Obesity: Evaluation, treatment, & how to talk about it with patients

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Agenda

• Background
• Evaluation
• Treatment
• Talking about weight with your patients
Background

Prevalence (2020)

• Body mass index of ≥ 30
• US adult obesity rate: 42.4%
  • First time national rate exceeded 40%
  • Lowest rate of obesity: Colorado, 23.6%
• US child (ages 2-19) obesity rate: 19.3%
  • Increasing with time, exhibiting earlier onset

Trust for America’s Health, 2020
Causes

- Complex health issue with interacting, multifactorial causes
  - Obesogenic environment
  - Hereditary
  - Socioeconomic and sociocultural
  - Individual behaviors (physical activity, diet, medication use)

Demographic trends

- Protective factors
  - Higher income (vs lower)
  - More education (vs less)
  - Living in suburban & metro areas (vs rural)

- Risk factors
  - Poverty
  - Discrimination
    - Black 49.6%, Hispanic 44.8%, white 42.2%, Asian 17.4%
  - Food insecurity
    - Increased during COVID-19 crisis
Consequences

• Associated with:
  • Poorer mental health, reduced quality of life
  • Leading causes of death: T2DM, heart disease, stroke, some types of cancer
  • More serious consequences of COVID infection, including hospitalization and death

Recommendations to address

• National organizations recommend physicians screen for obesity & provide intensive behavioral counseling
• However, obesity is not well managed in current health systems
  • Lack of training of healthcare workforce
  • Baseless assumptions of people with obesity
  • Lack of experience working in multidisciplinary teams
  • Lack of training in behavior change strategies
Role of primary care

• Small portion of adults with obesity ask a healthcare professional about weight loss
  • Of these, most consult their PCP
• Primary care: main point of contact for most people seeking health services
• Numerous articles have detailed strategies to manage obesity in primary care

Campbell-Scherer et al., 2020; Forgione et al., 2018

Evaluation
Evaluation

- 5As model for weight management counseling in primary care:
  - Assess
  - Advise
  - Agree
  - Assist
  - Arrange

Assess

- Screening for obesity, comorbidities, patient’s willingness to make health behavior changes
- Using appropriate language without indication of stigma & shame
  - Patients prefer providers refer to their weight or BMI
  - Caution against the “personal responsibility” notion
Assess

• BMI & waist circumference (visceral adiposity)
• Obesity-related complications
• History: diet, exercise, sleep, mental health, medications
• Characteristics & comorbidities associated with poor weight loss
  • Binge eating, sleep disorders, depression, chronic pain
  • Weight loss outcomes differ by race/ethnicity

Assess

• Readiness to change
  • Barriers: more pressing health or mental health issues, lacking self-efficacy, financial or psychosocial problems
  • If not ready: plan to address barriers, invite patient to inform you when ready, build on patient’s confidence
  • If ready: praise efforts, what methods have been successful, ask how you can help, acknowledge their value of health

Fitzpatrick et al., 2016; Forgione et al., 2018
Advise

• Counseling patient about:
  • Health risks of current weight
    • May influence patient’s motivation
  • Health benefits of modest weight loss
  • Individualized diet plans & gradual change → long-term adherence

Agree (on goals)

• Goal setting: key health behavior change strategy
  • SMART: Specific, Measurable, Attainable, Relevant, Time-based
    • Unrealistic goals can lead to failure & disappointment
  • Collaborative approach
    • Initial weight loss goal of 5-10% of weight
  • Self-monitoring, mobile applications

Fitzpatrick et al., 2016
**Assist**

- Problem solving: identifying barriers in achieving goals & developing plan with clear strategies to overcome
- ADAPT: Attitude (normalizing), Define problem, Alternative solutions, Predict consequences, Try out solution
- Some patients may require more intensive counseling
  - Consider referrals: behavioral psychologist, dietician, commercial programs

**Arrange**

- Increase accountability through regular (e.g., monthly) follow-up
  - Assess patient’s progress towards goals
  - Review self-monitoring records
  - Problem-solve barriers

Fitzpatrick et al., 2016
Treatment

- Important to treat obesity as a **chronic, relapsing, multifactorial disease**
  - Nutrition, physical activity, emotion/behavior, medication
- Primary care counseling alone has limited ability to achieve clinically meaningful weight loss
- More benefit is seen with:
  - Added pharmacotherapy
  - Intensive counseling from dietitian or nurse + meal replacement therapy

Bronner, 2016; Tsai & Wadden, 2009
**Nutrition**

- Language matters
- Nutrition planning should be individualized
  - No one diet that is better than the rest
  - Depends on patient’s motivation, resources, finances, personal preference
- Recommend 25% less calories
  - Not by restriction, but by improving calorie choices
- Focus on mindfulness of eating, including self-monitoring
- Viewing nutrition as a lifestyle change

*Bronner, 2016; Taylor, 2020*

**Physical activity**

- Language matters
- Physical activity planning should be individualized
  - Remember: SMART goals
- Get your patients moving – any movement helps
  - Get creative with ideas
- Self-monitoring can be helpful

