



HEALTHY WEIGHT IN HEALTHCARE

— with Katrina Ubell, MD —

Katrina Ubell:

Hello, my friend. I am so excited today to share with you an interview that I recorded with Angie Beauchaine, MD who is a practicing pediatrician who lost 110 pounds, yes, 110 pounds, utilizing the coaching tools I teach. Not only did she lose it, she has kept it off. I did not personally coach her, rather she and I both went through the same coaching program to lose the weight. I wanted her to come on the show to share her story because she's so willing to be candid and honest about what it's like to lose weight as a doctor and also what it's like to live in a body that's 110 pounds less than it used to be. Plus, she's also totally cool. We dive into all kinds of fun topics in this interview including loose skin. Be sure to keep listening to hear more about that.

Angie is starting her 20th year in general pediatrics practice in Idaho. She's very happily married and the proud mom of two sons who were both born during residency. Professionally besides full-time practice, she is involved with quality improvement and child and adolescent mental health initiatives at the local and statewide levels. On a personal note, she is an avid cross-country skier and has also taken up yoga and standup paddle boarding in the last year. She also loves to knit and listen to this, she enjoys knitalongs, mystery knitalongs, binge mystery knitalongs to go with favorite TV series like Game of Thrones and Walking Dead and homebrewed yarns, which are custom dyed yarns based on mystery knitalong themes like Dr. Who or Orange is the New Black.

Does that not sound like so much fun? Like who knew knitting was that current and fun? If you're looking for a hobby, Angie is your gal. Please sit back and enjoy this interview with Angie Beauchaine. Hi, Angie. Welcome to the podcast. How are you?

Angie:

Good. Good morning.

Katrina Ubell:

I am so glad to have you on. I've been thinking about having you on for many months now and I'm so glad that we're finally making this happen.

Angie:

Yeah. I think this is going to be a lot of fun. I have to share with you that Katrina and I used the same coach. When the coach was going to have us in the same group, I was kind of jealous. I was like, "No. I'm the doctor in the group."

Katrina Ubell: I'm the special.

Angie: I'm the special person. This is my role, but then it was so funny that you had gone to residency at the same place, but 10 years after I should say that I did. It's kind of just really one of those interesting coincidences.

Katrina Ubell: It really is because we would never really have cross paths otherwise. Me being in Wisconsin. You being in Idaho. Why would we meet each other, but alas we did. It was so fun that we went through the same program and then can share stories of attendings and experiences and things that were the same unfortunately.

Angie: I do feel a lot the same about this whole process too. It was kind of nice to have somebody else who got the same ...

Katrina Ubell: Right. Right. Right. Well, and that was always something that I was telling our coach was like, "You don't get it. You don't understand what it's like to be a doctor. Like you get it."

Angie: I will say I was the good doctor because she'd say, "At least you do what I ask. Katrina fights about it."

Katrina Ubell: Yes. Yes. That is true. That is true. All right. Let's start off with you just giving us a rundown on your story with being overweight and weight loss and how that all took place.

Angie: As I kind of shared, I consider myself a career fat girl. As I'm going to patients too, there is a little bit of a story that I kind of tell. The way the story goes according to my mom is that nine months of age the pediatrician put me on a diet. I was not a breastfed baby for more than probably a month or two. In those days you got put on eggs by three months. I was apparently pretty chubby by nine months. For me when I really made this stick, this particular process which has been I would say the last three years, was at 50. I spent 50 years trying to make this work. I really always want everyone to understand you don't have to get it right the first time. You can still get it right. I was always kind of the heavy girl in elementary school.

In junior high and high school, I began to sort of fool around with some things. In high school I would have looked pretty normal weight, but was doing some bulimic things. I was never a vomitter, but I would do the laxatives and chew things 47 times and some food restriction. I graduated high school at 117 pounds, but between 25 and 50 I spent all of those years except one over 200 pounds. My high weight when I started this was 258. I had everything in between as an adult weight. When I was thinking about you asking this question and the things I tried, I mean Weight Watchers a number of times and I would be successful and lose weight, but wouldn't keep it off. I did hypnosis in residency there. They had a hypnosis program and I did that.

I did HMR, which was kind of like a meal replacement. That was actually the wife of an internist at my first practice and that was pretty successful I think partly because we had a weekly and you had to show up and you had to present your data and kind of talk, but always starving because it was meal replacement and seven servings of vegetables. That was the one year I got down below 200 in the last 25. Also, I think I did a sprint of South Beach and then I hired several different nutritionists. There probably was some cabbage soup and some potato and some other kind of crazy things. I would tell you that I always worked at it. I always felt like I was in process and working at it and spent a lot of energy always thinking how am I doing.

Then you would say, "Well, what turned the corner?" It was about three years ago and it wasn't that I was dragging at work or it was hard to find the clothes to fit. I sort of felt there was a little bias. I think my colleagues always treated me pretty well. I consider myself pretty smart even for a doc. I was getting to do these projects and doing these committees. I was getting up and lecturing in front of people despite wearing 258 pounds and feeling pretty crummy. I decided to go see my friend's husband who was a sports medicine doc because I'd had hip pains since 2000. I had done a marathon in Portland at 2000 and I went to see him. 13 years of hip pain, right?

Katrina Ubell: Ever. I love seeing that.

