 8p., 1994.

  Contact: American Heart Association, National Center, 7272 Greenville Ave., Dallas, TX 75231-4596. (800) AHA-USA1.

  Summary: This report establishes guidelines for the development and evaluation of nonpharmacological and nonsurgical weight management programs. These guidelines were prepared because of the importance of weight control for achieving and maintaining better health and particularly for preventing and controlling cardiovascular disease. These guidelines focus on the health benefits of weight loss associated with a healthy lifestyle that should lead to improved cardiovascular health. They also emphasize the importance of weight management programs in which participants

achieve and maintain realistic weight-loss goals for a lifetime. The proposed dietary changes, the most important of which is the reduction of total fat and saturated fat, are designed to be palatable. The program is based on a balanced diet and a program of regular exercise.

- **Intense Sweeteners: Effects on Appetite and Weight Management**

  Source: Washington, DC: International Food Information Council. 1991. 4 p.

  Contact: Available from International Food Information Council. 1100 Connecticut Avenue, NW., Suite 430, Washington, DC 20036. (202) 296-6540. PRICE: Single copy free.

  Summary: This review highlights major nutritional studies of low-calorie, intense sweeteners and summarizes their implications for weight management. Most investigations have involved the low-calorie sweetener aspartame because of its widespread use and its ability to replace sucrose and maintain study blind conditions. Research in the areas of weight maintenance and weight loss and the effect of low-calorie sweeteners on the appetite are summarized. 30 references. (AA-M).

- **Weight Management for Athletes: Sample Menus**

  Source: Wisconsin: Dairy Council of Wisconsin, 1p., 1992.

  Contact: Dairy Council of Wisconsin, (800) 325-9121.

  Summary: This two-sided factsheet focuses on the importance of healthy eating for athletes. The factsheet offers tips for eating a well-balanced diet and suggestions for healthy weight loss, weight gain, and weight management strategies. The reverse side offers sample menus for 1,500, 2,000, and 3,000 calorie diets. The reader is advised to match food intake with his/her current activity level.

Healthfinder™

Healthfinder™ is sponsored by the U.S. Department of Health and Human Services and offers links to hundreds of other sites that contain healthcare information. This Web site is located at **http://www.healthfinder.gov**. Again, keyword searches can be used to find guidelines. The following was recently found in this database:

- **Partnership for Healthy Weight Management**

  Summary: Browse this site to learn more about the work of this coalition -- represented by science, academia, the health care profession, government, commercial enterprises and other organizations with a

  Source: General Government Agency

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4560

- **Voluntary Guidelines for Providers of Weight Loss Products or Services**

  Summary: A consensus of voluntary consumer disclosure practices reached by a panel of weight management companies, weight loss professionals, and consumer protection groups.

  Source: Federal Communications Commission

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4510

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is "crawled" and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to weight management. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: **http://search.nih.gov/index.html**.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: **http://search.aol.com/cat.adp?id=168&layer=&from=subcats**
- Family Village: **http://www.familyvillage.wisc.edu/specific.htm**
- Google: **http://directory.google.com/Top/Health/Conditions_and_Diseases/**
- Med Help International: **http://www.medhelp.org/HealthTopics/A.html**
- Open Directory Project: **http://dmoz.org/Health/Conditions_and_Diseases/**
- Yahoo.com: **http://dir.yahoo.com/Health/Diseases_and_Conditions/**
- WebMD®Health: **http://my.webmd.com/health_topics**

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to weight management. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with weight management.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about weight management. For more information, see the NHIC's Web site at **http://www.health.gov/NHIC/** or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at **http://www.sis.nlm.nih.gov/Dir/DirMain.html**. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: **http://dirline.nlm.nih.gov/**. Simply type in "weight management" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at **http://www.sis.nlm.nih.gov/hotlines/**. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "weight management". Type the following hyperlink into your Web browser: **http://chid.nih.gov/detail/detail.html**. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "weight management" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: **http://www.rarediseases.org/search/orgsearch.html**. Type "weight management" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.[19]

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit **http://nnlm.gov/members/adv.html** or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

[19] Adapted from the NLM: **http://www.nlm.nih.gov/psd/cas/interlibrary.html**.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)[20]:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), **http://www.uab.edu/infonet/**
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), **http://www.samaritan.edu/library/bannerlibs.htm**
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), **http://www.humboldt1.com/~kkhic/index.html**
- **California:** Community Health Library of Los Gatos, **http://www.healthlib.org/orgresources.html**
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, **http://www.colapublib.org/services/chips.html**
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), **http://www-med.stanford.edu/healthlibrary/**
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), **http://sfghdean.ucsf.edu/barnett/PERC/default.asp**
- **California:** Redwood Health Library (Petaluma Health Care District), **http://www.phcd.org/rdwdlib.html**
- **California:** Los Gatos PlaneTree Health Library, **http://planetreesanjose.org/**
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), **http://suttermedicalcenter.org/library/**
- **California:** Health Sciences Libraries (University of California, Davis), **http://www.lib.ucdavis.edu/healthsci/**
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), **http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html**
- **California:** Washington Community Health Resource Library (Fremont), **http://www.healthlibrary.org/**
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), **http://www.saintjosephdenver.org/yourhealth/libraries/**
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), **http://www.harthosp.org/library/**
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), **http://library.uchc.edu/departm/hnet/**

[20] Abstracted from **http://www.nlm.nih.gov/medlineplus/libraries.html**.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), **http://www.waterburyhospital.com/library/consumer.shtml**
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), **http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm**
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), **http://www.delamed.org/chls.html**
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), **http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm**
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), **http://www.mccg.org/hrc/hrchome.asp**
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), **http://hml.org/CHIS/**
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), **http://www.nicon.org/DeArmond/index.htm**
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), **http://www.nmh.org/health_info/hlc.html**
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), **http://www.osfsaintfrancis.org/general/library/**
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), **http://www.centralbap.com/education/community/library.cfm**
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), **http://www.mc.uky.edu/PatientEd/**
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), **http://www.ochsner.org/library/**
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, **http://lib-sh.lsuhsc.edu/**
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), **http://www.fchn.org/fmh/lib.htm**
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), **http://www.cmmc.org/library/library.html**
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), **http://www.emh.org/hll/hpl/guide.htm**
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), **http://www.mmc.org/library/**
- **Maine:** Parkview Hospital (Brunswick), **http://www.parkviewhospital.org/**
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), **http://www.smmc.org/services/service.php3?choice=10**
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), **http://www.wmhcc.org/Library/**

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), **http://www.umanitoba.ca/libraries/units/health/reference/chis.html**
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), **http://www.deerlodge.mb.ca/crane_library/about.asp**
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), **http://www.mont.lib.md.us/healthinfo/hic.asp**
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), **http://www.baystatehealth.com/1024/**
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), **http://med-libwww.bu.edu/library/lib.html**
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), **http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm**
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), **http://www.nebh.org/health_lib.asp**
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), **http://www.southcoast.org/library/**
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), **http://www.mgh.harvard.edu/library/chrcindex.html**
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worchester), **http://healthnet.umassmed.edu/**
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), **http://www.botsfordlibrary.org/consumer.htm**
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), **http://www.providence-hospital.org/library/**
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), **http://www.mgh.org/center.html**
- **Michigan:** Patient Education Resouce Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), **http://www.cancer.med.umich.edu/learn/leares.htm**
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), **http://www.henryford.com/body.cfm?id=39330**
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), **http://caphis.mlanet.org/directory/index.html**
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, **http://nnlm.gov/**
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), **http://nnlm.gov/members/**

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), **http://www.lvccld.org/special_collections/medical/index.htm**
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), **http://www.dartmouth.edu/~biomed/resources.htmld/conshealth.htmld/**
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), **http://www.rahwayhospital.com/library.htm**
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), **http://www.englewoodhospital.com/links/index.htm**
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), **http://www.geocities.com/ResearchTriangle/9360/**
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, **http://www.nypl.org/branch/health/links.html**
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), **http://www.upstate.edu/library/hic/**
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), **http://www.lij.edu/library/library.html**
- **New York:** ViaHealth Medical Library (Rochester General Hospital), **http://www.nyam.org/library/**
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), **http://www.akrongeneral.org/hwlibrary.htm**
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), **http://www.sfh-tulsa.com/services/healthinfo.asp**
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), **http://www.mcmc.net/phrc/**
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), **http://www.hmc.psu.edu/commhealth/**
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), **http://www.geisinger.edu/education/commlib.shtml**
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), **http://www.mth.org/healthwellness.html**
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), **http://www.hsls.pitt.edu/guides/chi/hopwood/index_html**
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), **http://www.collphyphil.org/kooppg1.shtml**
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), **http://www.shscares.org/services/lrc/index.asp**
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), **http://www.upmc.edu/passavant/library.htm**
- **Quebec, Canada:** Medical Library (Montreal General Hospital), **http://www.mghlib.mcgill.ca/**

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), **http://www.rcrh.org/Services/Library/Default.asp**
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), **http://hhw.library.tmc.edu/**
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), **http://www.kvch.com/**
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), **http://www.swmedicalcenter.com/body.cfm?id=72**

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference: **http://www.nlm.nih.gov/medlineplus/encyclopedia.html**
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.): **http://www.medterms.com/Script/Main/hp.asp**
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.): **http://www.intelihealth.com/IH/**
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: **http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html**
- On-line Medical Dictionary (CancerWEB): **http://cancerweb.ncl.ac.uk/omd/**
- Rare Diseases Terms (Office of Rare Diseases): **http://ord.aspensys.com/asp/diseases/diseases.asp**
- Technology Glossary (National Library of Medicine) - Health Care Technology: **http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm**

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at **http://www.nlm.nih.gov/medlineplus/encyclopedia.html**. ADAM is also available on commercial Web sites such as drkoop.com (**http://www.drkoop.com/**) and Web MD (**http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a**). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on weight management:

- **Basic Guidelines for Weight Management**

  Weight management
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001943.htm

- **Signs & Symptoms for Weight Management**

  Binge eating
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003265.htm

  Muscle
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003193.htm

  Obese
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003101.htm

  Overweight
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003101.htm

Vomiting
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003117.htm

Weight loss
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003107.htm

- **Nutrition for Weight Management**

Balanced diet
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002449.htm

Cholesterol
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002472.htm

Diet and calories
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002457.htm

Fat
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002468.htm

Fats
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002468.htm

Fiber
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002470.htm

Protein
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002467.htm

Saturated fat
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002468.htm

Well-balanced diet
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002449.htm

- **Background Topics for Weight Management**

Aerobic
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002221.htm

Food guide pyramid
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002093.htm

Height and weight tables
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001938.htm

Intentional weight loss
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001940.htm

Physical activity
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001941.htm

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization): **http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical**
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): **http://mel.lib.mi.us/health/health-dictionaries.html**
- Patient Education: Glossaries (DMOZ Open Directory Project): **http://dmoz.org/Health/Education/Patient_Education/Glossaries/**
- Web of Online Dictionaries (Bucknell University): **http://www.yourdictionary.com/diction5.html#medicine**

