Talking to Patients about Obesity: Opening THAT Conversation

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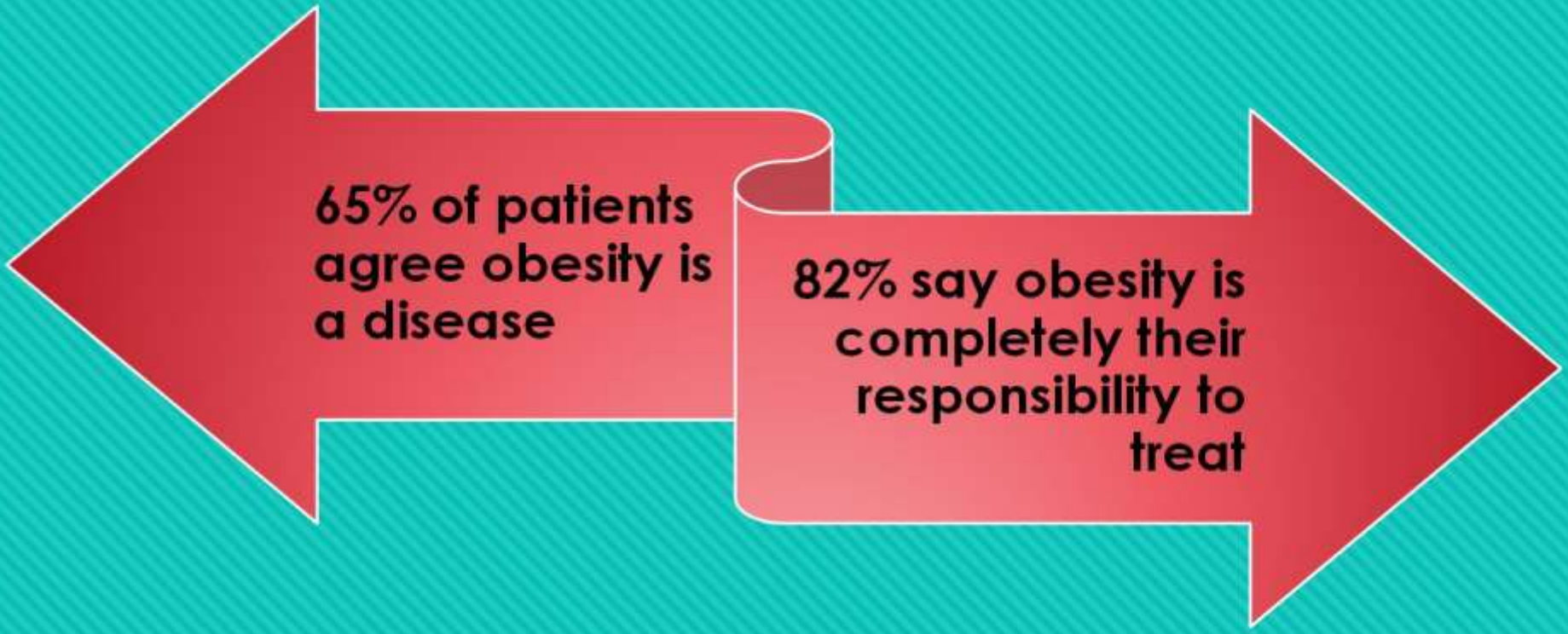
Outcomes

Identify	Identify what research indicates patients want from providers related to the conversation around obesity
Describe	Describe weight bias and how it affects the conversation about obesity.
Recognize	Recognize current practices and resources for providing obesity care, including staff education, the office environment and equipment, to improve the conversation.

Identify what research indicates patients want from providers related to the conversation around obesity