Angie: I was like, "Doc, you're right. We never take care of ourselves." I thought, "Well, I'm going to go." I failed like four rounds of physical therapy. They do all their films ahead of time, right, and everything. He was like, "Well you know you have congenital hip dysplasia," and I'm like, "What are you talking about?" He was like, "Oh yeah." He says, "I'm pretty sure you have a big tear and I can see a cyst." MRI and he's completely right. Lot of arthritis. I'd torn the labrum on the right side and had a big cyst forming. Off I go to ortho who says, "Well." He walks down the hall with me. He's like, "You walk like a 75 year old. When you're ready for hip replacement, call me." I go back to physical therapy.

I'm going to go back to physical therapy, and I'm going to do it right, and I'm going to lose weight safely and get prepped. All of a sudden I kind of know ... Because I'm having a little bit of problem with my hearing. I go to my partner who's an ENT. I have a lot of hearing loss on only one side. He's like, "Let's just do an MRI. Just make you're not that one in a hundred." I'm in an MRI scanner for the second time in six months, right? I have an acoustic neuroma.

Katrina Ubell: I did not know that. I can't believe that. Wow.

Angie: Right? What was different about that is for the first time I thought, "This isn't my fault."

Katrina Ubell: Yes.

Angie: Cholesterol medicine because I'm overweight, and the way I'm eating. My joint problems because I'm overweight. I've done that. Acoustic neuroma? That's just darn bad luck.

Katrina Ubell: Right.

Angie: Then as you look at the surgery, it's actually inner cranial surgery and they lift off a piece of the skull and they go in and they take this out. I'm thinking, "What's going to happen to me if I have to lie around for a month at this weight with joint problems?" I actually then started using this online program that I signed up for and this was like three years ago in the fall. I'm starting to lose some weight and my older son is at college in California and I actually had three nasty falls from this hip giving out, including in public and in front of everybody, right? I come home and I sign up for my hip replacement, but it's going to take a year to get on the schedule and get the practice arranged and everything.

Katrina Ubell: Oh, right because you can't just be like, "I'm taking off you guys. Good luck. See you."

Angie: As I was coming back to do it, my partner ... What actually happened, she announced she's pregnant.

Katrina Ubell: You can't be mad at her for that, right?

Angie: I've spent 13 things with this hip thing. I mean I was almost hoping I'd fall and break it. Anyway, I set sort of up on all of this. I managed to get 38 pounds off by myself, right, which felt like a lot at that time. I gave Diet Coke, which I had been hooked on. I will say that to some people. If you have a soda addiction, you may have to think about because even though there was zero calories, there were food triggers coming from that soda every time, food associations and drive to eating. I had done all this. I'd set up my schedule. I'd gotten down to 220. I'd come from 258 to 220. My goal had been 200, but I thought this is not too bad. I was really working it, journaling it. I had worked hard and got rid of binge eating, which have been a problem for me.

I was a stress binge eater. I'd gotten rid of that. Then the person who I'd been doing their online school and it turns out it's the same coach that Katrina's using, sends out this thing that she is going to put together a small group of six women to work intensely for six months in a coaching group. I think this is what I need because I kind of stalled. I made most of my progress the first six months, but then I kind of kept it. I do the interview with her, but here's the kicker. Day one of that I will be in the OR having my hip replaced. I was almost going to put it off and then I said to her, "Do you think there's going to be any problem?" She says no. Literally the first call we have I am propped up.

I've got all my narcotics onboard and I'm probably just staring at the screen in our first Zoom call, but I started the two together. Having that month, which

was terrifying to me as a physician to have taken that month off work and gave me the time to like ... I found I wanted to sleep nine and a half, 10 hours at night. I could do all my physical therapy three times a day. I could do all the homework, the journaling and stuff. The other people on my group because we cut out sugar and fat ... Not sugar and fat. Sugar and flour and snacking. They all were in withdrawal and they still will tell you they think that my narcotics saved them from the withdrawal.

- Katrina Ubell: They were not saying that that's the solution, but it was a nice side effect.
- Angie: It was really that month of intense self-care. We had time to just read so many books and really all I had to do was take care of myself.
- Katrina Ubell: A first, right? In your whole adult life, have that ever happened before that you had a chance like that?
- Angie: No. The longest I'd been off before is probably like everybody else for maternity leave.
- Katrina Ubell: It's not you're hanging ... I love that when it's like, "Well, you had vacation." Pardon me, that is not vacation.
- Angie: It's interesting when we talked about kind of what you had invested the coaching at the time, I mean we're physicians. I think we have more money, but \$12,000 for six months of coaching seemed like a real splurge. In the back of my mind I know part of it was I'm thinking, "You won't be anymore successful at this than you were at anything else. If you're going to do it, you got to do it." When you think of the cost of the time off of work to do it and the way I'm in private practice, that was ... We get more and more and more and more of our money as the years go on and we cover our costs, but this was off the top and then the physical therapy and a hip replacement is apparently \$36,000 in Boise. There was quite of an investment.
- As things were rolled out every month in this program, I was just like, "You know what? I paid somebody. I took the time. I'm doing this." The other thing is we had to commit. The weekly calls were in the afternoon during my clinic time. I've made all, but one that whole six months. That was probably the biggest mind shift to say, "I'm as important as anybody else. I'm going to block out. I'm going to get to this call. I'm going to do that."
- Katrina Ubell: We don't want to minimize that. I mean that is like a seriously big deal because how many of us just have this automatic thought process, belief of just like, "Oh well I work then. It's not going to work. I can't do it. I guess I can't do it."
- Angie: I don't have time. Right. I don't have time even with the physical therapy and stuff. That was the thing that was really different for me this time is I was going

to do it and I would take the time off. Maybe it was good that I knew I'd already dinged myself on the compensation scale because it's like worth it.