WEIGHT MANAGEMENT DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Adaptation: 1. The adjustment of an organism to its environment, or the process by which it enhances such fitness. 2. The normal ability of the eye to adjust itself to variations in the intensity of light; the adjustment to such variations. 3. The decline in the frequency of firing of a neuron, particularly of a receptor, under conditions of constant stimulation. 4. In dentistry, (a) the proper fitting of a denture, (b) the degree of proximity and interlocking of restorative material to a tooth preparation, (c) the exact adjustment of bands to teeth. 5. In microbiology, the adjustment of bacterial physiology to a new environment. [EU]

Adenosine: A nucleoside that is composed of adenine and d-ribose. Adenosine or adenosine derivatives play many important biological roles in addition to being components of DNA and RNA. Adenosine itself is a neurotransmitter. [NIH]

Adipocytes: Fat-storing cells found mostly in the abdominal cavity and subcutaneous tissue. Fat is usually stored in the form of tryglycerides. [NIH]

Adjustment: The dynamic process wherein the thoughts, feelings, behavior, and biophysiological mechanisms of the individual continually change to adjust to the environment. [NIH]

Adolescence: The period of life beginning with the appearance of secondary sex characteristics and terminating with the cessation of somatic growth. The years usually referred to as adolescence lie between 13 and 18 years of age. [NIH]

Adrenal Cortex: The outer layer of the adrenal gland. It secretes mineralocorticoids, androgens, and glucocorticoids. [NIH]

Adverse Effect: An unwanted side effect of treatment. [NIH]

Afferent: Concerned with the transmission of neural impulse toward the central part of the nervous system. [NIH]

Age Groups: Persons classified by age from birth (infant, newborn) to octogenarians and older (aged, 80 and over). [NIH]

Age of Onset: The age or period of life at which a disease or the initial symptoms or manifestations of a disease appear in an individual. [NIH]

Aged, 80 and Over: A person 80 years of age and older. [NIH]

Agonist: In anatomy, a prime mover. In pharmacology, a drug that has affinity for and stimulates physiologic activity at cell receptors normally stimulated by naturally occurring substances. [EU]

Algorithms: A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

Alimentary: Pertaining to food or nutritive material, or to the organs of digestion. [EU]

Alkaline: Having the reactions of an alkali. [EU]

Alkaloid: A member of a large group of chemicals that are made by plants and have nitrogen in them. Some alkaloids have been shown to work against cancer. [NIH]

Aloe: A genus of the family Liliaceae containing anthraquinone glycosides such as aloin-emodin or aloe-emodin (emodin). [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Amenorrhea: Absence of menstruation. [NIH]

Amino Acids: Organic compounds that generally contain an amino (-NH2) and a carboxyl (-COOH) group. Twenty alpha-amino acids are the subunits which are polymerized to form proteins. [NIH]

Amino Acids: Organic compounds that generally contain an amino (-NH2) and a carboxyl (-COOH) group. Twenty alpha-amino acids are the subunits which are polymerized to form proteins. [NIH]

Amphetamine: A powerful central nervous system stimulant and sympathomimetic. Amphetamine has multiple mechanisms of action including blocking uptake of adrenergics and dopamine, stimulation of release of monamines, and inhibiting monoamine oxidase. Amphetamine is also a drug of abuse and a psychotomimetic. The l- and the d,l-forms are included here. The l-form has less central nervous system activity but stronger cardiovascular effects. The d-form is dextroamphetamine. [NIH]

Anaesthesia: Loss of feeling or sensation. Although the term is used for loss of tactile sensibility, or of any of the other senses, it is applied especially to loss of the sensation of pain, as it is induced to permit performance of surgery or other painful procedures. [EU]

Anal: Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

Analgesic: An agent that alleviates pain without causing loss of consciousness. [EU]

Analysis of Variance: A statistical technique that isolates and assesses the contributions of categorical independent variables to variation in the mean of a continuous dependent variable. [NIH]

Androgens: A class of sex hormones associated with the development and maintenance of the secondary male sex characteristics, sperm induction, and sexual differentiation. In addition to increasing virility and libido, they also increase nitrogen and water retention and stimulate skeletal growth. [NIH]

Anesthesia: A state characterized by loss of feeling or sensation. This depression of nerve function is usually the result of pharmacologic action and is induced to allow performance of surgery or other painful procedures. [NIH]

Angina: Chest pain that originates in the heart. [NIH]

Angioplasty: Endovascular reconstruction of an artery, which may include the removal of atheromatous plaque and/or the endothelial lining as well as simple dilatation. These are procedures performed by catheterization. When reconstruction of an artery is performed surgically, it is called endarterectomy. [NIH]

Annealing: The spontaneous alignment of two single DNA strands to form a double helix. [NIH]

Anthelmintic: An agent that is destructive to worms. [EU]

Antiallergic: Counteracting allergy or allergic conditions. [EU]

Antidepressant: A drug used to treat depression. [NIH]

Anti-inflammatory: Having to do with reducing inflammation. [NIH]

Anti-Inflammatory Agents: Substances that reduce or suppress inflammation. [NIH]

Antineoplastic: Inhibiting or preventing the development of neoplasms, checking the

maturation and proliferation of malignant cells. [EU]

Antispasmodic: An agent that relieves spasm. [EU]

Antitussive: An agent that relieves or prevents cough. [EU]

Anxiety: Persistent feeling of dread, apprehension, and impending disaster. [NIH]

Applicability: A list of the commodities to which the candidate method can be applied as presented or with minor modifications. [NIH]

Aqueous: Having to do with water. [NIH]

Arterial: Pertaining to an artery or to the arteries. [EU]

Arteries: The vessels carrying blood away from the heart. [NIH]

Articular: Of or pertaining to a joint. [EU]

Aspartame: Flavoring agent sweeter than sugar, metabolized as phenylalanine and aspartic acid. [NIH]

Aspartic: The naturally occurring substance is L-aspartic acid. One of the acidic-amino-acids is obtained by the hydrolysis of proteins. [NIH]

Aspartic Acid: One of the non-essential amino acids commonly occurring in the L-form. It is found in animals and plants, especially in sugar cane and sugar beets. It may be a neurotransmitter. [NIH]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccal, rodlike or bacillary, and spiral or spirochetal. [NIH]

Bacterium: Microscopic organism which may have a spherical, rod-like, or spiral unicellular or non-cellular body. Bacteria usually reproduce through asexual processes. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Behavior Therapy: The application of modern theories of learning and conditioning in the treatment of behavior disorders. [NIH]

Binding Sites: The reactive parts of a macromolecule that directly participate in its specific combination with another molecule. [NIH]

Biochemical: Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

Biomechanics: The study of the application of mechanical laws and the action of forces to living structures. [NIH]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Bladder: The organ that stores urine. [NIH]

Blood Coagulation: The process of the interaction of blood coagulation factors that results in an insoluble fibrin clot. [NIH]

Blood Glucose: Glucose in blood. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Body Composition: The relative amounts of various components in the body, such as percent body fat. [NIH]

Body Image: Individuals' personal concept of their bodies as objects in and bound by space, independently and apart from all other objects. [NIH]

Body Mass Index: One of the anthropometric measures of body mass; it has the highest correlation with skinfold thickness or body density. [NIH]

Bowel: The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

Bowel Movement: Body wastes passed through the rectum and anus. [NIH]

Branch: Most commonly used for branches of nerves, but applied also to other structures. [NIH]

Breakdown: A physical, metal, or nervous collapse. [NIH]

Bulimia: Episodic binge eating. The episodes may be associated with the fear of not being able to stop eating, depressed mood, or self-deprecating thoughts (binge-eating disorder) and may frequently be terminated by self-induced vomiting (bulimia nervosa). [NIH]

Bupropion: A unicyclic, aminoketone antidepressant. The mechanism of its therapeutic actions is not well understood, but it does appear to block dopamine uptake. The hydrochloride is available as an aid to smoking cessation treatment. [NIH]

Burns: Injuries to tissues caused by contact with heat, steam, chemicals (burns, chemical), electricity (burns, electric), or the like. [NIH]

Burns, Electric: Burns produced by contact with electric current or from a sudden discharge of electricity. [NIH]

Butyric Acid: A four carbon acid, CH3CH2CH2COOH, with an unpleasant odor that occurs in butter and animal fat as the glycerol ester. [NIH]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Caloric intake: Refers to the number of calories (energy content) consumed. [NIH]

Calorimeter: Measures the amounts of heat absorbed or given off by a solid, a liquid, or a gas. [NIH]

Capsules: Hard or soft soluble containers used for the oral administration of medicine. [NIH]

Carbohydrate: An aldehyde or ketone derivative of a polyhydric alcohol, particularly of the pentahydric and hexahydric alcohols. They are so named because the hydrogen and oxygen are usually in the proportion to form water, (CH2O)n. The most important carbohydrates are the starches, sugars, celluloses, and gums. They are classified into mono-, di-, tri-, poly- and heterosaccharides. [EU]

Carcinogens: Substances that increase the risk of neoplasms in humans or animals. Both

genotoxic chemicals, which affect DNA directly, and nongenotoxic chemicals, which induce neoplasms by other mechanism, are included. [NIH]

Carcinoma: Cancer that begins in the skin or in tissues that line or cover internal organs. [NIH]

Cardiac: Having to do with the heart. [NIH]

Cardiorespiratory: Relating to the heart and lungs and their function. [EU]

Cardiovascular: Having to do with the heart and blood vessels. [NIH]

Cardiovascular disease: Any abnormal condition characterized by dysfunction of the heart and blood vessels. CVD includes atherosclerosis (especially coronary heart disease, which can lead to heart attacks), cerebrovascular disease (e.g., stroke), and hypertension (high blood pressure). [NIH]

Cardiovascular System: The heart and the blood vessels by which blood is pumped and circulated through the body. [NIH]

Carnitine: Constituent of striated muscle and liver. It is used therapeutically to stimulate gastric and pancreatic secretions and in the treatment of hyperlipoproteinemias. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Case series: A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment. [NIH]

Catecholamine: A group of chemical substances manufactured by the adrenal medulla and secreted during physiological stress. [NIH]

Catheterization: Use or insertion of a tubular device into a duct, blood vessel, hollow organ, or body cavity for injecting or withdrawing fluids for diagnostic or therapeutic purposes. It differs from intubation in that the tube here is used to restore or maintain patency in obstructions. [NIH]

Caudal: Denoting a position more toward the cauda, or tail, than some specified point of reference; same as inferior, in human anatomy. [EU]

Cause of Death: Factors which produce cessation of all vital bodily functions. They can be analyzed from an epidemiologic viewpoint. [NIH]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Cell Division: The fission of a cell. [NIH]

Cellobiose: A disaccharide consisting of two glucose units in beta (1-4) glycosidic linkage. Obtained from the partial hydrolysis of cellulose. [NIH]

Cellulose: A polysaccharide with glucose units linked as in cellobiose. It is the chief constituent of plant fibers, cotton being the purest natural form of the substance. As a raw material, it forms the basis for many derivatives used in chromatography, ion exchange materials, explosives manufacturing, and pharmaceutical preparations. [NIH]

Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Cerebrovascular: Pertaining to the blood vessels of the cerebrum, or brain. [EU]

Cervical: Relating to the neck, or to the neck of any organ or structure. Cervical lymph nodes are located in the neck; cervical cancer refers to cancer of the uterine cervix, which is the lower, narrow end (the "neck") of the uterus. [NIH]

Cervix: The lower, narrow end of the uterus that forms a canal between the uterus and vagina. [NIH]

Cholesterol: The principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in animal fats and oils. [NIH]

Cholinergic: Resembling acetylcholine in pharmacological action; stimulated by or releasing acetylcholine or a related compound. [EU]

Chromium: A trace element that plays a role in glucose metabolism. It has the atomic symbol Cr, atomic number 24, and atomic weight 52. According to the Fourth Annual Report on Carcinogens (NTP85-002,1985), chromium and some of its compounds have been listed as known carcinogens. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Chronic Disease: Disease or ailment of long duration. [NIH]

Chronic renal: Slow and progressive loss of kidney function over several years, often resulting in end-stage renal disease. People with end-stage renal disease need dialysis or transplantation to replace the work of the kidneys. [NIH]

Clamp: A u-shaped steel rod used with a pin or wire for skeletal traction in the treatment of certain fractures. [NIH]

Clinical study: A research study in which patients receive treatment in a clinic or other medical facility. Reports of clinical studies can contain results for single patients (case reports) or many patients (case series or clinical trials). [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Cloning: The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

Codeine: An opioid analgesic related to morphine but with less potent analgesic properties and mild sedative effects. It also acts centrally to suppress cough. [NIH]

Cognitive behavior therapy: A system of psychotherapy based on the premise that distorted or dysfunctional thinking, which influences a person's mood or behavior, is common to all psychosocial problems. The focus of therapy is to identify the distorted thinking and to replace it with more rational, adaptive thoughts and beliefs. [NIH]

Cognitive restructuring: A method of identifying and replacing fear-promoting, irrational beliefs with more realistic and functional ones. [NIH]

Community Health Nursing: General and comprehensive nursing practice directed to individuals, families, or groups as it relates to and contributes to the health of a population. This is not an official program of a Public Health Department. [NIH]

Comorbidity: The presence of co-existing or additional diseases with reference to an initial diagnosis or with reference to the index condition that is the subject of study. Comorbidity may affect the ability of affected individuals to function and also their survival; it may be used as a prognostic indicator for length of hospital stay, cost factors, and outcome or survival. [NIH]

Competency: The capacity of the bacterium to take up DNA from its surroundings. [NIH]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Complementary and alternative medicine: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complementary medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Conjugated: Acting or operating as if joined; simultaneous. [EU]

Consciousness: Sense of awareness of self and of the environment. [NIH]

Constipation: Infrequent or difficult evacuation of feces. [NIH]

Consumption: Pulmonary tuberculosis. [NIH]

Contamination: The soiling or pollution by inferior material, as by the introduction of organisms into a wound, or sewage into a stream. [EU]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Control group: In a clinical trial, the group that does not receive the new treatment being studied. This group is compared to the group that receives the new treatment, to see if the new treatment works. [NIH]

Controlled study: An experiment or clinical trial that includes a comparison (control) group. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary heart disease: A type of heart disease caused by narrowing of the coronary arteries that feed the heart, which needs a constant supply of oxygen and nutrients carried by the blood in the coronary arteries. When the coronary arteries become narrowed or clogged by fat and cholesterol deposits and cannot supply enough blood to the heart, CHD results. [NIH]

Coronary Thrombosis: Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

Corticosteroid: Any of the steroids elaborated by the adrenal cortex (excluding the sex hormones of adrenal origin) in response to the release of corticotrophin (adrenocorticotropic hormone) by the pituitary gland, to any of the synthetic equivalents of these steroids, or to angiotensin II. They are divided, according to their predominant biological activity, into three major groups: glucocorticoids, chiefly influencing carbohydrate, fat, and protein metabolism; mineralocorticoids, affecting the regulation of electrolyte and water balance; and C19 androgens. Some corticosteroids exhibit both types of activity in varying degrees, and others exert only one type of effect. The corticosteroids are used clinically for hormonal replacement therapy, for suppression of ACTH secretion by the anterior pituitary, as antineoplastic, antiallergic, and anti-inflammatory agents, and to suppress the immune response. Called also adrenocortical hormone and corticoid. [EU]

Cotinine: 1-Methyl-5-(3-pyridyl)-2-pyrrolidinone fumarate. Stimulant proposed as antidepressant. Synonym: Scotine. [NIH]

Curative: Tending to overcome disease and promote recovery. [EU]

Dairy Products: Raw and processed or manufactured milk and milk-derived products. These are usually from cows (bovine) but are also from goats, sheep, reindeer, and water buffalo. [NIH]

Data Collection: Systematic gathering of data for a particular purpose from various sources, including questionnaires, interviews, observation, existing records, and electronic devices. The process is usually preliminary to statistical analysis of the data. [NIH]

Databases, Bibliographic: Extensive collections, reputedly complete, of references and citations to books, articles, publications, etc., generally on a single subject or specialized subject area. Databases can operate through automated files, libraries, or computer disks. The concept should be differentiated from factual databases which is used for collections of data and facts apart from bibliographic references to them. [NIH]

Decision Making: The process of making a selective intellectual judgment when presented with several complex alternatives consisting of several variables, and usually defining a course of action or an idea. [NIH]

Degenerative: Undergoing degeneration : tending to degenerate; having the character of or involving degeneration; causing or tending to cause degeneration. [EU]

Denaturation: Rupture of the hydrogen bonds by heating a DNA solution and then cooling it rapidly causes the two complementary strands to separate. [NIH]

Dendrites: Extensions of the nerve cell body. They are short and branched and receive stimuli from other neurons. [NIH]

Density: The logarithm to the base 10 of the opacity of an exposed and processed film. [NIH]

Deprivation: Loss or absence of parts, organs, powers, or things that are needed. [EU]

Dextroamphetamine: The d-form of amphetamine. It is a central nervous system stimulant and a sympathomimetic. It has also been used in the treatment of narcolepsy and of attention deficit disorders and hyperactivity in children. Dextroamphetamine has multiple mechanisms of action including blocking uptake of adrenergics and dopamine, stimulating release of monamines, and inhibiting monoamine oxidase. It is also a drug of abuse and a psychotomimetic. [NIH]

Diabetes Mellitus: A heterogeneous group of disorders that share glucose intolerance in common. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Dialyzer: A part of the hemodialysis machine. (See hemodialysis under dialysis.) The dialyzer has two sections separated by a membrane. One section holds dialysate. The other holds the patient's blood. [NIH]

Diastolic: Of or pertaining to the diastole. [EU]

Diencephalon: The paired caudal parts of the prosencephalon from which the thalamus, hypothalamus, epithalamus, and subthalamus are derived. [NIH]

Dietitian: An expert in nutrition who helps people plan what and how much food to eat. [NIH]

Digestion: The process of breakdown of food for metabolism and use by the body. [NIH]

Digestive system: The organs that take in food and turn it into products that the body can use to stay healthy. Waste products the body cannot use leave the body through bowel movements. The digestive system includes the salivary glands, mouth, esophagus, stomach, liver, pancreas, gallbladder, small and large intestines, and rectum. [NIH]

Dilatation: The act of dilating. [NIH]

Diploid: Having two sets of chromosomes. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Domesticated: Species in which the evolutionary process has been influenced by humans to meet their needs. [NIH]

Dopamine: An endogenous catecholamine and prominent neurotransmitter in several systems of the brain. In the synthesis of catecholamines from tyrosine, it is the immediate precursor to norepinephrine and epinephrine. Dopamine is a major transmitter in the extrapyramidal system of the brain, and important in regulating movement. A family of dopaminergic receptor subtypes mediate its action. Dopamine is used pharmacologically for its direct (beta adrenergic agonist) and indirect (adrenergic releasing) sympathomimetic effects including its actions as an inotropic agent and as a renal vasodilator. [NIH]

Dorsal: 1. Pertaining to the back or to any dorsum. 2. Denoting a position more toward the back surface than some other object of reference; same as posterior in human anatomy; superior in the anatomy of quadrupeds. [EU]

Dorsum: A plate of bone which forms the posterior boundary of the sella turcica. [NIH]

Drive: A state of internal activity of an organism that is a necessary condition before a given stimulus will elicit a class of responses; e.g., a certain level of hunger (drive) must be present before food will elicit an eating response. [NIH]

Drug Interactions: The action of a drug that may affect the activity, metabolism, or toxicity of another drug. [NIH]

Duct: A tube through which body fluids pass. [NIH]

Duke: A lamp which produces ultraviolet radiations for certain ophthalmologic therapy. [NIH]

Duodenum: The first part of the small intestine. [NIH]

Dynorphins: A class of opioid peptides including dynorphin A, dynorphin B, and smaller fragments of these peptides. Dynorphins prefer kappa-opioid receptors (receptors, opioid, kappa) and have been shown to play a role as central nervous system transmitters. [NIH]

Dyspepsia: Impaired digestion, especially after eating. [NIH]

Dysphoric: A feeling of unpleasantness and discomfort. [NIH]

Eating Disorders: A group of disorders characterized by physiological and psychological disturbances in appetite or food intake. [NIH]

Efferent Pathways: Nerve structures through which impulses are conducted from a nerve center toward a peripheral site. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Ego: The conscious portion of the personality structure which serves to mediate between the demands of the primitive instinctual drives, (the id), of internalized parental and social prohibitions or the conscience, (the superego), and of reality. [NIH]

Electrolyte: A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

Embryo: The prenatal stage of mammalian development characterized by rapid morphological changes and the differentiation of basic structures. [NIH]

Emodin: Purgative anthraquinone found in several plants, especially Rhamnus frangula. It was formerly used as a laxative, but is now used mainly as tool in toxicity studies. [NIH]

Emulsions: Colloids of two immiscible liquids where either phase may be either fatty or aqueous; lipid-in-water emulsions are usually liquid, like milk or lotion and water-in-lipid emulsions tend to be creams. [NIH]

Endarterectomy: Surgical excision, performed under general anesthesia, of the atheromatous tunica intima of an artery. When reconstruction of an artery is performed as an endovascular procedure through a catheter, it is called atherectomy. [NIH]

Endorphins: One of the three major groups of endogenous opioid peptides. They are large peptides derived from the pro-opiomelanocortin precursor. The known members of this group are alpha-, beta-, and gamma-endorphin. The term endorphin is also sometimes used to refer to all opioid peptides, but the narrower sense is used here; opioid peptides is used for the broader group. [NIH]

Endothelial cell: The main type of cell found in the inside lining of blood vessels, lymph vessels, and the heart. [NIH]

Endothelium: A layer of epithelium that lines the heart, blood vessels (endothelium, vascular), lymph vessels (endothelium, lymphatic), and the serous cavities of the body. [NIH]