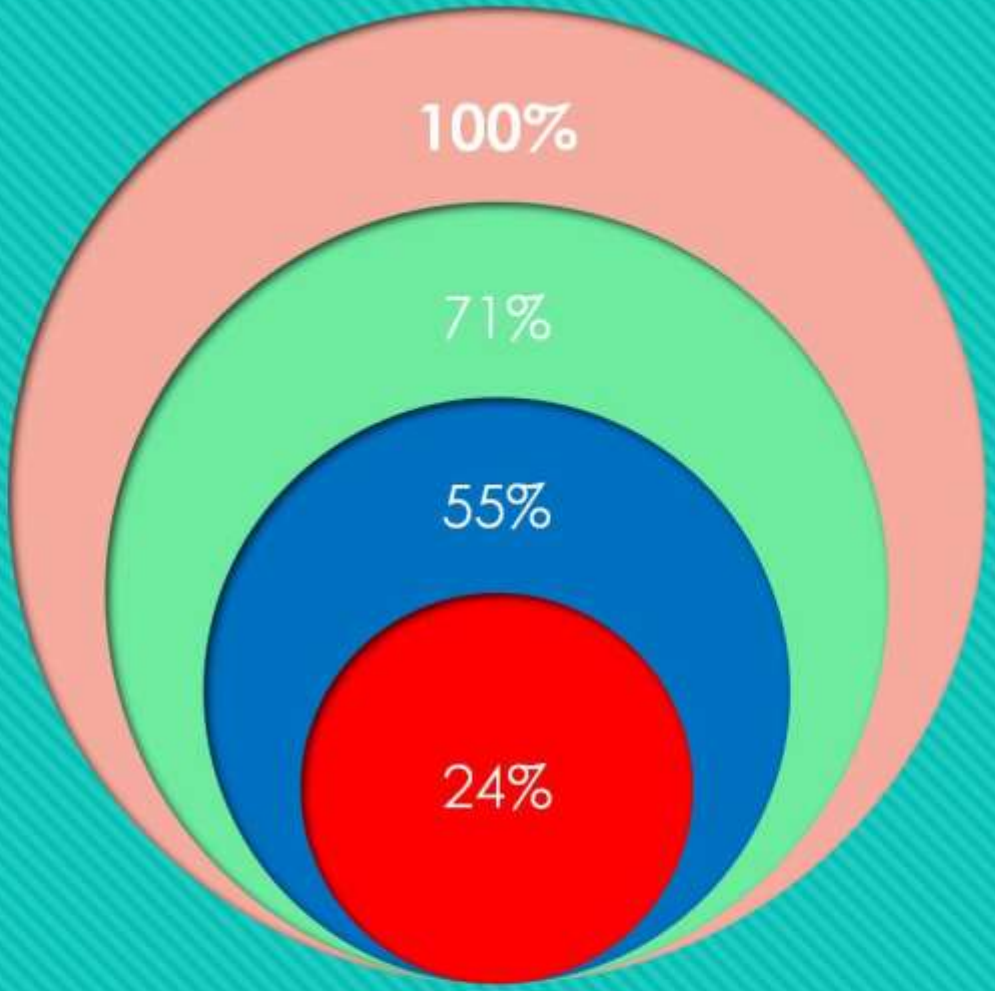
ACTION STUDY

Reference: Kaplan LM, Golden A, Jinnett K, et al. Perceptions of barriers to effective obesity care: results from the national ACTION study. *Obesity (Silver Spring)*. 2018;26(1):61-69.



ACTION STUDY

- 100% PwO
- 71% had a conversation in the past 5 years with an HCP about their weight
- 55% received a diagnosis
- 24% had a FU scheduled



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Top reasons why PwO do *not* seek help with their weight loss from HCPs

Characteristic Reasons	PwO not seeking treatment
PwO (n=823)	%
I do not feel motivated to lose weight	21
I am embarrassed to bring it up	15
HCPs (n=606)	%
They are embarrassed to bring it up	65
They do not feel motivated to lose weight	56
They do not believe that they can lose weight	55
They are not interested in losing weight	47