Katrina Ubell: Compared at this point, right?

Angie: How much worst it's going to get? One of the things that I liked was our coach challenge us with a new skill every month. When she sends stuff with the crystal ball and a book on meditation, I was like, "Oh right. Here we go. Okay." I said I was going to try this. I am a huge meditator. If there's anything you take away from this, I would encourage you because that skill, even if I hadn't lost weight, that skill changed my life at my practice. I have to share this with you because it was so funny. All this is going on. My practice is trying to be really good. I mean they came over a couple times while I was home to make sure everything was okay. They're trying to make sure I get scheduled just right.

We have one of those days, right, there's like seven more people on the schedule than possible. They've heard you shredded by some parent in a room. Just kind of that day. I come out and I take a deep breath and I turn around to go back in the room and my MA is like, "What the hell is wrong with you?" I'm like, "What do you mean? I think I'm doing really well." "Yeah. I know. You're not complaining at all." I was like, "Well, I've been meditating." She's like, "Bullshit." Now the whole office has like paused. "No, this month we've been having to meditate and I've been meditating. I'm just visualizing my flower." She shakes her head and she's, "Well, I don't know if I believe you, but whatever it is you have to keep it up because it's so much better than it was before."

Katrina Ubell: Oh my god. That's so great. I talk with my clients about that too. I teach them about meditation, how important it is. I always tell them, "I want you to be meditating and sleeping enough before we even talk about exercise." It's so much more important. There is so much data about how good it is for you and how it reduces stress and how it improves your experience of your life. We just are so like reluctant. We're like, "There's something you could do for 10 minutes. It will make you feel amazing." We're like, "No. I don't have time." I should obsess about the fact that I'm not getting to the gym. It doesn't make any sense.

Angie: No. Then I went back and read Jon Kabat-Zinn. My husband, of course, had been meditating for a couple of years, right, telling me and I didn't listen to that. The irony is my senior partner's wife had been meditating to get through her chronic pain thing. She introduced me to Headspace then when I was doing this.

Katrina Ubell: Headspace is my favorite. I love Headspace.

Angie: I love it. They have great things for your kids and for your patients.

Katrina Ubell: I know. I've used the kids ones with my kids. My kids love them. They love them.

Angie: They're fantastic. The shorts are great. They have a feature that I can to my teenage patients. I can send them a free trial.

Katrina Ubell: Nice.

Angie: They all have their phones. Then my senior partner's like, "Well, what do you really think about this meditation thing?" I'm like, "You've got to try it." A couple of weeks later I get this angry email from his wife saying, "Well, because you're doing it, he's doing it, but he wouldn't do it for me." I was like, "Well."

Katrina Ubell: Happening exactly as it's supposed to.

Angie: That was I think one of the keys is I did the work, I took the time. When there was something new to try, I really did it.

Katrina Ubell: Didn't complain like I did. I didn't complain. I just question everything first. I just had to really understand why and then I would be willing to do it. What I wanted to take as a little take home point here, what I want to sum up is what you did was you committed to the process, right? I don't want to gloss over that because that is so huge in terms of getting the success, getting the results that you want. Just deciding like enough with the BS, enough with the excuses, enough with letting everything else get in the way, I'm going to tackle this as a main goal. You have your family goals. You have your work goals. Then as a personal goal, I need to take care of this issue. I'm committed to it. I'm going to do what it takes to get that done.

I think there's something to be said for that having so much skin in the game in terms of finances. A lot of people, I hear this all the time like, "I don't have thousands of dollars to spend to lose weight." My response is, "Okay. Right. You don't have to spend that, but having that money in, I mean when I spent the money, I really was like I know that that money is going to make me so much more serious about this process. It really was a huge part of it. Just knowing like, "I can't blow this off. I had to convince my husband that this is what we should do and I'll tell you everything too." I mean I was like coming home with all these explanations and rationalizations. Knowing that you have that much money in the game, it helps you to be so much more all in.

It really is a disservice if it was like \$30, you'd be like, "This isn't very good and who cares? It was just 30 bucks." When you have thousands of dollars in it and the value is there, it's like, "Wow. I'm doing this," and then you get the results that you've gotten and I've gotten. I don't want to gloss over that. I think that's just so wonderful.

Angie: One thing I would say, Katrina, especially because the people who follow your podcast are ... Even if they're not physicians, they are professionals. When I think going about to med school, we didn't have any doctors in the family. I just decided I was going to do this. When I think about it, I didn't question it at all. I

did the work. I did the test. I applied. I was on the waiting list in Seattle, which is where I'm from, and moved with my husband as brand newlyweds all the way to this place called Wisconsin with minus 23 degree winters.

Katrina Ubell: It's beautiful there too.

Angie: I never questioned it. I mean there was never ... I didn't question it. I got through all the way to the end. We all know what it's like to pick something hard and finish it.

Katrina Ubell: Totally.

Angie: I realized that this weight thing I have not approached it like that. That was definitely, definitely part of doing.

Katrina Ubell: Yeah, definitely. Because there is sort of this mindset of like, "It's too hard. I can't do it. I'm too busy." Would that have been your mindset when you were in med school? You do poorly on one test and you're like, "Forget it. I'm done. Screw this." Like no, of course you would never do that, right?

Angie: No.

