



Dear Physician,

Your patient has started the process of enrolling in HNT's Remote Program for weight management. We provide a comprehensive program for health and weight management that utilizes a meal replacement for safe and rapid weight loss. We require that all patients be medically-monitored by their personal physician during the weight loss phase of the program. To that end, we have asked that your patient share the Medical Monitoring Guidelines for Personal Physicians written by HNT's Medical Director Douglas Carney, MD.

We ask that you:

1. Review the **Medical Monitoring Guidelines for Personal Physicians**
2. Complete the online Form which your patient will share a link to or you can go directly: <https://hnthealth.com/physician-info/>

In return, you will receive a progress note from us on how your patient is doing in our program.

We've also provided a little background on our program. Should you have more questions, we'd be happy to speak with you either by phone or in person.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Tina Graves  
484-707-1012  
tina@hnthealth.com



## Medical Monitoring Guidelines for Personal Physicians

Your patient is enrolling in HNT's Program for Health and Weight Management Remote Program and has had you sign a form agreeing to medically supervise his/her participation. This paper contains medical guidelines you may find helpful in monitoring diabetes, hypertension, and other medical conditions that can be affected by rapid weight loss. Rapid weight loss is very safe, but may require medical supervision because of lowered insulin requirements and other diet induced changes.

Monthly visits for patients with complicated health problems or multiple medications are suggested. Since changes in blood glucose, potassium, lipids, liver function, and blood count are common, consider a baseline blood chemistry and hematocrit, with follow-up labs in a month for patients on medications affecting these tests. Also consider monitoring Coumadin doses every 1-4 weeks. The following are some general guidelines for medication adjustments; as always, medication changes must be individualized.

### **Insulin & Oral Agents**

For Type II diabetic patients, insulin requirements fall dramatically during the first 1-2 weeks of dieting as calorie intake falls from around 3000 to 900 kcal/day, and insulin resistance is lowered. Instruct patients to self-monitor sugars frequently (usually 2-4x/day for the first few weeks). A general guideline is to reduce long acting insulin (eg. Lantus) by ½ initially. Short acting insulin (eg. Humalog) can be cut in half before meals, or used only for pre-meal sugars >150. The goal is to avoid hypoglycemia. Most patients can adjust insulin doses by 5 units up or down using a sliding scale: 5 units less if sugar is <100; 5 units more if sugar is >150.

Short acting oral agents (eg. glyburide and glipizide, and many newer drugs) can be stopped or used at ½ original dose 1-2x/day prn glucose >150. This avoids low daytime sugars related to decreased mealtime calories and carbohydrates. Metformin can be continued. Other longer acting drugs may be reduced after several weeks.

### **Diuretics & Antihypertensives**

Rapid weight loss accentuates fluid and potassium losses. Diuretics may need to be reduced by ½, used "as needed", or discontinued at diet onset. When BP falls after weight loss of 20 lb. or more, other HBP meds may be decreased to avoid orthostatic hypotension.

**Other Medical Effects of Rapid Weight Loss**

Patients on Coumadin often need dose adjustments especially during the first few weeks.

Patients on high dose diuretics for CHF or renal insufficiency may need med adjustments to avoid dehydration.

Gall bladder attacks can occur with any diet.

Cholesterol and LDL may fall by 25%. Hematocrit may fall slightly. About 1 in 5 patients has an increase in liver function tests requiring no treatment as long as transaminase levels are <3x normal.

Menstrual cycles may be altered by weight loss.

Patients may complain of being cold or bruising as they lose subcutaneous fat.

Please contact our Medical Director, Douglas Carney, M.D. (contact information below) if you have questions or need more information on your patient's medical monitoring or the effects of rapid weight loss.

Douglas Carney, M.D.  
Medical Director  
Health & Nutrition Technology, Inc.  
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# HEALTH ONE INTRODUCTION

Health One is a clinically tested, high quality medical meal replacement product. It contains an exceptional blend of high protein, carbohydrate, and low fat that promotes rapid weight loss while preserving lean body muscle mass. Health One is a food, not a supplement. It is formulated and available exclusively through Health & Nutrition Technology (HNT), a California company specializing in medical weight management tools and programs since 1994. The formula meets or exceeds all the strictest standards for weight management as outlined by the National Institutes of Health.

Originally designed for use with obese type 2 diabetics, Health One promotes a rapid and positive metabolic response with blood glucose normalizing in weeks. Within 4-7 weeks, type 2 diabetics are often able to reduce or discontinue their oral medication and insulin. Most pre-diabetics and those with insulin resistance and Metabolic Syndrome return to a normal insulin response. Research also shows that Health One promotes normalization of blood pressure and blood lipids.

Health One is unique among meal replacements. It is designed to be an ingredient to be cooked with- not just a shake. One of HNT's core principles is that weight management involves skill building; a meal replacement should build the skill of cooking. For this reason, all Health One meal replacements require some preparation. We have hundreds of recipes to make Health One into tasty muffins, pancakes, pizzas, pastas, chips, soups and ice creams. No other meal replacement available has the same versatility. All vitamins and minerals are included in the product so no supplementation is necessary. There are 4 flavors: Chocolate, Vanilla, Strawberry and Creamy Potato Soup.

There are two recommended weight loss meal plans with Health One:

1. For people with a starting BMI  $\geq 35$ : 5 servings of Health One (plus extra calories from recipe additions) 800-1000 calories per day
2. For people with a starting BMI  $\leq 35$ : 4 servings of Health One, 3 servings of veggies, 2 servings of fruit (plus extra calories from recipe additions) 800-1000 calories per day

**IN 20.8 WEEKS, PATIENTS LOSE AN AVERAGE OF 52 LBS. OR 21% OF INITIAL BODY WEIGHT. WHEN USED IN CONJUNCTION WITH A COMPREHENSIVE BEHAVIOR MODIFICATION PROGRAM, PATIENTS MAINTAINED 80% OF WEIGHT LOSS AFTER ONE YEAR.**

Nutrient	1 Packet
Calories	160
Protein * (g)	15
Carbohydrates (g)	24
Essential Fat (g)	1
Fiber (g)	2
Sodium (g)	310
Potassium (mg)	700
Calcium (mg)	250
Magnesium (mg)	100
% U.S. Reference Daily Intake (RDI) of vitamins & minerals	25%