ACTION STUDY

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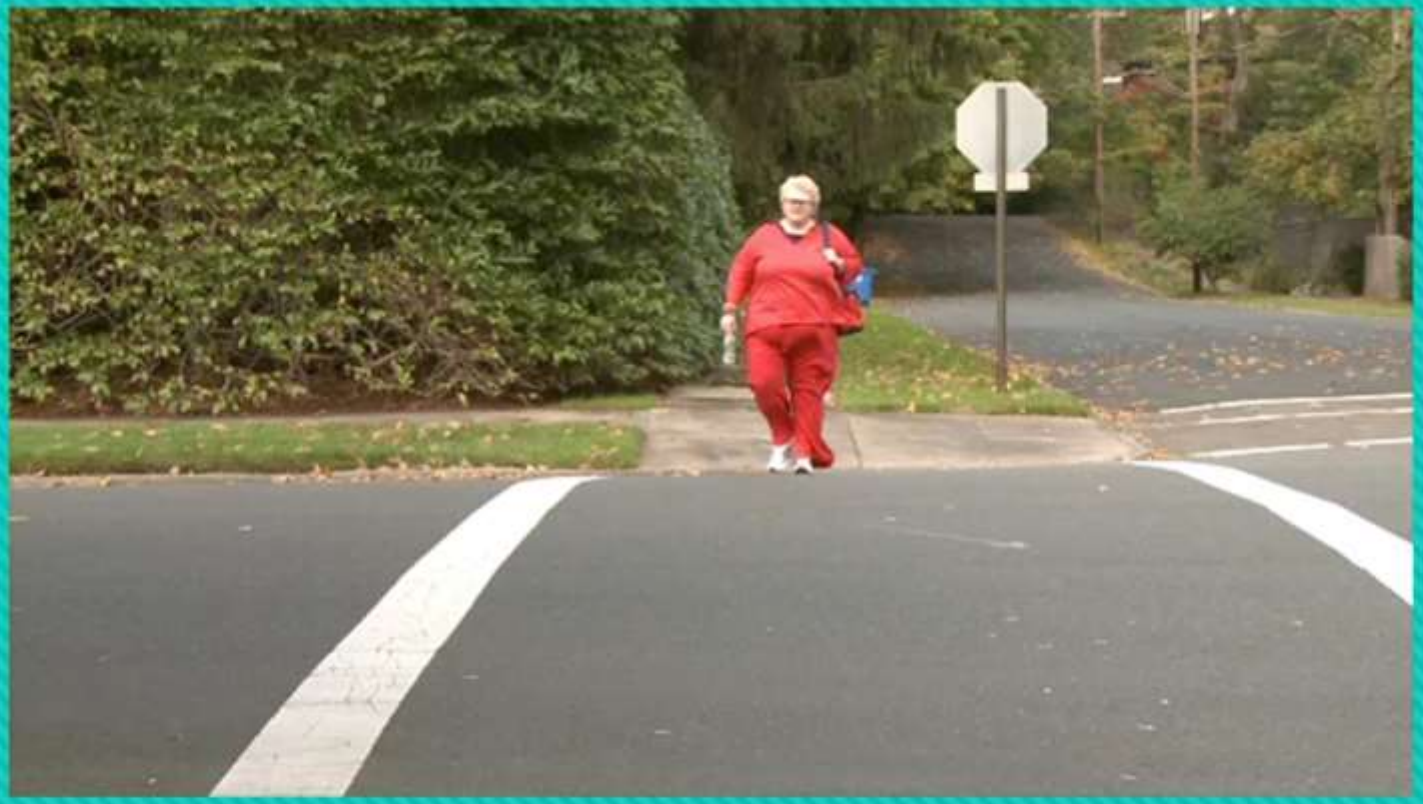


OAC & RUDD Center: Describe weight bias and how it affects the conversation about obesity.

Stigma

- "Experiencing weight stigma undermines health by contributing to obesity, metabolic disease, psychological disorders, and ultimately mortality."

Himmelstein, M. Puhl , R., & Quinn, D. (2018). Weight stigma in men: What, when and by whom? *Obesity, 90,* 00, 1-9.

Bias

- Weight bias is a bias against those who carry extra weight.
- Based on false assumptions about causes of obesity
- Explicit and intentional, or implicit and unintentional
- The Obesity Action Coalition says, "Obesity stigma is a major issue and is the last socially acceptable form of discrimination in our society."

http://www.obesityaction.org/weight-bias-and-stigma/understanding-obesity-stigma-brochure

Bias

- Weight bias and stigma can
  - impact approach clinically
  - limit reimbursement
- Can keep patients from seeking healthcare
  - resulting in increased morbidity and mortality

Pearl R L, Wadden TA, Hopkins C, et al (2017). Association between weight bias internalization and metabolic syndrome among treatment-seeking individuals with obesity. Obesity, 25: 317–322.
http://uconn.edu/2017/03/weight-based-stigma-obstacle-sustaining-weight-loss/

People First Language

- People First: Remove the Word "Obese" from Your Dictionary and Language
- Avoid labeling it = bias and discrimination

http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/STOP-Provider-Discussion-Tool.pdf

Language

Language to use[20]	Language to avoid
Overweight	Fat
Increased BMI	Obese
Unhealthy weight	Diet
Healthier weight	Exercise
Eating habits	
Physical activity	

Suggestions From Stop Obesity Alliance

- Would it be okay if we discussed your weight?"
- "Our measurement indicate that you are carrying excess weight. This can be unhealthy for you and strain your body. If you're interested we can talk about creating a plan of action together."

http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/STOP-Provider-Discussion-Tool.pdf

Recognize current practices and resources for providing obesity care, including staff education, the office environment and equipment, to improve the conversation.

The Environment

- Safe
- Accessible
- Accommodating
- Comfortable
- Welcoming
- Non-shaming

Office Environment/Equipment

Practice and Resource Factors Impacting Obesity Care

Is your waiting room a welcoming place, or is it an obstacle course that makes people with overweight or obesity feel self-conscious, anxious, and stigmatized?