Endothelium, Lymphatic: Unbroken cellular lining (intima) of the lymph vessels (e.g., the high endothelial lymphatic venules). It is more permeable than vascular endothelium, lacking selective absorption and functioning mainly to remove plasma proteins that have filtered through the capillaries into the tissue spaces. [NIH]

Endothelium, Vascular: Single pavement layer of cells which line the luminal surface of the entire vascular system and regulate the transport of macromolecules and blood components from interstitium to lumen; this function has been most intensively studied in the blood

capillaries. [NIH]

Endotoxins: Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

End-stage renal: Total chronic kidney failure. When the kidneys fail, the body retains fluid and harmful wastes build up. A person with ESRD needs treatment to replace the work of the failed kidneys. [NIH]

Energy balance: Energy is the capacity of a body or a physical system for doing work. Energy balance is the state in which the total energy intake equals total energy needs. [NIH]

Energy Intake: Total number of calories taken in daily whether ingested or by parenteral routes. [NIH]

Enkephalins: One of the three major families of endogenous opioid peptides. The enkephalins are pentapeptides that are widespread in the central and peripheral nervous systems and in the adrenal medulla. [NIH]

Enteral Nutrition: Nutritional support given via the alimentary canal or any route connected to the gastrointestinal system (i.e., the enteral route). This includes oral feeding, sip feeding, and tube feeding using nasogastric, gastrostomy, and jejunostomy tubes. [NIH]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Enzyme: A protein that speeds up chemical reactions in the body. [NIH]

Eosinophilia: Abnormal increase in eosinophils in the blood, tissues or organs. [NIH]

Epidemic: Occurring suddenly in numbers clearly in excess of normal expectancy; said especially of infectious diseases but applied also to any disease, injury, or other health-related event occurring in such outbreaks. [EU]

Epithelium: One or more layers of epithelial cells, supported by the basal lamina, which covers the inner or outer surfaces of the body. [NIH]

Esophagus: The muscular tube through which food passes from the throat to the stomach. [NIH]

Eukaryotic Cells: Cells of the higher organisms, containing a true nucleus bounded by a nuclear membrane. [NIH]

Excitability: Property of a cardiac cell whereby, when the cell is depolarized to a critical level (called threshold), the membrane becomes permeable and a regenerative inward current causes an action potential. [NIH]

Exogenous: Developed or originating outside the organism, as exogenous disease. [EU]

Exudate: Material, such as fluid, cells, or cellular debris, which has escaped from blood vessels and has been deposited in tissues or on tissue surfaces, usually as a result of inflammation. An exudate, in contrast to a transudate, is characterized by a high content of protein, cells, or solid materials derived from cells. [EU]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Fasciitis: Inflammation of the fascia. There are three major types: 1) Eosinophilic fasciitis, an inflammatory reaction with eosinophilia, producing hard thickened skin with an orange-peel configuration suggestive of scleroderma and considered by some a variant of scleroderma; 2) Necrotizing fasciitis, a serious fulminating infection (usually by a beta

hemolytic Streptococcus) causing extensive necrosis of superficial fascia; 3) Nodular/Pseudosarcomatous/Proliferative fasciitis, characterized by a rapid growth of fibroblasts with mononuclear inflammatory cells and proliferating capillaries in soft tissue, often the forearm; it is not malignant but is sometimes mistaken for fibrosarcoma. [NIH]

Fat: Total lipids including phospholipids. [NIH]

Fatty acids: A major component of fats that are used by the body for energy and tissue development. [NIH]

Feeding Behavior: Behavioral responses or sequences associated with eating including modes of feeding, rhythmic patterns of eating, and time intervals. [NIH]

Fibroblasts: Connective tissue cells which secrete an extracellular matrix rich in collagen and other macromolecules. [NIH]

Fibrosarcoma: A type of soft tissue sarcoma that begins in fibrous tissue, which holds bones, muscles, and other organs in place. [NIH]

Flatus: Gas passed through the rectum. [NIH]

Focus Groups: A method of data collection and a qualitative research tool in which a small group of individuals are brought together and allowed to interact in a discussion of their opinions about topics, issues, or questions. [NIH]

Food Exchange: See: Exchange lists. [NIH]

Food Habits: Acquired or learned food preferences. [NIH]

Food Preferences: The selection of one food over another. [NIH]

Forearm: The part between the elbow and the wrist. [NIH]

Fungi: A kingdom of eukaryotic, heterotrophic organisms that live as saprobes or parasites, including mushrooms, yeasts, smuts, molds, etc. They reproduce either sexually or asexually, and have life cycles that range from simple to complex. Filamentous fungi refer to those that grow as multicelluar colonies (mushrooms and molds). [NIH]

Gait: Manner or style of walking. [NIH]

Gallbladder: The pear-shaped organ that sits below the liver. Bile is concentrated and stored in the gallbladder. [NIH]

Gas: Air that comes from normal breakdown of food. The gases are passed out of the body through the rectum (flatus) or the mouth (burp). [NIH]

Gastric: Having to do with the stomach. [NIH]

Gastrointestinal: Refers to the stomach and intestines. [NIH]

Gastrostomy: Creation of an artificial external opening into the stomach for nutritional support or gastrointestinal compression. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

Genetic testing: Analyzing DNA to look for a genetic alteration that may indicate an increased risk for developing a specific disease or disorder. [NIH]

Genetics: The biological science that deals with the phenomena and mechanisms of heredity. [NIH]

Genotype: The genetic constitution of the individual; the characterization of the genes. [NIH]

Gestational: Psychosis attributable to or occurring during pregnancy. [NIH]

Gland: An organ that produces and releases one or more substances for use in the body.

Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Glomerular: Pertaining to or of the nature of a glomerulus, especially a renal glomerulus. [EU]

Glucocorticoids: A group of corticosteroids that affect carbohydrate metabolism (gluconeogenesis, liver glycogen deposition, elevation of blood sugar), inhibit corticotropin secretion, and possess pronounced anti-inflammatory activity. They also play a role in fat and protein metabolism, maintenance of arterial blood pressure, alteration of the connective tissue response to injury, reduction in the number of circulating lymphocytes, and functioning of the central nervous system. [NIH]

Glucose: D-Glucose. A primary source of energy for living organisms. It is naturally occurring and is found in fruits and other parts of plants in its free state. It is used therapeutically in fluid and nutrient replacement. [NIH]

Glucose Intolerance: A pathological state in which the fasting plasma glucose level is less than 140 mg per deciliter and the 30-, 60-, or 90-minute plasma glucose concentration following a glucose tolerance test exceeds 200 mg per deciliter. This condition is seen frequently in diabetes mellitus but also occurs with other diseases. [NIH]

Glucose tolerance: The power of the normal liver to absorb and store large quantities of glucose and the effectiveness of intestinal absorption of glucose. The glucose tolerance test is a metabolic test of carbohydrate tolerance that measures active insulin, a hepatic function based on the ability of the liver to absorb glucose. The test consists of ingesting 100 grams of glucose into a fasting stomach; blood sugar should return to normal in 2 to 21 hours after ingestion. [NIH]

Glucose Tolerance Test: Determination of whole blood or plasma sugar in a fasting state before and at prescribed intervals (usually 1/2 hr, 1 hr, 3 hr, 4 hr) after taking a specified amount (usually 100 gm orally) of glucose. [NIH]

Glycerol: A trihydroxy sugar alcohol that is an intermediate in carbohydrate and lipid metabolism. It is used as a solvent, emollient, pharmaceutical agent, and sweetening agent. [NIH]

Glycoside: Any compound that contains a carbohydrate molecule (sugar), particularly any such natural product in plants, convertible, by hydrolytic cleavage, into sugar and a nonsugar component (aglycone), and named specifically for the sugar contained, as glucoside (glucose), pentoside (pentose), fructoside (fructose) etc. [EU]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Growth: The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

Haploid: An organism with one basic chromosome set, symbolized by n; the normal condition of gametes in diploids. [NIH]

Headache: Pain in the cranial region that may occur as an isolated and benign symptom or as a manifestation of a wide variety of conditions including subarachnoid hemorrhage; craniocerebral trauma; central nervous system infections; intracranial hypertension; and other disorders. In general, recurrent headaches that are not associated with a primary disease process are referred to as headache disorders (e.g., migraine). [NIH]

Health Behavior: Behaviors expressed by individuals to protect, maintain or promote their health status. For example, proper diet, and appropriate exercise are activities perceived to influence health status. Life style is closely associated with health behavior and factors influencing life style are socioeconomic, educational, and cultural. [NIH]

Health Education: Education that increases the awareness and favorably influences the attitudes and knowledge relating to the improvement of health on a personal or community basis. [NIH]

Health Promotion: Encouraging consumer behaviors most likely to optimize health potentials (physical and psychosocial) through health information, preventive programs, and access to medical care. [NIH]

Health Status: The level of health of the individual, group, or population as subjectively assessed by the individual or by more objective measures. [NIH]

Heart attack: A seizure of weak or abnormal functioning of the heart. [NIH]

Heartburn: Substernal pain or burning sensation, usually associated with regurgitation of gastric juice into the esophagus. [NIH]

Heme: The color-furnishing portion of hemoglobin. It is found free in tissues and as the prosthetic group in many hemeproteins. [NIH]

Hemodialysis: The use of a machine to clean wastes from the blood after the kidneys have failed. The blood travels through tubes to a dialyzer, which removes wastes and extra fluid. The cleaned blood then flows through another set of tubes back into the body. [NIH]

Hemolytic: A disease that affects the blood and blood vessels. It destroys red blood cells, cells that cause the blood to clot, and the lining of blood vessels. HUS is often caused by the Escherichia coli bacterium in contaminated food. People with HUS may develop acute renal failure. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Hepatic: Refers to the liver. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

Heterotrophic: Pertaining to organisms that are consumers and dependent on other organisms for their source of energy (food). [NIH]

Homeostasis: The processes whereby the internal environment of an organism tends to remain balanced and stable. [NIH]

Homologous: Corresponding in structure, position, origin, etc., as (a) the feathers of a bird and the scales of a fish, (b) antigen and its specific antibody, (c) allelic chromosomes. [EU]

Hormonal: Pertaining to or of the nature of a hormone. [EU]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Hybridomas: Cells artificially created by fusion of activated lymphocytes with neoplastic cells. The resulting hybrid cells are cloned and produce pure or "monoclonal" antibodies or T-cell products, identical to those produced by the immunologically competent parent, and continually grow and divide as the neoplastic parent. [NIH]

Hydrogen: The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

Hydrolysis: The process of cleaving a chemical compound by the addition of a molecule of water. [NIH]

Hyperphagia: Ingestion of a greater than optimal quantity of food. [NIH]

Hypersensitivity: Altered reactivity to an antigen, which can result in pathologic reactions upon subsequent exposure to that particular antigen. [NIH]

Hypertension: Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

Hypothalamic: Of or involving the hypothalamus. [EU]

Hypothalamus: Ventral part of the diencephalon extending from the region of the optic chiasm to the caudal border of the mammillary bodies and forming the inferior and lateral walls of the third ventricle. [NIH]