Katrina Ubell: You have to approach this with the similar mindset of like I am powering through. The goal of becoming a physician was so motivating that you dealt with horrible calls and being exhausted and all of that to get the result that you wanted. Then with losing weight, the minute it gets hard, we have like one hunger pang, we're like, "I can't do this," and then we quit.

Angie: You have a bad day. I'm here to tell everybody that those same bad days happen whether you weigh 258 or 148. Those will still happen. That's back to that mindfulness piece. I think really being committed. There were different personalities in our weight loss group and there were some people that totally was sort of like tortoise and hare. There were some people that they were really all in while they were losing. I had to learn with my particular pattern because of course I went in I'm over 50. I need some slack because I don't think old people can lose weight. Maybe I have a thyroid problem. Of course, I have rock solid normal thyroid labs. I had all these excuses. When I think about it, I think about what my skill was.

Probably persistence. The visualization for me, which was okay for me, was I'm climbing this rock phase. Once I started with this, I never went back down. There were times where for four weeks I just clung and held on in the same place looking for the next handhold to move over or to move up, but I didn't go back down. That's been something that served me well. We did our six months. Our coach's goal was six to eight pounds a month, which sounds ridiculous, right, but I lost seven pounds a month. It took me a week to stand on the scale and then I was up 10 pounds of fluid with a new hip and everything and two

weeks to get back. I found myself after that six months, now I'm down about 68 pounds from my original thing.

Then when we kind of went into a maintenance phase, which was less intense coaching, but then I continued to lose. Originally I wanted to lose to 185. That was my big goal and it would have been great. Then I sort of committed to 155 and then at some moment I said, "Okay. Fine. I'll do 148. I'm not doing 135. I don't care. I'm not doing that." You get to that end though too. It's been a year and I lost 100 pounds at I guess it would be two years down, but almost a year ago I'm at the 100 mark. You think, "I could celebrate. I could stop. I can buy size eight jeans," but I decided to do that last bit and get to that number and I got there in January. I would tell you that is so important. There is something about saying ...

Again it's like that medical school goal. It's not like I got through everything, but the last month or the last board. I know. I got all the way. Now I can weigh whatever I choose to weigh and feel it's a good weight, but I did that. It really builds that confidence that you can deal with whatever comes up or weight goals or vacation or that thing. Then you have to learn the skillset of maintenance, which is ... It's just like going from medical school to residency to practice. I know we all thought we were dying in residency, but that was nothing compared to the first night on practice. I had to be up all night resuscitating patients and you're all alone.

Katrina Ubell: Yeah. It's like all on you. There's no back up anymore. Right.

Angie: You're like, "Man, I thought residency was hard. This is terrifying."

Katrina Ubell: Let's transition to talk about maintenance a little bit. You've been at maintenance for a little while. Tell me how that's been because you've gone on vacations, you've done different things. Let's talk about food wise, but let's also talk about thinking wise, how you had to transition to that.

Angie: I know that I still had and I still have a little bit of the magical thinking, right, that you're going to get to maintenance and not doing what you did to lose weight and you'll be able to be there, but it's not true. I think that the journey being long enough ... I mean we all want that instant weight loss. Accept that if you're really doing this and working at it and I did have to try things that didn't work for me and then have to readjust and do it, you get a skillset so that you don't panic and have to do it in the moment. What I found is that maintenance looked like one more time a week that I could eat something that wasn't my normal food group than when I was losing that last 10 pounds.

Katrina Ubell: It's one thing, right? Not like five more meals, right?

Angie: Right. We got rid of flour and sugar in this group and then not snacking. I have to say both my parents are diabetic and I was definitely in that pre-diabetic

range. I think that's why this particular plan was particularly effective for me because once you're there, now I can really see if I go overdo sugar or flour, that puffiness. I can go up four pounds in a day from doing that with the inflammation. I had been doing a mocha every morning, but with full sugar and with toast. Now I do a sugar-free mocha. That's breakfast. I just don't eat before 11 and then lunch is usually a salad. I call it bag-a-salad, those pre-done salad bags with four ounces of lunch meat.

Because let me tell you, it's really easy to just have two bags of salad and one thing of lunch meat. That's lunch. Then dinner will typically be a protein, a vegetable carb and one or two servings of veggies. That's the plan really for the week. Two meals and that breakfast. We got challenged to fast, which oh my gosh, this is the most crazy thing, but my husband and I now for 18 months we do a fast every Monday whether it's less than five ... We start it out less than 500 calories. Sometimes I just do two coffees with the cream. That's been an important tool and that I will get very hungry every Monday and I will remember all the things that I've learned to do to be able to tolerate it and to get through this and that I can do it and I'm going to survive until tomorrow.

Katrina Ubell: Let your body dine in, right? Keep you insulin sensitive and all the good things that come from that.

Angie: It kind of resets me. I consider it a pinning to maintenance. I know if I do that, the rest of the week is going to be fine. Yeah, I have to plan carefully. I have done a number of vacations, and I try to plan ahead what I'm going to do. I typically allow myself to go out. Like we went to New Orleans was one of the ones we had and I'd never been and we had a nice dinner every night. I allowed myself. My husband loves Sazerac, so we went and searched for the perfect Sazerac and I kind of expected to come up five pounds. Then my plan was to do fasting until dinner every other day until I was back to maintenance and that took me 10 days, but I had a perfectly lovely time in New Orleans.