A. Yes

B. No

Patient Centered Care

http://www.uconnruddcenter.org/image-library?#

Exam room items to consider

Extra large patient gowns

Split toilet set

Scales placed in private area for weighing

Reading materials in the waiting room that focus on health habits rather than the latest lots or being thin or diets.

Sturdy, armless chairs or high, firm sofas

https://wire.ama-assn.org/delivering-care/3-ways-mitigate-implicit-bias-exam-room

Exam room items to consider

Tables/chairs/toilet seats must be able to sustain higher body weights

Large (or long) vaginal specula

Study wide exam tables so that there is no slipping or tipping

Sturdy stool or steps with handles to assist patients climb onto the table

https://wire.ama-assn.org/delivering-care/3-ways-mitigate-implicit-bias-exam-room

Medical Devices

Extra-long needles to draw blood

Large adult blood pressure cuffs or thigh cuffs for patients with upper arm circumference greater than 34cm

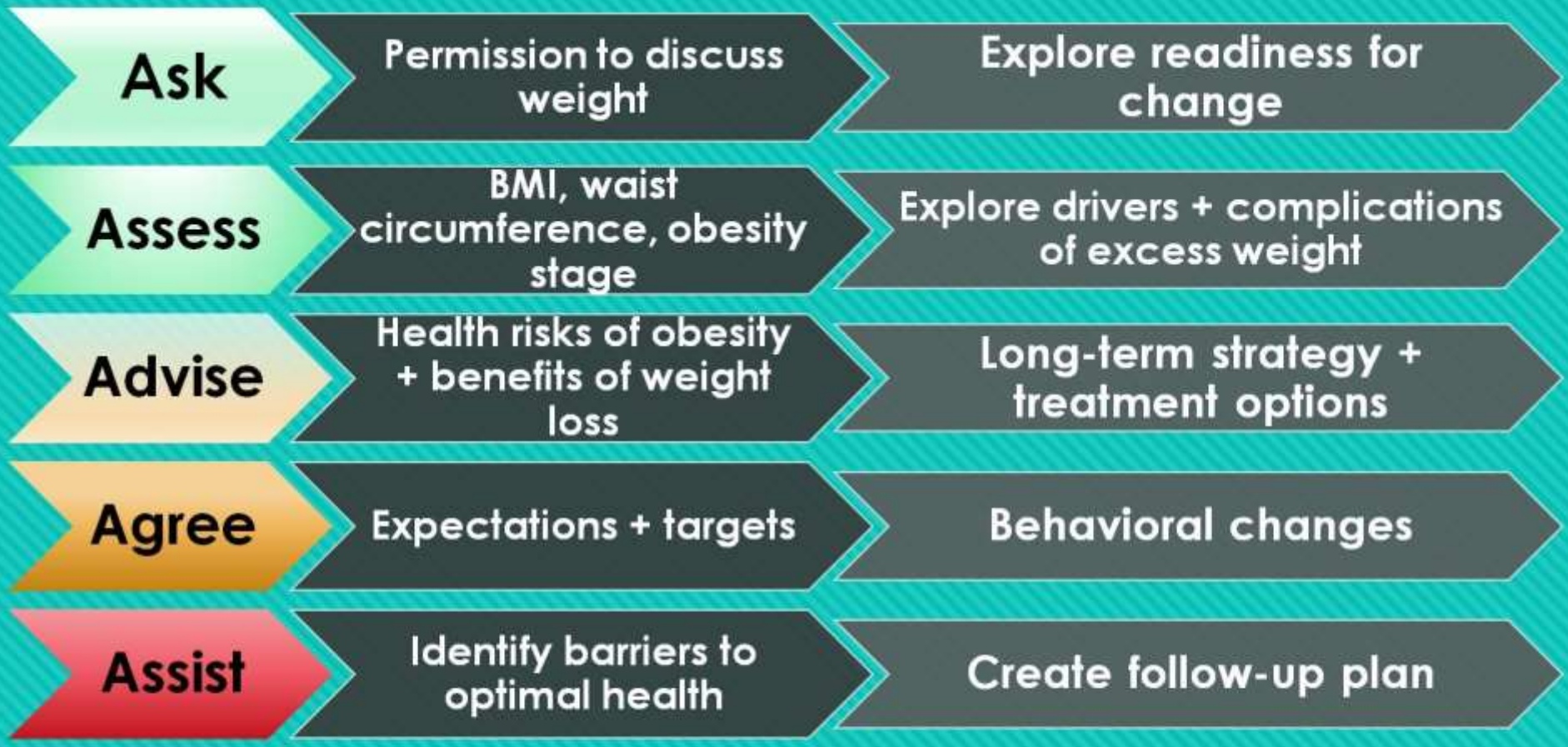
Tape measure at least 72" long

Weight scales with capacity to measure patients greater than 400 pounds

In the bathroom specimen collectors with handles

http://obesity.aace.com/medical_office_equipment_designed_for_patients_with_obesity