Id: The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

Idiopathic: Describes a disease of unknown cause. [NIH]

Ileum: The lower end of the small intestine. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immune system: The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

Impairment: In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. [NIH]

In situ: In the natural or normal place; confined to the site of origin without invasion of neighbouring tissues. [EU]

In Situ Hybridization: A technique that localizes specific nucleic acid sequences within intact chromosomes, eukaryotic cells, or bacterial cells through the use of specific nucleic acid-labeled probes. [NIH]

In vitro: In the laboratory (outside the body). The opposite of in vivo (in the body). [NIH]

In vivo: In the body. The opposite of in vitro (outside the body or in the laboratory). [NIH]

Incontinence: Inability to control the flow of urine from the bladder (urinary incontinence) or the escape of stool from the rectum (fecal incontinence). [NIH]

Indicative: That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

Induction: The act or process of inducing or causing to occur, especially the production of a specific morphogenetic effect in the developing embryo through the influence of evocators or organizers, or the production of anaesthesia or unconsciousness by use of appropriate agents. [EU]

Infant, Newborn: An infant during the first month after birth. [NIH]

Infarction: A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical

signs of pain, heat, redness, swelling, and loss of function. [NIH]

Infusion: A method of putting fluids, including drugs, into the bloodstream. Also called intravenous infusion. [NIH]

Ingestion: Taking into the body by mouth [NIH]

Inpatients: Persons admitted to health facilities which provide board and room, for the purpose of observation, care, diagnosis or treatment. [NIH]

Insight: The capacity to understand one's own motives, to be aware of one's own psychodynamics, to appreciate the meaning of symbolic behavior. [NIH]

Insomnia: Difficulty in going to sleep or getting enough sleep. [NIH]

Insufflation: The act of blowing a powder, vapor, or gas into any body cavity for experimental, diagnostic, or therapeutic purposes. [NIH]

Insulin: A protein hormone secreted by beta cells of the pancreas. Insulin plays a major role in the regulation of glucose metabolism, generally promoting the cellular utilization of glucose. It is also an important regulator of protein and lipid metabolism. Insulin is used as a drug to control insulin-dependent diabetes mellitus. [NIH]

Insulin-dependent diabetes mellitus: A disease characterized by high levels of blood glucose resulting from defects in insulin secretion, insulin action, or both. Autoimmune, genetic, and environmental factors are involved in the development of type I diabetes. [NIH]

Interleukin-6: Factor that stimulates the growth and differentiation of human B-cells and is also a growth factor for hybridomas and plasmacytomas. It is produced by many different cells including T-cells, monocytes, and fibroblasts. [NIH]

Intermittent: Occurring at separated intervals; having periods of cessation of activity. [EU]

Interstitial: Pertaining to or situated between parts or in the interspaces of a tissue. [EU]

Intervertebral: Situated between two contiguous vertebrae. [EU]

Intervertebral Disk Displacement: An intervertebral disk in which the nucleus pulposus has protruded through surrounding fibrocartilage. This occurs most frequently in the lower lumbar region. [NIH]

Intestinal: Having to do with the intestines. [NIH]

Intestines: The section of the alimentary canal from the stomach to the anus. It includes the large intestine and small intestine. [NIH]

Intoxication: Poisoning, the state of being poisoned. [EU]

Intravenous: IV. Into a vein. [NIH]

Involuntary: Reaction occurring without intention or volition. [NIH]

Irritable Bowel Syndrome: A disorder that comes and goes. Nerves that control the muscles in the GI tract are too active. The GI tract becomes sensitive to food, stool, gas, and stress. Causes abdominal pain, bloating, and constipation or diarrhea. Also called spastic colon or mucous colitis. [NIH]

Jejunostomy: Surgical formation of an opening through the abdominal wall into the jejunum, usually for enteral hyperalimentation. [NIH]

Joint: The point of contact between elements of an animal skeleton with the parts that surround and support it. [NIH]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Keto: It consists of 8 carbon atoms and within the endotoxins, it connects poysaccharide and

lipid A. [NIH]

Lactation: The period of the secretion of milk. [EU]

Large Intestine: The part of the intestine that goes from the cecum to the rectum. The large intestine absorbs water from stool and changes it from a liquid to a solid form. The large intestine is 5 feet long and includes the appendix, cecum, colon, and rectum. Also called colon. [NIH]

Leptin: A 16-kD peptide hormone secreted from white adipocytes and implicated in the regulation of food intake and energy balance. Leptin provides the key afferent signal from fat cells in the feedback system that controls body fat stores. [NIH]

Lesion: An area of abnormal tissue change. [NIH]

Library Services: Services offered to the library user. They include reference and circulation. [NIH]

Life cycle: The successive stages through which an organism passes from fertilized ovum or spore to the fertilized ovum or spore of the next generation. [NIH]

Ligaments: Shiny, flexible bands of fibrous tissue connecting together articular extremities of bones. They are pliant, tough, and inextensile. [NIH]

Lipase: An enzyme of the hydrolase class that catalyzes the reaction of triacylglycerol and water to yield diacylglycerol and a fatty acid anion. It is produced by glands on the tongue and by the pancreas and initiates the digestion of dietary fats. (From Dorland, 27th ed) EC 3.1.1.3. [NIH]

Lipid: Fat. [NIH]

Lipid A: Lipid A is the biologically active component of lipopolysaccharides. It shows strong endotoxic activity and exhibits immunogenic properties. [NIH]

Lipolysis: The hydrolysis of lipids. [NIH]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Locomotion: Movement or the ability to move from one place or another. It can refer to humans, vertebrate or invertebrate animals, and microorganisms. [NIH]

Locoregional: The characteristic of a disease-producing organism to transfer itself, but typically to the same region of the body (a leg, the lungs, .) [EU]

Loneliness: The state of feeling sad or dejected as a result of lack of companionship or being separated from others. [NIH]

Long-Term Care: Care over an extended period, usually for a chronic condition or disability, requiring periodic, intermittent, or continuous care. [NIH]

Low Back Pain: Acute or chronic pain in the lumbar or sacral regions, which may be associated with musculo-ligamentous sprains and strains; intervertebral disk displacement; and other conditions. [NIH]

Lumbar: Pertaining to the loins, the part of the back between the thorax and the pelvis. [EU]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymph node: A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

Malignant: Cancerous; a growth with a tendency to invade and destroy nearby tissue and spread to other parts of the body. [NIH]

Malnutrition: A condition caused by not eating enough food or not eating a balanced diet. [NIH]

Meat: The edible portions of any animal used for food including domestic mammals (the major ones being cattle, swine, and sheep) along with poultry, fish, shellfish, and game. [NIH]

Medial: Lying near the midsaggital plane of the body; opposed to lateral. [NIH]

Mediate: Indirect; accomplished by the aid of an intervening medium. [EU]

Medicament: A medicinal substance or agent. [EU]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Meiosis: A special method of cell division, occurring in maturation of the germ cells, by means of which each daughter nucleus receives half the number of chromosomes characteristic of the somatic cells of the species. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Menstruation: The normal physiologic discharge through the vagina of blood and mucosal tissues from the nonpregnant uterus. [NIH]

Mental Disorders: Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function. [NIH]

Mental Health: The state wherein the person is well adjusted. [NIH]

Mental Processes: Conceptual functions or thinking in all its forms. [NIH]

Mentors: Senior professionals who provide guidance, direction and support to those persons desirous of improvement in academic positions, administrative positions or other career development situations. [NIH]

MI: Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Microbe: An organism which cannot be observed with the naked eye; e. g. unicellular animals, lower algae, lower fungi, bacteria. [NIH]

Micronutrients: Essential dietary elements or organic compounds that are required in only small quantities for normal physiologic processes to occur. [NIH]

Midaxillary line: An imaginary vertical line that passes midway between the anterior and posterior axillary (armpit) folds. [NIH]

Millimeter: A measure of length. A millimeter is approximately 26-times smaller than an inch. [NIH]

Mineralocorticoids: A group of corticosteroids primarily associated with the regulation of water and electrolyte balance. This is accomplished through the effect on ion transport in renal tubules, resulting in retention of sodium and loss of potassium. Mineralocorticoid secretion is itself regulated by plasma volume, serum potassium, and angiotensin II. [NIH]

Mobility: Capability of movement, of being moved, or of flowing freely. [EU]

Modeling: A treatment procedure whereby the therapist presents the target behavior which the learner is to imitate and make part of his repertoire. [NIH]

Modification: A change in an organism, or in a process in an organism, that is acquired

from its own activity or environment. [NIH]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Monitor: An apparatus which automatically records such physiological signs as respiration, pulse, and blood pressure in an anesthetized patient or one undergoing surgical or other procedures. [NIH]

Monoamine: Enzyme that breaks down dopamine in the astrocytes and microglia. [NIH]

Monocyte: A type of white blood cell. [NIH]

Mononuclear: A cell with one nucleus. [NIH]

Morphine: The principal alkaloid in opium and the prototype opiate analgesic and narcotic. Morphine has widespread effects in the central nervous system and on smooth muscle. [NIH]

Motility: The ability to move spontaneously. [EU]

Motivations: The most compelling inner determinants of human behavior; also called drives, urges, impulses, needs, wants, tensions, and willful cravings. [NIH]

Motor Neurons: Neurons which activate muscle cells. [NIH]

Myocardium: The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

Naive: Used to describe an individual who has never taken a certain drug or class of drugs (e. g., AZT-naive, antiretroviral-naive), or to refer to an undifferentiated immune system cell. [NIH]

Narcotic: 1. Pertaining to or producing narcosis. 2. An agent that produces insensibility or stupor, applied especially to the opioids, i.e. to any natural or synthetic drug that has morphine-like actions. [EU]

Nasogastric: The process of passing a small, flexible plastic tube through the nose or mouth into the stomach or small intestine. [NIH]

NCI: National Cancer Institute. NCI, part of the National Institutes of Health of the United States Department of Health and Human Services, is the federal government's principal agency for cancer research. NCI conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the NCI Web site at http://cancer.gov. [NIH]

Necrosis: A pathological process caused by the progressive degradative action of enzymes that is generally associated with severe cellular trauma. It is characterized by mitochondrial swelling, nuclear flocculation, uncontrolled cell lysis, and ultimately cell death. [NIH]

Need: A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

Nerve: A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

Nervous System: The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

Networks: Pertaining to a nerve or to the nerves, a meshlike structure of interlocking fibers or strands. [NIH]

Neural: 1. Pertaining to a nerve or to the nerves. 2. Situated in the region of the spinal axis,

as the neutral arch. [EU]

Neuronal: Pertaining to a neuron or neurons (= conducting cells of the nervous system). [EU]

Neurons: The basic cellular units of nervous tissue. Each neuron consists of a body, an axon, and dendrites. Their purpose is to receive, conduct, and transmit impulses in the nervous system. [NIH]

Neuropeptide: A member of a class of protein-like molecules made in the brain. Neuropeptides consist of short chains of amino acids, with some functioning as neurotransmitters and some functioning as hormones. [NIH]