It was a little different. I was at a pediatrics conference so they've got the food and the snack out all the time. I do that mindset, but that's worked well. I would say that I think we really do enjoy ourselves. Now I have great support with my husband. He is Jack Sprat and he's a triathlete. He was complaining at six feet tall of having drifted up to 178 pounds. He did kind of halvesies with me and he jumped to 157 and the best athletic skill of his career at 56. He does a lot of it with me when we go and do stuff.

Katrina Ubell: He sees the benefits for himself. Even when he doesn't have a massive weight issue, his body just functions better when he eats this way.

Angie: Absolutely. He has a six pack back. He's so thrilled.

Katrina Ubell: Good for him.

Angie: That's been really helpful. The flip side of the whole hip replacement thing is I didn't consider myself much of an athlete, but we standup paddleboard once or twice a week. We hike. We did a 22 mile cross country ski race. It wasn't the Burke, but it was the Sun Valley version of that in February and swim. I got challenged in my group to swim a mile a year ago April and so I decided to do it again this year, and I'll do it again every year swimming on stop mile. We started yoga. We're pretty active. Boise is a really nice place to be active. It's just been very surprising for me because being in pain for so many years, I mean I don't think of myself as an athlete, but I think that's how all my friends and colleagues do now.

That's made it nice. It probably lets me balance a little bit having a nice dinner, but we really haven't put the carbs back in. I mean maybe once a week we'll do stuff.

Katrina Ubell: Like in terms of grains or things like that?

Angie: Yeah. Yeah. Like my parents are in town and the boys are both in from college and it's a family thing and we'll do waffles on Sunday. Something like that. Usually we won't do a lot of that.

Katrina Ubell: Which I have to just say for the listeners who are like appalled at hearing that, before I did this process I would have been too, but you get into this mindset where first of all, the food you eat feels so good in your body. It tastes good. It fuels you. You don't feel deprived and then you get to have like waffles every now and then or like with my family every now and then we'll go get donuts for breakfast. What I found though is now instead of that making me want to eat a whole bunch of sugar, I get so full from it I usually don't even eat for many, many, many hours because my body's like ... It function hormonally the way a human body should, which means that it's like, "Wow. You just gave me a ton of nutrition. You do not need to get hungry.

You don't need to eat more food." I always think that's so fascinating because normally we get the total sugar crash and then eat a bunch of more stuff. It's kind of nice to know you can do that sometimes when it's thought out deliberate, not just random whenever, and your body functions okay. It all works itself out.

Angie: Right. I think it is a real change. I certainly had done this. I had to read a lot about the keto. I think it helped being a pediatrician who ... We did a lot of ketogenic diet when I was in residency and I have a couple of patients with seizures on ketogenic. That was just like right there. Of course, there are these kids that survive on this.

Katrina Ubell: Yeah. Right. I remember hearing about that as a resident and being like, "Oh my god. What a horribly restricted life." Now I do not eat ketogenic diet. I'm not that low carb. I mean I could if I wanted to, but I don't. Even so, I eat way less

carbs than I did when I was eating flour and sugar all the time. It's totally fine. Your body's so happy. Your body's like thank you. Thank you.

Angie: Right. Right. No. I think yeah, it is part of figuring that out and where your threshold's going to be for things. It is interesting. I had to get over the magical thinking of going back. I am religious about food journal. Again my family and particularly my husband helped me, but I use Evernote on my phone. Every day I just have a "this is what I did, this is what I weighed, this is what I ate." I could go back and tell you on any given day what I ate and that would help me when I was thinking I could go back and ...

Katrina Ubell: I still food journal too. Every day I still food journal. I mean I've talked on the podcast before how I totally had to change my mindset about it. First of all, it takes a second. I mean it's so fast to do it, but it's also like ... It's just like data collection. As scientists, we understand this. If you don't have any data, it's hard to even know anything. Rather than hiding from yourself, you write down what you ate and then there you go. You have it. So good, so good. Well first of all, let's talk about whether you think it's harder for physicians to lose weight than the average population and if so, why do you think that is.

Angie: I mean I do think it's harder for physicians. As a group, I think we're a pretty fit group. I always felt like there was a small number of us first of all that have like really visible weight. Now that doesn't mean that I don't think a lot of people are really working on their weight and I certainly have had colleagues and partners that were in the normal or just maybe 20 pounds overweight, but they're working it hard I mean all the time. I think it is really hard as a physician because I just really don't think we teach self-care enough. Because I love Headspace and I'm thinking, "Oh, they should really go to all the residency programs and offer like a discounted group subscription to the residency programs and start residents out meditating every day.

I mean that would just not only help their health, but it'd help the approach to practice, the approach to patients just being a good example." I've always sort of felt like here we're supposed to lecture to our patients about taking care of themselves and yet the system doesn't give us time. The system trains us on pizza and donuts and no sleep. I do think that piece is harder. We're so trained I think to prioritize anything that has to do with work whether it's patients, whether it's charting, whether it's getting to that meeting. We're really good about that. What we left behind is sort of pieces of ourselves. I think that plays a lot into it and I think that it can be hard to talk about that as a physician.

I remember reading a MyDot column and please don't get me wrong, I really love them, but it was a hard column to read which says, "If your doctor's overweight, you shouldn't be taking your kid to them if your child is overweight because how can they help you?" I feel strongly that I still gave the same message and tried to use myself as an example of why you might want to really work this early with your kiddo. It has been very interesting to have to sort of change that message because there were people who brought their kids to me

because they were heavy and they felt they'd been shamed by other pediatricians both as parents and their kids. I watched them cool a little bit. I'm overweight.