The Conversation



Communication: Using the 5As

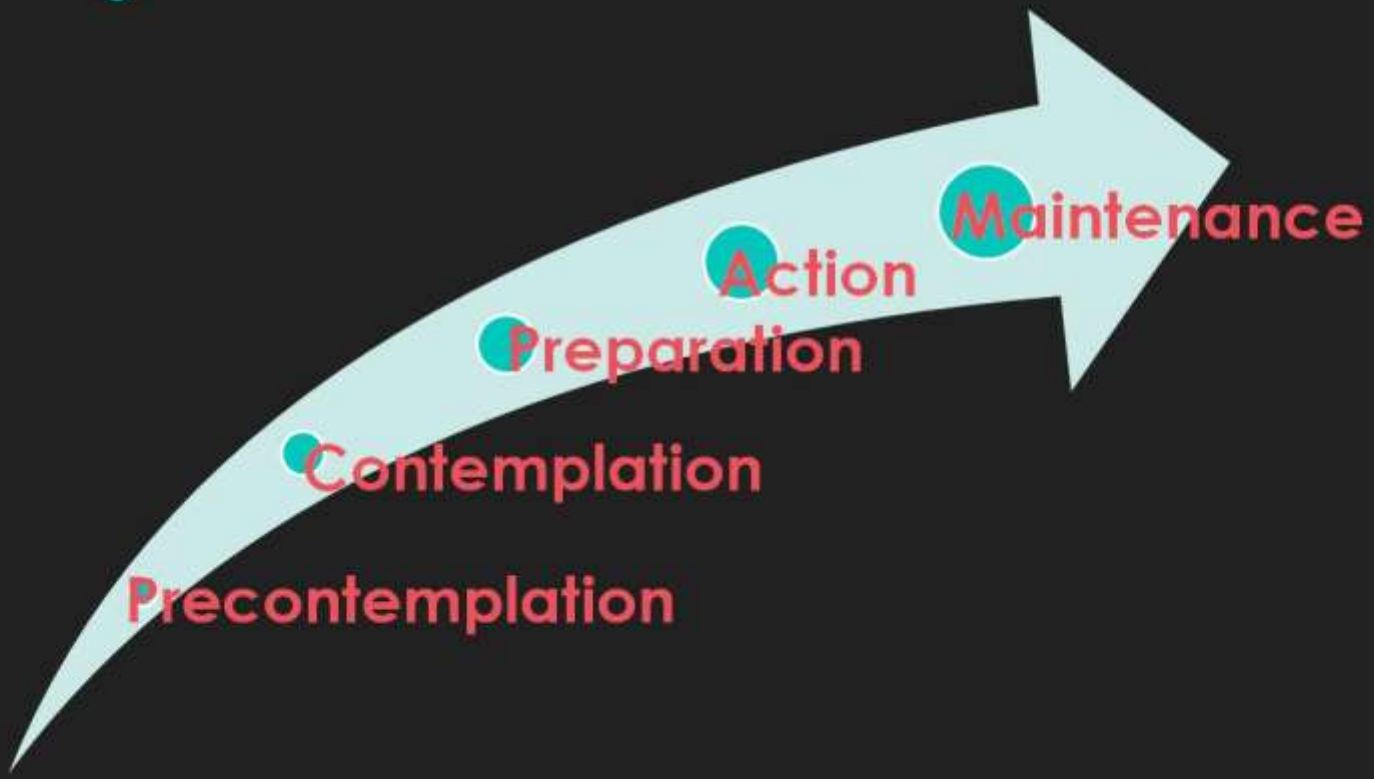
Vallis M, et al. *Can Fam Physician* 2013 59:27-31.

Motivational interviewing

- collaborative conversation style
- strengthening a person's own motivation and commitment to change.
- **not** to convince people to do what you think is best for their health

- **discover and activate the patient's motivations**
- **improved health—not the provider's motivations**

Stages of change to guide the conversation



But really? What does this mean for tomorrow in practice

- Elaina is at the practice today for a "quick check and med refill" for her diabetes. HgBA1C is steady at 7.3.
- Her weight is up since three months ago by 5lbs (now 206 – BMI 35)
- Ask permission:
  - "Elaina the charts shows your weight is up by 5 lbs – I know you mentioned last time that you were attending Weight Watchers – can we talk about how that is working for you?