*Bronner, 2016*
Emotion/Behavior

- Anxiety & depression are prevalent
  - Can impact eating behavior & adherence (decreased motivation)
- Screen for eating disorders
- Discuss alcohol & substance use
- Assess sleep
- Discuss eating habits
  - Dining out, distracted eating, stress eating, meal planning

Bronner, 2016

Medication

- Anti-obesity medications (& surgery) change the physiology of body regulation & offer best chance for long-term weight loss
  - Cannot replace diet, exercise, & lifestyle modification
  - May help to feel less hungry or full sooner, or make it harder for the body to absorb fat from foods
  - Numerous US FDA-approved medications currently available

Bronner, 2016
Medication

1. Identify medications possibly contributing to weight gain & change patient’s regimen
2. Identify if patient meets FDA-approved anti-obesity medication indications
3. Trial medication
   • If no improvement after 3-4 months, consider different medication or increase dose
4. Medication as adjunct treatment

<table>
<thead>
<tr>
<th>Medication</th>
<th>How it works</th>
<th>Weight loss at 1 year</th>
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<tbody>
<tr>
<td>Orlistat</td>
<td>Works in gut to reduce amount of fat the body absorbs from food consumed</td>
<td>-5.5 lb with 60 mg</td>
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<tr>
<td></td>
<td></td>
<td>-7.5 lb with 120 mg</td>
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<tr>
<td>Liraglutide</td>
<td>Mimics a hormone (glucagon-like peptide-1) that targets areas of brain that regulate appetite &amp; food intake</td>
<td>-13.5 lb</td>
</tr>
<tr>
<td>Qsymia</td>
<td>May lead to feeling less hungry or feeling full sooner</td>
<td>-14.5 lb with 7.5/46 mg</td>
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<td></td>
<td></td>
<td>-19.5 lb with 15/92 mg</td>
</tr>
<tr>
<td>Contrave</td>
<td>May lead to feeling less hungry or feeling full sooner</td>
<td>-13.5 lb</td>
</tr>
<tr>
<td>(bupropion &amp; naltrexone)</td>
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* Be aware of contraindications & adverse effects of different medications

Bronner, 2016
Taylor, 2020
Bariatric surgery (referral)

• Promotes weight loss by restricting amount of food the stomach can hold, causing malabsorption of nutrients, or by a combination of both restriction & malabsorption
  • Does not replace diet, exercise, & lifestyle modification!

Talking about weight with your patients
Weight bias & stigma

• Both healthcare professionals & patients with obesity endorse weight bias attitudes & beliefs about obesity
• Patients with obesity perceive biased treatment in healthcare, & this impacts how they access healthcare services
• Avoid making assumptions or judgments about patients’ health & behaviors based on their weight

Weight bias can be:
• Subtle & overt
  • Verbal, physical, relational, cyber
• Can lead to rejection, prejudice, & discrimination
• Individuals affected may be:
  • Reluctant to seek medical care
  • Likely to delay important preventative healthcare services
  • Cancel medical appointments

Campbell-Scherer et al., 2020
Bronner, 2016
Weight bias & stigma

- Be aware of the following misperceptions of individuals with obesity:
  - Non-adherent
  - Dishonest
  - Lazy
  - Lacking in self-control
  - Unintelligent

Bronner, 2016; Puhl & Brownell, 2006

Obesity terminology

- **People-first language**: recognizes the potential dangers of labeling individuals by their disease
  - Say “patient with obesity” instead of “obese patient”

- Use **preferred/encouraged terms** & avoid discouraged terms

<table>
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<tr>
<th>Encouraged</th>
<th>Discouraged</th>
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<tbody>
<tr>
<td>Weight</td>
<td>Morbidly obese</td>
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<tr>
<td>Unhealthy weight</td>
<td>Obese</td>
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<tr>
<td>Overweight</td>
<td>Fat</td>
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<tr>
<td>Body mass index</td>
<td></td>
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<tr>
<td>Affected by obesity</td>
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Bronner, 2016; Puhl et al., 2013
Considerations for clinic environment

- Ensure clinic furniture & equipment is appropriately sized for individuals with obesity
  - Chairs, toilets, doorways
  - Scales, gowns, blood pressure cuffs
- Ensure scales are in private areas
- Ensure staff are educated about obesity & weight bias

Kahan, 2018

Other weight bias reduction strategies

- Assess your own weight bias attitudes & beliefs
- Be mindful of patient’s previous weight bias experiences & internalized weight bias
- Recognize & acknowledge multiple determinants of weight
- Separate weight from health – explore all causes of presenting problems
- Highlight importance of behavioral goals vs weight loss goals

Campbell-Scherer et al., 2020; Thille, 2019
References


• Campbell-Scherer, D., Walji, S., Kemp, A., Piccinini-Vallis, H., & Vallis, T. M. (2020). Canadian Adult Obesity Clinical Practice Guidelines: Primary Care and Primary Healthcare in Obesity Management. Downloaded from: [https://obesitycanada.ca/guidelines/primarycare](https://obesitycanada.ca/guidelines/primarycare)


• Trust for America’s Health (2020). The state of obesity: Better policies for a healthier America. [tfah.org/stateofobesity2020](http://tfah.org/stateofobesity2020)
