

Agenda

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

Background

Prevalence (2020)

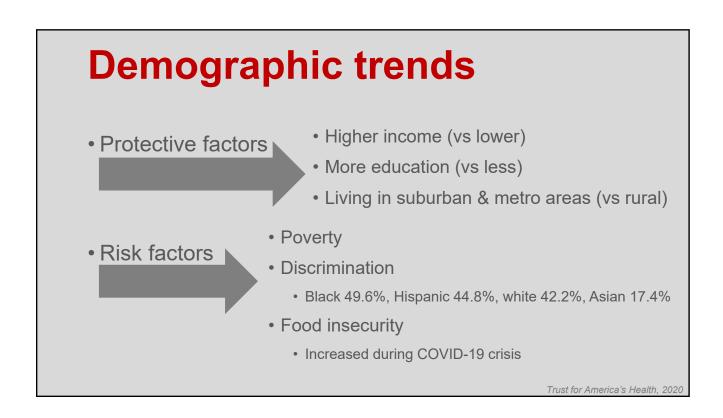
- Body mass index of \geq 30
- US adult obesity rate: 42.4%
 - First time national rate exceeded 40%
 - Lowest rate of obesity: Colorado, 23.6%
- US child (ages 2-19) obesity rate: 19.3%
 - Increasing with time, exhibiting earlier onset

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)

Hruby & Hu, 2015; Trust for America's Health, 2020



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

Hruby & Hu, 2015; Trust for America's Health, 2020

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

Campbell-Scherer et al., 2020

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

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

Fitzpatrick et al., 2016; Vallis et al., 2013

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

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

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

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

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

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

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

Medication

- 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

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

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

Campbell-Scherer et al., 2020

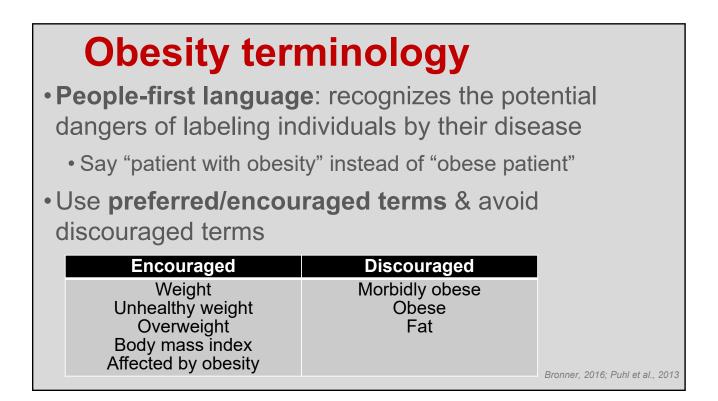
Weight bias & stigma

- 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

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



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

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