Elaina's thoughts

I am so thankful my provider brought this up

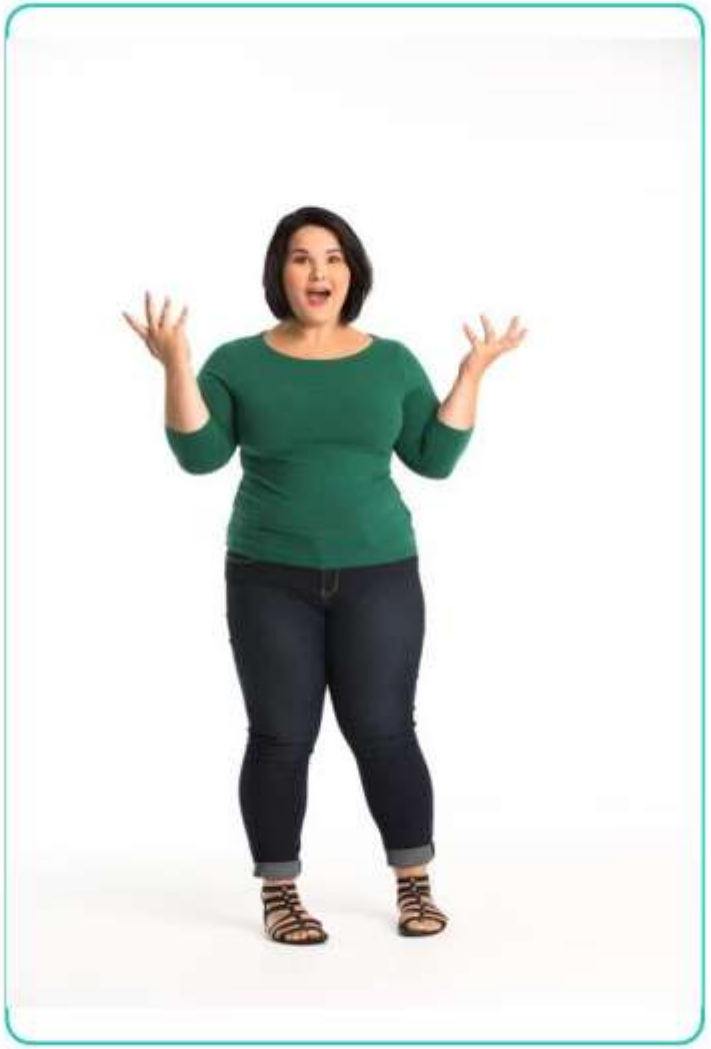
I bet everyone in the office thinks I am so lazy – I am working so hard and am getting nowhere

Will she believe me if I tell her what I have been doing – maybe if I show her my online food diary – I almost never eat more than 1300 calories, and I work out 4 days a week

Is there really any help???

But what Elaina says….

- Oh it is going great, I love going to the meetings.
- A bit of silence and then she says; "but really I don't seem to be successful" Is there anything that can help me?
- What can you say next – you now have ASK and ASSESS done – and the patient is in PREPATION and was in ACTION stage



Ready for advise

1

Make a follow-up appointment so that you have the TIME to create advise

2

Have patient bring back a food diary and activity diary

3

Be sure you have a full assessment for any obesigenic medications and have done the assessment for complications and comorbidities of obesity

Be sure your practice is ready

Do you have the educational materials you need (like you do for diabetes, hypertension, etc. See the resources for ready made options)

Do you have the referral network (PT, RDs that understand the disease of obesity)

Appropriate and obesity friendly equipment (don't wait for this though! - it only takes a scale and a 60" tape measure)

Follow-up Visit

What can happen at the appointment

- Review the week of food tracking: average 2400 calories a day – slowly eating fewer fast foods
- steps: average 3000 (she is a dispatcher and sits most of days) – also rides a stationary bike 3 days a week
- HgBA1C 6.1

Motivational Interviewing

01

Find points the patient is willing to change

02

Go for small changes – incremental

03

SMART goals

- Specific
- Measurable
- Achievable
- Relevant
- Timely

Guiding principles for starting nutrition as therapy in the management of obesity