Neurotransmitters: Endogenous signaling molecules that alter the behavior of neurons or effector cells. Neurotransmitter is used here in its most general sense, including not only messengers that act directly to regulate ion channels, but also those that act through second messenger systems, and those that act at a distance from their site of release. Included are neuromodulators, neuroregulators, neuromediators, and neurohumors, whether or not acting at synapses. [NIH]

Niacin: Water-soluble vitamin of the B complex occurring in various animal and plant tissues. Required by the body for the formation of coenzymes NAD and NADP. Has pellagra-curative, vasodilating, and antilipemic properties. [NIH]

Nicotine: Nicotine is highly toxic alkaloid. It is the prototypical agonist at nicotinic cholinergic receptors where it dramatically stimulates neurons and ultimately blocks synaptic transmission. Nicotine is also important medically because of its presence in tobacco smoke. [NIH]

Nitrogen: An element with the atomic symbol N, atomic number 7, and atomic weight 14. Nitrogen exists as a diatomic gas and makes up about 78% of the earth's atmosphere by volume. It is a constituent of proteins and nucleic acids and found in all living cells. [NIH]

Norepinephrine: Precursor of epinephrine that is secreted by the adrenal medulla and is a widespread central and autonomic neurotransmitter. Norepinephrine is the principal transmitter of most postganglionic sympathetic fibers and of the diffuse projection system in the brain arising from the locus ceruleus. It is also found in plants and is used pharmacologically as a sympathomimetic. [NIH]

Nuclei: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Nucleic acid: Either of two types of macromolecule (DNA or RNA) formed by polymerization of nucleotides. Nucleic acids are found in all living cells and contain the information (genetic code) for the transfer of genetic information from one generation to the next. [NIH]

Nucleus: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Obsession: A recurrent, persistent thought, image, or impulse that is unwanted and distressing (ego-dystonic) and comes involuntarily to mind despite attempts to ignore or suppress it. Common obsessions involve thoughts of violence, contamination, and self-doubt. [EU]

Opacity: Degree of density (area most dense taken for reading). [NIH]

Ophthalmologic: Pertaining to ophthalmology (= the branch of medicine dealing with the eye). [EU]

Opioid Peptides: The endogenous peptides with opiate-like activity. The three major classes currently recognized are the enkephalins, the dynorphins, and the endorphins. Each of these families derives from different precursors, proenkephalin, prodynorphin, and pro-

opiomelanocortin, respectively. There are also at least three classes of opioid receptors, but the peptide families do not map to the receptors in a simple way. [NIH]

Opium: The air-dried exudate from the unripe seed capsule of the opium poppy, Papaver somniferum, or its variant, P. album. It contains a number of alkaloids, but only a few - morphine, codeine, and papaverine - have clinical significance. Opium has been used as an analgesic, antitussive, antidiarrheal, and antispasmodic. [NIH]

Optic Chiasm: The X-shaped structure formed by the meeting of the two optic nerves. At the optic chiasm the fibers from the medial part of each retina cross to project to the other side of the brain while the lateral retinal fibers continue on the same side. As a result each half of the brain receives information about the contralateral visual field from both eyes. [NIH]

Orlistat: A lipase inhibitor used for weight loss. Lipase is an enzyme found in the bowel that assists in lipid absorption by the body. Orlistat blocks this enzyme, reducing the amount of fat the body absorbs by about 30 percent. It is known colloquially as a "fat blocker." Because more oily fat is left in the bowel to be excreted, Orlistat can cause an oily anal leakage and fecal incontinence. Orlistat may not be suitable for people with bowel conditions such as irritable bowel syndrome or Crohn's disease. [NIH]

Osteoarthritis: A progressive, degenerative joint disease, the most common form of arthritis, especially in older persons. The disease is thought to result not from the aging process but from biochemical changes and biomechanical stresses affecting articular cartilage. In the foreign literature it is often called osteoarthrosis deformans. [NIH]

Ostomy: Surgical construction of an artificial opening (stoma) for external fistulization of a duct or vessel by insertion of a tube with or without a supportive stent. [NIH]

Outpatient: A patient who is not an inmate of a hospital but receives diagnosis or treatment in a clinic or dispensary connected with the hospital. [NIH]

Overweight: An excess of body weight but not necessarily body fat; a body mass index of 25 to 29.9 kg/m2. [NIH]

Oxygenase: Enzyme which breaks down heme, the iron-containing oxygen-carrying constituent of the red blood cells. [NIH]

Oxytocin: A nonapeptide posterior pituitary hormone that causes uterine contractions and stimulates lactation. [NIH]

Palliative: 1. Affording relief, but not cure. 2. An alleviating medicine. [EU]

Pancreas: A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

Pancreatic: Having to do with the pancreas. [NIH]

Papaverine: An alkaloid found in opium but not closely related to the other opium alkaloids in its structure or pharmacological actions. It is a direct-acting smooth muscle relaxant used in the treatment of impotence and as a vasodilator, especially for cerebral vasodilation. The mechanism of its pharmacological actions is not clear, but it apparently can inhibit phosphodiesterases and it may have direct actions on calcium channels. [NIH]

Parenteral: Not through the alimentary canal but rather by injection through some other route, as subcutaneous, intramuscular, intraorbital, intracapsular, intraspinal, intrasternal, intravenous, etc. [EU]

Patch: A piece of material used to cover or protect a wound, an injured part, etc.: a patch over the eye. [NIH]

Pathogenesis: The cellular events and reactions that occur in the development of disease. [NIH]

Pathologic: 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural and functional changes in tissues and organs of the body caused by the disease). [EU]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Pediatrics: A medical specialty concerned with maintaining health and providing medical care to children from birth to adolescence. [NIH]

Peer Group: Group composed of associates of same species, approximately the same age, and usually of similar rank or social status. [NIH]

Peptide: Any compound consisting of two or more amino acids, the building blocks of proteins. Peptides are combined to make proteins. [NIH]

Periodicity: The tendency of a phenomenon to recur at regular intervals; in biological systems, the recurrence of certain activities (including hormonal, cellular, neural) may be annual, seasonal, monthly, daily, or more frequently (ultradian). [NIH]

Pharmaceutical Preparations: Drugs intended for human or veterinary use, presented in their finished dosage form. Included here are materials used in the preparation and/or formulation of the finished dosage form. [NIH]

Pharmacist: A person trained to prepare and distribute medicines and to give information about them. [NIH]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Pharmacotherapy: A regimen of using appetite suppressant medications to manage obesity by decreasing appetite or increasing the feeling of satiety. These medications decrease appetite by increasing serotonin or catecholamine—two brain chemicals that affect mood and appetite. [NIH]

Phenotype: The outward appearance of the individual. It is the product of interactions between genes and between the genotype and the environment. This includes the killer phenotype, characteristic of yeasts. [NIH]

Phenylalanine: An aromatic amino acid that is essential in the animal diet. It is a precursor of melanin, dopamine, noradrenalin, and thyroxine. [NIH]

Phospholipids: Lipids containing one or more phosphate groups, particularly those derived from either glycerol (phosphoglycerides; glycerophospholipids) or sphingosine (sphingolipids). They are polar lipids that are of great importance for the structure and function of cell membranes and are the most abundant of membrane lipids, although not stored in large amounts in the system. [NIH]

Phosphorus: A non-metallic element that is found in the blood, muscles, nevers, bones, and teeth, and is a component of adenosine triphosphate (ATP; the primary energy source for the body's cells.) [NIH]

Physical Examination: Systematic and thorough inspection of the patient for physical signs of disease or abnormality. [NIH]

Physical Fitness: A state of well-being in which performance is optimal, often as a result of physical conditioning which may be prescribed for disease therapy. [NIH]

Physical Therapy: The restoration of function and the prevention of disability following disease or injury with the use of light, heat, cold, water, electricity, ultrasound, and exercise. [NIH]

Physiologic: Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

Physiology: The science that deals with the life processes and functions of organismus, their cells, tissues, and organs. [NIH]

Pilot study: The initial study examining a new method or treatment. [NIH]

Pituitary Gland: A small, unpaired gland situated in the sella turcica tissue. It is connected to the hypothalamus by a short stalk. [NIH]

Plants: Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absense of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

Plaque: A clear zone in a bacterial culture grown on an agar plate caused by localized destruction of bacterial cells by a bacteriophage. The concentration of infective virus in a fluid can be estimated by applying the fluid to a culture and counting the number of. [NIH]

Plasticity: In an individual or a population, the capacity for adaptation: a) through gene changes (genetic plasticity) or b) through internal physiological modifications in response to changes of environment (physiological plasticity). [NIH]

Platelets: A type of blood cell that helps prevent bleeding by causing blood clots to form. Also called thrombocytes. [NIH]

Polymerase: An enzyme which catalyses the synthesis of DNA using a single DNA strand as a template. The polymerase copies the template in the 5'-3'direction provided that sufficient quantities of free nucleotides, dATP and dTTP are present. [NIH]

Polymerase Chain Reaction: In vitro method for producing large amounts of specific DNA or RNA fragments of defined length and sequence from small amounts of short oligonucleotide flanking sequences (primers). The essential steps include thermal denaturation of the double-stranded target molecules, annealing of the primers to their complementary sequences, and extension of the annealed primers by enzymatic synthesis with DNA polymerase. The reaction is efficient, specific, and extremely sensitive. Uses for the reaction include disease diagnosis, detection of difficult-to-isolate pathogens, mutation analysis, genetic testing, DNA sequencing, and analyzing evolutionary relationships. [NIH]

Polysaccharide: A type of carbohydrate. It contains sugar molecules that are linked together chemically. [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Postnatal: Occurring after birth, with reference to the newborn. [EU]

Postprandial: Occurring after dinner, or after a meal; postcibal. [EU]

Practicability: A non-standard characteristic of an analytical procedure. It is dependent on the scope of the method and is determined by requirements such as sample throughout and costs. [NIH]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Precursor: Something that precedes. In biological processes, a substance from which another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

Prevalence: The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

Primary endpoint: The main result that is measured at the end of a study to see if a given treatment worked (e.g., the number of deaths or the difference in survival between the treatment group and the control group). What the primary endpoint will be is decided before the study begins. [NIH]

Prognostic factor: A situation or condition, or a characteristic of a patient, that can be used to estimate the chance of recovery from a disease, or the chance of the disease recurring (coming back). [NIH]

Progression: Increase in the size of a tumor or spread of cancer in the body. [NIH]

Progressive: Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

Pro-Opiomelanocortin: A precursor protein, MW 30,000, synthesized mainly in the anterior pituitary gland but also found in the hypothalamus, brain, and several peripheral tissues. It incorporates the amino acid sequences of ACTH and beta-lipotropin. These two hormones, in turn, contain the biologically active peptides MSH, corticotropin-like intermediate lobe peptide, alpha-lipotropin, endorphins, and methionine enkephalin. [NIH]

Prophase: The first phase of cell division, in which the chromosomes become visible, the nucleus starts to lose its identity, the spindle appears, and the centrioles migrate toward opposite poles. [NIH]