I'm not that person, but I still say, "Hey, I'm still the fat girl who was put on a diet at nine months of age. You're just seeing me in a different phase of working this problem and if I can do it, it means everybody can do it. You're only 15. You can't give up. I mean I didn't give up and I'm in my 50s." The stories had to change a little bit for patients. I will tell you other physicians in the beginning they all thought I'd had gastric bypass and probably I confuse that by going in for major surgery the same time.

Katrina Ubell: Oh yeah. Right?

Angie: They've been so interested and supportive and what have you done and they've gone out and read more about low carb and intermittent fasting. I think I was sharing with you that we have two big hospital systems that one the bariatric surgeon asked me to join their group to try to promote work on healthier nutrition for people with metabolic syndrome because he doesn't want to do anymore gastric bypass surgeries. He can't do enough to treat it. He was so intrigued to have a physician who'd actually done it, done some of that.

Katrina Ubell: Had success. Like true success. Yeah.

Angie: I do think it is harder. The other piece too is I think just making that room in your schedule. Deciding you're worth it. From the other side I would say I was likely to be the person who fell down of a heart attack or some side effect from the weight or how many orthopedic surgeries was I going to have to have. If you think about just one year out of practice, this was a great investment. Probably the biggest thing is feeling 10 years younger after having done this. I show people my driver's license. I still have to go get my driver's license made. That really was such a life extending and practice extending thing if that is your goal for me to do.

Katrina Ubell: I think though just even feeling younger meaning having more energy and that kind of thing just makes your experience of your job so much better, rather than I'm dragging myself through these exhausting days. You're like, "No, this is cool. I can do this."

Angie: Right. Instead of just trying to exist, I'm getting this done so I can go do all the really enjoyable things that I like to do now and look forward to.

Katrina Ubell: Yeah, that's so good. You lost 110 pounds and have kept it off. What a lot of people really struggle with as I know you know is that ... Especially when they've been overweight for a really long time, they see themselves, their self-image is of them as an overweight person. When they are no longer an overweight person, the more they can really struggle with assimilating that. Who am I as a

person if I'm not overweight? Your relationships with other people change. You know a lot of people are supportive and then sometimes people aren't so supportive like you're saying like the patients who've kind of cooled. This is kind of a broad question, but how was your life different overall?

Angie: It's interesting because there was a part that I was worried I would lose my identity and wouldn't know who I am, but in many ways I feel like I became more who I really am inside and always knew who I was. People who know me closely know I've done some other things. I've published some editorials in the paper. Now being very vocal about immunizations and single-payer healthcare. I've always had the privilege to be on some statewide groups and participate in patients in a medical home and healthcare transformation. I think instead of being more timid, I feel like I can have a stronger voice about this and more staying power for that has been nice. I had a hard time. We had an assignment to Marie Kondo, if you've done her stuff.

Katrina Ubell: Yeah, I know her.

Angie: Like a lot people, not only was I getting rid of the clothes in my closet that I was wearing, but I had to get rid of bags and bags of the clothes I had bought that had tags on them just in case I lost through all of those. This was the thing. I had no insignia t-shirts. I had no t-shirt that had a logo or anything on it because I had gone through everything. That was kind of a scary uncomfortable month where I felt like okay, maybe we should just put them in boxes in the garage. I really had to decide have I made this transformation and do I really believe I'm going to stick with it.

Katrina Ubell: Is this actually permanent? Do I believe that I can make this permanent? The way I'll show that to myself is by getting rid of all these clothes.

Angie: Right. Right. Can I really buy and wear a pair of white jeans? They weren't comfortable. We can wear them on game day Fridays. I'm not wearing jeans. I mean who would do that? Nail the differences. A lot of my patients and friends will see me out on a paddleboard or they'll see me out hiking. They'll see me out really doing things. They'll see me at the YMCA. In Boise, the YMCA is the place to be. It's just a fantastic community organization, as well as the best gym and big pools and everything. I see patients out there. That for me has just been a really sort of fantastic piece of things. My boys are 20 and 21. I had them September of my internship year and January of my second year of residency.

Katrina Ubell: Wow.

Angie: I passed on having one my senior, but I was hearing my younger one say, "Yeah. They're just never home. Who knows where they are? They might be in Sun Valley. They might be over in van. They're off somewhere doing something," and it's true. I mean we're usually doing something.

Katrina Ubell: You wouldn't say that about yourself before?

Angie: No. I get through the work day. I needed to come home. I needed to get off that hip. I need an ibuprofen. Then I probably would have watched some TV. I picked back at my knitting. Really a very good knitter and so I've been able to pick back up knitting. I started doing some of this writing and have been doing some family stuff with that. I was courageous enough. One of the things I had to do was for a while I put aside some committees. It's really easy as you know and I think we were talking about that with a board or something with you, Katrina. It's really easy to get asked and you say yes and you say yes. For a while I put that aside. Then I've agreed to be on a few, but it's very different where I am not just doing everything and I've said, "I'm going to do this for a year.

If this new committee achieves where it's going, great, but I'm going to reevaluate that in a year." Maybe it's not going to be worth my time and I'll do something different. My husband and I kind of have gone through having some close friends drift away and I can't tell you if it's this so much or just maybe the age our kids are getting out to college and we very type to school stuff. As you do different things, you do sort of gravitate. We've gravitated more to some couples who were doing more physically active things. They're out in the community more.