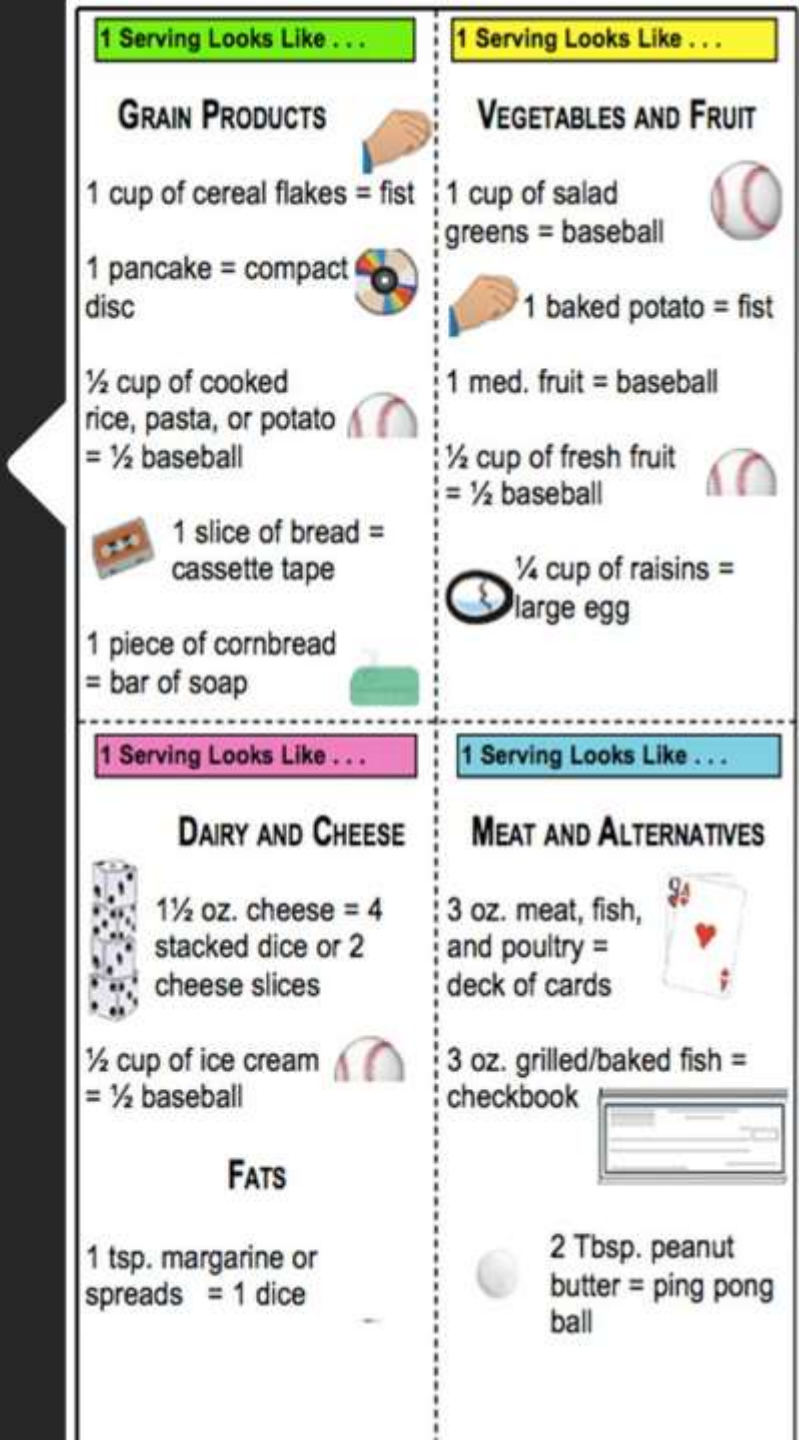
- Minimize intake of highly processed foods
- Encourage consumption of whole foods
- Encourage consumption of high-fiber, complex, carbohydrates
- Emphasize reading labels for serving sizes
- Beware marketing claims

What Elaina decides

- "I would like to work on serving size and reading labels more
- Do you have anything that can help me with this?"

Serving Sizes

- Portion:
  - amount of food you choose to eat for a meal or snack
- Serving
  - measured amount
- Portion Distortion can be significant
- Patient handout



Reading Labels

https://www.accessdata.fda.gov/scripts/InteractiveNutritionFactsLabel/factsheets/Understanding_and_Using_the_Nutrition_Facts_Label.pdf

Understanding and Using the Nutrition Facts Label

The Nutrition Facts Label found on packaged foods and beverages is your daily tool for making informed food choices that contribute to healthy lifelong eating habits. Explore it today and discover the wealth of information it contains!