Prospective study: An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Protein-Energy Malnutrition: The lack of sufficient energy or protein to meet the body's metabolic demands, as a result of either an inadequate dietary intake of protein, intake of poor quality dietary protein, increased demands due to disease, or increased nutrient losses. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Protocol: The detailed plan for a clinical trial that states the trial's rationale, purpose, drug or vaccine dosages, length of study, routes of administration, who may participate, and other aspects of trial design. [NIH]

Psychiatric: Pertaining to or within the purview of psychiatry. [EU]

Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders. [NIH]

Psychology: The science dealing with the study of mental processes and behavior in man and animals. [NIH]

Psychotherapy: A generic term for the treatment of mental illness or emotional disturbances primarily by verbal or nonverbal communication. [NIH]

Psychotomimetic: Psychosis miming. [NIH]

Public Health: Branch of medicine concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the international, national, state, or municipal level. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Publishing: "The business or profession of the commercial production and issuance of literature" (Webster's 3d). It includes the publisher, publication processes, editing and editors. Production may be by conventional printing methods or by electronic publishing. [NIH]

Pulmonary: Relating to the lungs. [NIH]

Pulmonary Artery: The short wide vessel arising from the conus arteriosus of the right ventricle and conveying unaerated blood to the lungs. [NIH]

Pulse: The rhythmical expansion and contraction of an artery produced by waves of pressure caused by the ejection of blood from the left ventricle of the heart as it contracts. [NIH]

Pyrosis: Heartburn. [EU]

Quality of Life: A generic concept reflecting concern with the modification and enhancement of life attributes, e.g., physical, political, moral and social environment. [NIH]

Radicular: Having the character of or relating to a radicle or root. [NIH]

Radiculopathy: Disease involving a spinal nerve root (see spinal nerve roots) which may result from compression related to intervertebral disk displacement; spinal cord injuries; spinal diseases; and other conditions. Clinical manifestations include radicular pain, weakness, and sensory loss referable to structures innervated by the involved nerve root. [NIH]

Radiography: Examination of any part of the body for diagnostic purposes by means of roentgen rays, recording the image on a sensitized surface (such as photographic film). [NIH]

Random Allocation: A process involving chance used in therapeutic trials or other research endeavor for allocating experimental subjects, human or animal, between treatment and control groups, or among treatment groups. It may also apply to experiments on inanimate objects. [NIH]

Randomization: Also called random allocation. Is allocation of individuals to groups, e.g., for experimental and control regimens, by chance. Within the limits of chance variation, random allocation should make the control and experimental groups similar at the start of an investigation and ensure that personal judgment and prejudices of the investigator do not influence allocation. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Randomized clinical trial: A study in which the participants are assigned by chance to separate groups that compare different treatments; neither the researchers nor the participants can choose which group. Using chance to assign people to groups means that the groups will be similar and that the treatments they receive can be compared objectively. At the time of the trial, it is not known which treatment is best. It is the patient's choice to be in a randomized trial. [NIH]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Rectum: The last 8 to 10 inches of the large intestine. [NIH]

Recur: To occur again. Recurrence is the return of cancer, at the same site as the original (primary) tumor or in another location, after the tumor had disappeared. [NIH]

Recurrence: The return of a sign, symptom, or disease after a remission. [NIH]

Red blood cells: RBCs. Cells that carry oxygen to all parts of the body. Also called erythrocytes. [NIH]

Refer: To send or direct for treatment, aid, information, de decision. [NIH]

Reflective: Capable of throwing back light, images, sound waves : reflecting. [EU]

Reflex: An involuntary movement or exercise of function in a part, excited in response to a stimulus applied to the periphery and transmitted to the brain or spinal cord. [NIH]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Regurgitation: A backward flowing, as the casting up of undigested food, or the backward flowing of blood into the heart, or between the chambers of the heart when a valve is incompetent. [EU]

Remission: A decrease in or disappearance of signs and symptoms of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete remission, all signs and symptoms of cancer have disappeared, although there still may be cancer in the body. [NIH]

Renal failure: Progressive renal insufficiency and uremia, due to irreversible and progressive renal glomerular tubular or interstitial disease. [NIH]

Renal pelvis: The area at the center of the kidney. Urine collects here and is funneled into the ureter, the tube that connects the kidney to the bladder. [NIH]

Research Design: A plan for collecting and utilizing data so that desired information can be obtained with sufficient precision or so that an hypothesis can be tested properly. [NIH]

Research Support: Financial support of research activities. [NIH]

Respiration: The act of breathing with the lungs, consisting of inspiration, or the taking into the lungs of the ambient air, and of expiration, or the expelling of the modified air which contains more carbon dioxide than the air taken in (Blakiston's Gould Medical Dictionary, 4th ed.). This does not include tissue respiration (= oxygen consumption) or cell respiration (= cell respiration). [NIH]

Resting metabolic rate: RMR accounts for 65 to 75 percent of daily energy expenditure and represents the minimum energy needed to maintain all physiological cell functions in the resting state. The principal determinant of RMR is lean body mass (LBM). Obese subjects have a higher RMR in absolute terms than lean individuals, an equivalent RMR when corrected for LBM and per unit surface area, and a lower RMR when expressed per kilogram of body weight. Obese persons require more energy for any given activity because of a larger mass, but they tend to be more sedentary than lean subjects. [NIH]

Restoration: Broad term applied to any inlay, crown, bridge or complete denture which restores or replaces loss of teeth or oral tissues. [NIH]

Rheumatism: A group of disorders marked by inflammation or pain in the connective tissue structures of the body. These structures include bone, cartilage, and fat. [NIH]

Rheumatoid: Resembling rheumatism. [EU]

Rheumatoid arthritis: A form of arthritis, the cause of which is unknown, although infection, hypersensitivity, hormone imbalance and psychologic stress have been suggested as possible causes. [NIH]

Ribosome: A granule of protein and RNA, synthesized in the nucleolus and found in the

cytoplasm of cells. Ribosomes are the main sites of protein synthesis. Messenger RNA attaches to them and there receives molecules of transfer RNA bearing amino acids. [NIH]

Rigidity: Stiffness or inflexibility, chiefly that which is abnormal or morbid; rigor. [EU]

Risk factor: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

Rod: A reception for vision, located in the retina. [NIH]

Salivary: The duct that convey saliva to the mouth. [NIH]

Salivary glands: Glands in the mouth that produce saliva. [NIH]

Saponins: Sapogenin glycosides. A type of glycoside widely distributed in plants. Each consists of a sapogenin as the aglycon moiety, and a sugar. The sapogenin may be a steroid or a triterpene and the sugar may be glucose, galactose, a pentose, or a methylpentose. Sapogenins are poisonous towards the lower forms of life and are powerful hemolytics when injected into the blood stream able to dissolve red blood cells at even extreme dilutions. [NIH]

Satiation: Full gratification of a need or desire followed by a state of relative insensitivity to that particular need or desire. [NIH]

Saturated fat: A type of fat found in greatest amounts in foods from animals, such as fatty cuts of meat, poultry with the skin, whole-milk dairy products, lard, and in some vegetable oils, including coconut, palm kernel, and palm oils. Saturated fat raises blood cholesterol more than anything else eaten. On a Step I Diet, no more than 8 to 10 percent of total calories should come from saturated fat, and in the Step II Diet, less than 7 percent of the day's total calories should come from saturated fat. [NIH]

Scleroderma: A chronic disorder marked by hardening and thickening of the skin. Scleroderma can be localized or it can affect the entire body (systemic). [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Secretion: 1. The process of elaborating a specific product as a result of the activity of a gland; this activity may range from separating a specific substance of the blood to the elaboration of a new chemical substance. 2. Any substance produced by secretion. [EU]

Sedative: 1. Allaying activity and excitement. 2. An agent that allays excitement. [EU]

Sedentary: 1. Sitting habitually; of inactive habits. 2. Pertaining to a sitting posture. [EU]

Self-Help Groups: Organizations which provide an environment encouraging social interactions through group activities or individual relationships especially for the purpose of rehabilitating or supporting patients, individuals with common health problems, or the elderly. They include therapeutic social clubs. [NIH]

Semisynthetic: Produced by chemical manipulation of naturally occurring substances. [EU]

Sensory loss: A disease of the nerves whereby the myelin or insulating sheath of myelin on the nerves does not stay intact and the messages from the brain to the muscles through the nerves are not carried properly. [NIH]

Sequencing: The determination of the order of nucleotides in a DNA or RNA chain. [NIH]

Serotonin: A biochemical messenger and regulator, synthesized from the essential amino acid L-tryptophan. In humans it is found primarily in the central nervous system, gastrointestinal tract, and blood platelets. Serotonin mediates several important physiological functions including neurotransmission, gastrointestinal motility, hemostasis, and cardiovascular integrity. Multiple receptor families (receptors, serotonin) explain the broad physiological actions and distribution of this biochemical mediator. [NIH]

Serous: Having to do with serum, the clear liquid part of blood. [NIH]

Serum: The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

Sex Characteristics: Those characteristics that distinguish one sex from the other. The primary sex characteristics are the ovaries and testes and their related hormones. Secondary sex characteristics are those which are masculine or feminine but not directly related to reproduction. [NIH]

Shedding: Release of infectious particles (e. g., bacteria, viruses) into the environment, for example by sneezing, by fecal excretion, or from an open lesion. [NIH]

Shoulder Impingement Syndrome: Tenosinovitis in the shoulders and arms of persons having a poor posture while working with visual display terminals. [NIH]

Sibutramine: A drug used for the management of obesity that helps reduce food intake and is indicated for weight loss and maintenance of weight loss when used in conjunction with a reduced-calorie diet. It works to suppress the appetite primarily by inhibiting the reuptake of the neurotransmitters norepinephrine and serotonin. Side effects include dry mouth, headache, constipation, insomnia, and a slight increase in average blood pressure. In some patients it causes a higher blood pressure increase. [NIH]

Side effect: A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

Size Perception: The sensory interpretation of the dimensions of objects. [NIH]

Skeletal: Having to do with the skeleton (boney part of the body). [NIH]

Skeleton: The framework that supports the soft tissues of vertebrate animals and protects many of their internal organs. The skeletons of vertebrates are made of bone and/or cartilage. [NIH]

Smooth muscle: Muscle that performs automatic tasks, such as constricting blood vessels. [NIH]

Sneezing: Sudden, forceful, involuntary expulsion of air from the nose and mouth caused by irritation to the mucous membranes of the upper respiratory tract. [NIH]

Social Environment: The aggregate of social and cultural institutions, forms, patterns, and processes that influence the life of an individual or community. [NIH]

Social Support: Support systems that provide assistance and encouragement to individuals with physical or emotional disabilities in order that they may better cope. Informal social support is usually provided by friends, relatives, or peers, while formal assistance is provided by churches, groups, etc. [NIH]

Soft tissue: Refers to muscle, fat, fibrous tissue, blood vessels, or other supporting tissue of the body. [NIH]