Katrina Ubell: I think of that as just kind of the evolution of life. I mean like you don't have to have the same friends all the way through and sometimes a friendship is sort of complete. Like what you had in common is no longer there and that doesn't even have to be really sad. It's like that's cool. That was fun. Now we're off doing this with these people and that's great too. Ultimately though the reason you do it is for yourself and you and I both know because we went through this process together, but it's worth mentioning that it's not just learning how to eat so that you can lose this weight and keep it off permanently, it's learning how to manage your mind.

Managing your thinking about your whole entire life, every facet really, so that you're no longer using food to make yourself feel better or make your life tolerable. Once you really make that shift and make that change for yourself, it's like that's just like your new normal way of thinking. You kind of forget that you might have in the past been like, "Okay. Fine. Yeah. No, I don't want you to be upset about not having dessert. Okay. Let's have it," versus like, "I don't need that. If you would like to have it, it's totally fine, but it's really not my problem if you're upset about it."

Angie: It is still tough. They're here for the eclipse and my boys are home from college and it's our anniversary weekend. I've stuck to my guns, but there have been moments where I've had to say, "Oh, I should just make this that everyone will like it better," and then like, "No. This is how we do taco salad. Yes, I'm going to yoga class. Yes, I'm doing my call with Katrina. Yes, I will spend my laps on Sunday morning and people will just have to suck it up. I don't do that anymore." That's not that what I do.

Katrina Ubell:

They're kind of still getting used to this version of you, yeah, which I think is normal and fine and really their journey, not yours. It's like you can't try to control their journey so that you feel accepted. You just accept yourself for who you are and care for yourself in the way that you know you need to and want to. Then they get to have whatever thoughts they want. It's really kind of neither here nor there. Let's switch gears and talk about something that I think that is not something everybody talks about, but everybody wonders. When you lose 110 pounds, there's some skin, some extra skin. Let's talk about that because I have heard people even say, "Well, I don't want to lose too much. Then I'll have all this skin. Then I'll have to do this surgery."

Kind of people using it sort of almost as an excuse. "Well, I don't really know if it's even worth it because my body will look worst if I'm thin." Let's talk about that.

Angie:

Yeah. It is really true, but I would tell you first of all, there are terrific bras out there and Lycra is a miracle material. You do notice it. The thing that I think I was sharing was the first place I lost a lot of weight in this and saw it was in my neck. I thought, "Oh, this is terrible. I'm going to have to have this fixed.: You have to understand I was not really a makeup person kind of thing. I had sort of like always in my mind said, "I'm never doing plastic surgery. I'm not that vain kind of a thing." Not that I would judge anybody else, but for me this was just kind of my thing. This was like, "Oh, I got to do this." I mean I would have my hand on my neck entirely because I could see it.

What I would share is that yeah, I think I have sort of like a 53 year old looking neck like everybody else, but it got tighter. It was the first thing, but it has gotten slightly better. Your skin does not come back certainly at least in your 50s the way it does before. I had a big weight loss that one year, nearly 20 years ago, first in practice where I've gotten under 200 and I was going to have the tummy tuck type surgery then and did not do it and for a long time thought, "Well, that's what made the difference of why I gained the weight back." You have that peniculus there. In the heat, you have to watch you don't get yeasty and stuff. I just decided this time that I was going to do it.

That I had done all this other stuff and hard work and that this was the logical next thing to do. You have to look around and decide what else you're going to do. For a while I thought, "Oh, my arms," but then as I watched ... I think a lot of us don't love our arms. I saw Kyra Sedgwick in a movie and I thought, "She has 50 year old arms. If Kyra Sedgwick can do sleeveless with a little of waddle, I can too." I've been doing a little more weightlifting and that helped with that. You do kind of have to pick where it's going to start and where it's going to end and acknowledge that other wrinkles and things like that, some of this is just the wear and tear of where you've been and what you've done. I decided I was going to do the stomach surgery piece.

I went and saw a plastic surgeon I want to say two months ago to kind of ... This is my first foot in the thing and to see her. She's just really fantastic. For me it

was a great visit because she's the same age. Kids are the same age. She's not wearing makeup, but she's very smartly dressed in flats and a dress. We're talking about where we paddle, standup paddleboard. She's not wearing makeup. She's very businesslike. She talks through sort of the whole process and what it's going to be like and time off. You don't do it in the summer because you got to wear this ...

Katrina Ubell: Binder or something.

Angie: Binder that's really hot and sweaty. You're going to have to take three to four weeks off from work.

Katrina Ubell: Your brain starts exploding, right? Not again.

Angie: Oh no. Not that again. Of course, my partner's pregnant again.

Katrina Ubell: You guys are really lined up nicely.

Angie: Really lined with it. You're thinking about all of this. She's telling you, "Some people have a little slit in their diastasis. If that's there, I'll tighten that up. Sometimes I do some liposuction to get rid of the fat or if it doesn't fit nicely and do your hip to kind of smooth that." She does her whole spiel. It's a lot like I think we all do with some of our consult and things. Then she says, "Okay. Let me look at you," and I thought, "Oh god. Okay. Here we go. Right. Don't look at me." Then she's like, "You don't have any fat on you. I'm not going to have to do any liposuction." Then she has me sort of bear down and she's like, "You don't have any slit in your diastasis. My gosh. You've got a lot of muscle down there."

She said, "You're going to do really well with us." That was a real mind thing for me to go, "Wow. Actually what I've done has put me in pretty good shape for this." I have put myself on the books for next April is the time we could make it work with the ...

Katrina Ubell: Right.