Somatic: 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

Sound wave: An alteration of properties of an elastic medium, such as pressure, particle displacement, or density, that propagates through the medium, or a superposition of such alterations. [NIH]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or

Latinized adjective or noun. [EU]

Spinal cord: The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

Spinal Cord Injuries: Penetrating and non-penetrating injuries to the spinal cord resulting from traumatic external forces (e.g., wounds, gunshot; whiplash injuries; etc.). [NIH]

Spinal Nerve Roots: The paired bundles of nerve fibers entering and leaving the spinal cord at each segment. The dorsal and ventral nerve roots join to form the mixed segmental spinal nerves. The dorsal roots are generally afferent, formed by the central projections of the spinal (dorsal root) ganglia sensory cells, and the ventral roots efferent, comprising the axons of spinal motor and autonomic preganglionic neurons. There are, however, some exceptions to this afferent/efferent rule. [NIH]

Splint: A rigid appliance used for the immobilization of a part or for the correction of deformity. [NIH]

Sprains and Strains: A collective term for muscle and ligament injuries without dislocation or fracture. A sprain is a joint injury in which some of the fibers of a supporting ligament are ruptured but the continuity of the ligament remains intact. A strain is an overstretching or overexertion of some part of the musculature. [NIH]

Stasis: A word termination indicating the maintenance of (or maintaining) a constant level; preventing increase or multiplication. [EU]

Steel: A tough, malleable, iron-based alloy containing up to, but no more than, two percent carbon and often other metals. It is used in medicine and dentistry in implants and instrumentation. [NIH]

Stent: A device placed in a body structure (such as a blood vessel or the gastrointestinal tract) to provide support and keep the structure open. [NIH]

Steroid: A group name for lipids that contain a hydrogenated cyclopentanoperhydrophenanthrene ring system. Some of the substances included in this group are progesterone, adrenocortical hormones, the gonadal hormones, cardiac aglycones, bile acids, sterols (such as cholesterol), toad poisons, saponins, and some of the carcinogenic hydrocarbons. [EU]

Stimulant: 1. Producing stimulation; especially producing stimulation by causing tension on muscle fibre through the nervous tissue. 2. An agent or remedy that produces stimulation. [EU]

Stimulus: That which can elicit or evoke action (response) in a muscle, nerve, gland or other excitable issue, or cause an augmenting action upon any function or metabolic process. [NIH]

Stoma: A surgically created opening from an area inside the body to the outside. [NIH]

Stomach: An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

Strand: DNA normally exists in the bacterial nucleus in a helix, in which two strands are coiled together. [NIH]

Stress: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

Stress management: A set of techniques used to help an individual cope more effectively with difficult situations in order to feel better emotionally, improve behavioral skills, and often to enhance feelings of control. Stress management may include relaxation exercises, assertiveness training, cognitive restructuring, time management, and social support. It can be delivered either on a one-to-one basis or in a group format. [NIH]

Stroke: Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

Subcutaneous: Beneath the skin. [NIH]

Supplementation: Adding nutrients to the diet. [NIH]

Suppression: A conscious exclusion of disapproved desire contrary with repression, in which the process of exclusion is not conscious. [NIH]

Sympathomimetic: 1. Mimicking the effects of impulses conveyed by adrenergic postganglionic fibres of the sympathetic nervous system. 2. An agent that produces effects similar to those of impulses conveyed by adrenergic postganglionic fibres of the sympathetic nervous system. Called also adrenergic. [EU]

Symptomatic: Having to do with symptoms, which are signs of a condition or disease. [NIH]

Synapsis: The pairing between homologous chromosomes of maternal and paternal origin during the prophase of meiosis, leading to the formation of gametes. [NIH]

Synaptic: Pertaining to or affecting a synapse (= site of functional apposition between neurons, at which an impulse is transmitted from one neuron to another by electrical or chemical means); pertaining to synapsis (= pairing off in point-for-point association of homologous chromosomes from the male and female pronuclei during the early prophase of meiosis). [EU]

Synaptic Transmission: The communication from a neuron to a target (neuron, muscle, or secretory cell) across a synapse. In chemical synaptic transmission, the presynaptic neuron releases a neurotransmitter that diffuses across the synaptic cleft and binds to specific synaptic receptors. These activated receptors modulate ion channels and/or second-messenger systems to influence the postsynaptic cell. Electrical transmission is less common in the nervous system, and, as in other tissues, is mediated by gap junctions. [NIH]

Systemic: Affecting the entire body. [NIH]

Systolic: Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

Systolic blood pressure: The maximum pressure in the artery produced as the heart contracts and blood begins to flow. [NIH]

Telecommunications: Transmission of information over distances via electronic means. [NIH]

Therapeutics: The branch of medicine which is concerned with the treatment of diseases, palliative or curative. [NIH]

Thermal: Pertaining to or characterized by heat. [EU]

Thinness: A state of insufficient flesh on the body usually defined as having a body weight less than skeletal and physical standards. [NIH]

Third Ventricle: A narrow cleft inferior to the corpus callosum, within the diencephalon, between the paired thalami. Its floor is formed by the hypothalamus, its anterior wall by the lamina terminalis, and its roof by ependyma. It communicates with the fourth ventricle by the cerebral aqueduct, and with the lateral ventricles by the interventricular foramina. [NIH]

Threshold: For a specified sensory modality (e. g. light, sound, vibration), the lowest level (absolute threshold) or smallest difference (difference threshold, difference limen) or intensity of the stimulus discernible in prescribed conditions of stimulation. [NIH]

Thrombocytes: Blood cells that help prevent bleeding by causing blood clots to form. Also called platelets. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Thyroid: A gland located near the windpipe (trachea) that produces thyroid hormone, which helps regulate growth and metabolism. [NIH]

Time Management: Planning and control of time to improve efficiency and effectiveness. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Tolerance: 1. The ability to endure unusually large doses of a drug or toxin. 2. Acquired drug tolerance; a decreasing response to repeated constant doses of a drug or the need for increasing doses to maintain a constant response. [EU]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicity: The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Trace element: Substance or element essential to plant or animal life, but present in extremely small amounts. [NIH]

Trachea: The cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi. [NIH]

Traction: The act of pulling. [NIH]

Tractus: A part of some structure, usually that part along which something passes. [NIH]

Transcutaneous: Transdermal. [EU]

Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Transitional cell carcinoma: A type of cancer that develops in the lining of the bladder, ureter, or renal pelvis. [NIH]

Translation: The process whereby the genetic information present in the linear sequence of ribonucleotides in mRNA is converted into a corresponding sequence of amino acids in a protein. It occurs on the ribosome and is unidirectional. [NIH]

Translational: The cleavage of signal sequence that directs the passage of the protein through a cell or organelle membrane. [NIH]

Transplantation: Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

Treatment Outcome: Evaluation undertaken to assess the results or consequences of management and procedures used in combating disease in order to determine the efficacy, effectiveness, safety, practicability, etc., of these interventions in individual cases or series. [NIH]

Triglyceride: A lipid carried through the blood stream to tissues. Most of the body's fat tissue is in the form of triglycerides, stored for use as energy. Triglycerides are obtained primarily from fat in foods. [NIH]

Tryptophan: An essential amino acid that is necessary for normal growth in infants and for nitrogen balance in adults. It is a precursor serotonin and niacin. [NIH]

Tuberculosis: Any of the infectious diseases of man and other animals caused by species of Mycobacterium. [NIH]

Type 2 diabetes: Usually characterized by a gradual onset with minimal or no symptoms of metabolic disturbance and no requirement for exogenous insulin. The peak age of onset is 50 to 60 years. Obesity and possibly a genetic factor are usually present. [NIH]

Ulcer: A localized necrotic lesion of the skin or a mucous surface. [NIH]

Unconscious: Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

Uremia: The illness associated with the buildup of urea in the blood because the kidneys are not working effectively. Symptoms include nausea, vomiting, loss of appetite, weakness, and mental confusion. [NIH]

Ureter: One of a pair of thick-walled tubes that transports urine from the kidney pelvis to the bladder. [NIH]

Urine: Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

Uterine Contraction: Contraction of the uterine muscle. [NIH]

Uterus: The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which a fetus develops. Also called the womb. [NIH]

Vaccine: A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. [NIH]

Vagal: Pertaining to the vagus nerve. [EU]

Vagina: The muscular canal extending from the uterus to the exterior of the body. Also called the birth canal. [NIH]

Vagus Nerve: The 10th cranial nerve. The vagus is a mixed nerve which contains somatic afferents (from skin in back of the ear and the external auditory meatus), visceral afferents (from the pharynx, larynx, thorax, and abdomen), parasympathetic efferents (to the thorax and abdomen), and efferents to striated muscle (of the larynx and pharynx). [NIH]

Valves: Flap-like structures that control the direction of blood flow through the heart. [NIH]

Vanadium: Vanadium. A metallic element with the atomic symbol V, atomic number 23, and atomic weight 50.94. It is used in the manufacture of vanadium steel. Prolonged exposure can lead to chronic intoxication caused by absorption usually via the lungs. [NIH]

Vegetarianism: Dietary practice of consuming only vegetables, grains, and nuts. [NIH]

Vein: Vessel-carrying blood from various parts of the body to the heart. [NIH]

Ventricle: One of the two pumping chambers of the heart. The right ventricle receives oxygen-poor blood from the right atrium and pumps it to the lungs through the pulmonary artery. The left ventricle receives oxygen-rich blood from the left atrium and pumps it to the body through the aorta. [NIH]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Virulence: The degree of pathogenicity within a group or species of microorganisms or viruses as indicated by case fatality rates and/or the ability of the organism to invade the tissues of the host. [NIH]

Viruses: Minute infectious agents whose genomes are composed of DNA or RNA, but not both. They are characterized by a lack of independent metabolism and the inability to replicate outside living host cells. [NIH]

Vitro: Descriptive of an event or enzyme reaction under experimental investigation occurring outside a living organism. Parts of an organism or microorganism are used

together with artificial substrates and/or conditions. [NIH]

Vivo: Outside of or removed from the body of a living organism. [NIH]

Waist circumference: To define the level at which the waist circumference is measured, a bony landmark is first located and marked. The subject stands, and the technician, positioned to the right of the subject, palpates the upper hip bone to locate the right ileum. Just above the uppermost lateral border of the right ileum, a horizontal mark is drawn and then crossed with a vertical mark on the midaxillary line. The measuring tape is then placed around the trunk, at the level of the mark on the right side, making sure that it is on a level horizontal plane on all sides. The tape is then tightened slightly without compressing the skin and underlying subcutaneous tissues. The measure is recorded in centimeters to the nearest millimeter. [NIH]

Weight Gain: Increase in body weight over existing weight. [NIH]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

Windpipe: A rigid tube, 10 cm long, extending from the cricoid cartilage to the upper border of the fifth thoracic vertebra. [NIH]

Yeasts: A general term for single-celled rounded fungi that reproduce by budding. Brewers' and bakers' yeasts are Saccharomyces cerevisiae; therapeutic dried yeast is dried yeast. [NIH]

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