Angie: All that kind of stuff. I think it's not a bad thing because that really encouraged me to continue with the working out, gives me longer at maintenance, and still think about it. Then I thought, "Okay. I'm going to do this. I'm going to tell everybody I'm having a hernia repair." I had one of my friends said, a good friend said, "Why do you have to tell people you're having a hernia repair? Why can't you just tell people you're having the excess skin taken off?" I really had to chew that for a month or so because that didn't fit with the way I thought about myself. Now I've gotten to the point now where I've told everybody, "I'm going to do this. I'm going to get this taken off."

Katrina Ubell: I think that's really a quality of life issue, right? You and I have talked about fitting the stomach into a swimsuit and not having it come out the leg hole and

things like that. It's not a vanity thing. It's a skin hygiene and movement kind of a thing.

Angie: Vain for doing it. I'm kind of getting that mindset. She says, "I apologize. There's no competition in our market." For us she said it would all be out of pocket with my insurance because it's elective. She said, "It's \$12,000." I thought ...

Katrina Ubell: The irony.

Angie: The irony, right? That's how the coaching cost. I thought, "Well, compared to a hip," and it's nothing compared to the cost of the time off. I started to try to talk myself out of it, but then I thought, "I really like that month off. Wait. I can read. I can write. I could go to the coast."

Katrina Ubell: Right. You're like these might be kind of this blessing in disguise, these one month for diastasis.

Angie: Foresight thing. To kind of wrap the story up, I had just this ... May and June was everything. I had to have a gyne procedure and I took prophylactic antibiotics that gave me C. diff that relapsed.

Katrina Ubell: Oh my gosh.

Angie: I had this consult. You're doing your regularly mammogram and my first mammogram. Then I had to be back in the MRI scanner with this acoustic neuroma. We sent everything off to the House Institute in LA. I just a couple of weeks had the consult with their doctor who said, "You know what? It looks smaller than before. It's not changing. Your hearing's been stable for three years. This might not do anything for 20 years. I'd just not worry about it."

Katrina Ubell: Oh my gosh. What great news.

Angie: "What do you mean don't worry about it? I thought ..." Anyway, I think sort of there is something to be said about these patients and some of this arc about things and working the things that you can work and have some control over. As I was looking up life expectancies, at 53 mine is at least 84. Now I have to think about what do I want to do with the next 30 years. I can promise you it's not be in the clinic every weekday.

Katrina Ubell: Well, it's also to not stress about trying to lose weight for 30 more years, right? I think that's something that we kind of underestimate. How much of our time and mental energy goes into thinking about what should I be doing, oh I want that, I shouldn't have eaten that, should I do this, oh maybe I'll try that program. Chasing the next shiny gold diet program. How much of our lives that occupies? When you take care of that and that's gone and done, that opens up a whole new world for you. I mean look how active you are, but like even other things,

right? The sky's the limit on all these things. 30 years is a long time. A lot of experiences you can have. It's so great.

Angie: Doing the cleanup, I had a stack of 29 books on how to lose weight. These are gone. Instead of like journals that sort of ... I have to start over every three to four months. This is what I'm going to do kind of thing. I've been writing sort of family stories and I thought, "That's what I want my boys to have. I don't want them to pick up this journal about oh, here I am again. I'm back up 30 pounds and this is what I'm going to do." I want them to read about the time their great-grandfather slipped on a catfish and how he came running up the dock with a catfish wiggling out of his behind. That's what I want to leave behind is kind of like that.

Katrina Ubell: Yes. It gives you a chance to really kind of reevaluate your whole entire life. If I don't have so much in my life consumed by this weight issue, who am I going to be and what am I going to leave behind as a legacy and all that? I think that's so great. So good. As your final words of wisdom to us, what kind of advice would you give to other physicians out there who want to lose weight whether it is a hundred plus pounds or just five to 10?

Angie: I would say it is never too late to do it. You can do it at any age. There was someone in my group who was in their mid-60s and was successful. It is absolutely worth doing it and set a goal and do what it takes to get there and then celebrate. Really own that. Really own that.

Katrina Ubell: Give yourself the sense of that natural pleasure we get from accomplishment.

Angie: Right.

Katrina Ubell: When you never accomplish this goal, like you are dragging that out forever. If you had to be in med school and residency forever without being able to accomplish the goal, why bother? Right? Let's get it down and move on. Same thing with weight.

Angie: Right. No, that piece is really huge. Again it comes in fits and starts. I think I was sharing with you that my weight loss was consistent if you look monthly, but I often went for several weeks during the month before I would lose and then would lose a lot of it ...

Katrina Ubell: Yeah, me too.

Angie: In a chunk. The first thing may not work and the third thing may not work, but you will get those if you're consistent about it. I think it really helps to have a group that's a support group or accountability. It is well worth making the time for this. If you aren't going to do that, the one tool, I would really go look at meditation and mindfulness. I never meditate for more than 15 minutes. That's my preferred length, but I get up and do that at least six out of seven mornings.

Do that. I would really encourage you. That has changed my approach to practice. Patients are not attacking me. It really shifted to I'm in a partnership. I'm there to help. I'm not there to fix anybody or solve everybody else's problems. That I'm there to help.

Katrina Ubell: Offer the value that you can offer and then they do with it what they can and what they will. That is so good. So good. Angie, thank you so much for coming on.

Angie: It was so fun.

Katrina Ubell: Really, really appreciate it. All right. Take care. Bye, bye.

Angie: You too. Bye, bye.