Serving Size

Serving Size is based on the **amount of food that is customarily eaten** at one time. All of the nutrition information listed on the Nutrition Facts Label is based on **one serving** of the food.

- When comparing calories and nutrients in different foods, check the serving size in order to make an accurate comparison.

Servings Per Container

Servings Per Container shows the **total number of servings** in the entire food package or container. One package of food may contain more than one serving.

- If a package contains *two servings* and you eat the entire package, you have consumed *twice the amount of calories and nutrients* listed on the label.

Calories

Calories *refers* to the **total number of calories**, or "energy," supplied from all sources (fat, carbohydrate, protein, and alcohol) in one serving of the food. To achieve or maintain a healthy weight, balance the number of calories you consume with the number of calories your body uses.

As a general rule:
100 calories per serving is **moderate**
400 calories per serving is **high**

Calories from Fat

Calories from Fat are *not* additional calories, but are **fat's contribution to the total number of calories** in one serving of the food.

- "Fat-free" doesn't mean "calorie-free." Some lower fat food items may have as many calories as the full-fat versions.

% Daily Value

Percent Daily Value (%DV) shows **how much of a nutrient** is in one serving of the food. The %DV column doesn't add up vertically to 100%. Instead, the %DV is the percentage of the Daily Value (the amounts of key nutrients recommended per day for Americans 4 years of age and older) for each nutrient in one serving of the food.

As a general rule:
5% DV or less of a nutrient per serving is **low**
20% DV or more of a nutrient per serving is **high**

Nutrients

The Nutrition Facts Label can help you learn about and compare the **nutrient content** of many foods in your diet. Use it to choose products that are lower in nutrients you want to get less of and higher in nutrients you want to get more of.

Nutrients to get less of – get less than 100% DV of these nutrients each day: saturated fat, *trans* fat, cholesterol, and sodium. (Note: *trans* fat has no %DV, so use the amount of grams as a guide)

Nutrients to get more of – get 100% DV of these nutrients on most days: dietary fiber, vitamin A, vitamin C, calcium, and iron.

Nutrition Facts

Serving Size 1 package (272g)
Servings Per Container 1

Amount Per Serving	
Calories 300	Calories from Fat 45
	% Daily Value*
Total Fat 5g	**8%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 30mg	**10%**
Sodium 430mg	**18%**
Total Carbohydrate 55g	**18%**
Dietary Fiber 6g	**24%**
Sugars 23g	
Protein 14g	
Vitamin A	60%
Vitamin C	35%
Calcium	6%
Iron	15%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Footnote with Daily Values

Some of the %DVs are based on a **2,000 calorie daily diet**. However, your Daily Values may be higher or lower depending on your calorie needs, which vary according to age, gender, height, weight, and physical activity level. Check your calorie needs at http://www.choosemyplate.gov.

- If there is enough space available on the food package, the Nutrition Facts Label will also list the **Daily Values** and **goals** for some key nutrients. These are given for both a 2,000 and 2,500 calorie daily diet.

FDA http://www.fda.gov/nutritioneducation

Let's look at another conversation

- Arthur is a 52 year old male here today for his CDL examination.
- He is a patient in your practice
- Long standing (18 year history) of hypertension, FH of mother , father and both brothers with CV disease and DM.
- VS today: BP 138/88, HR 88, RR 18, pOx 95% Wt 242 BMI 33.75 Rest of exam is also within the DOT parameters

The Conversation

- Clinician: "Arthur I have all the paperwork done for your CDL for the next two years, but we need to talk about two things.
- Your BP is creeping back up – three months ago is was 128/74 – right in the sweet spot so as you are leaving please make a follow-up appointment in the next couple of weeks when you are back from your next long distance drive – we may need to start another medication or change your meds up again"
- "And I notice your weight is up as well from your last visit – I would like to talk about what that and how I can help you with it. What do you think?"

ASK

Arthur's thoughts

I KNEW it – great more medications for my BP – my wife is gonna kill me

I don't have time for this I am really on the road in the truck so much trying to make ends meet – they don't get how hard that is these days

Great another person to tell me I am fat – like I don't know that

But what Arthur says….

- Yes I have to keep my BP down for my drivers license so I will make that appointment as I leave – I can't afford to lose my job
- But I don't have time to work out and I don't have the money to eat at fancy restaurants while I am on the road to manage my weight – I am doing the best I can
- What are the next steps– you now have ASK and even ASSESS done – and the patient is in PRECONTEMPLATION – how might you help him move forward

Be a safe harbor but….

Be positive with what treating obesity can do for his health – that **it isn't "weight management but a disease"**

Have handouts ready for this "just for information"

Be sure you have a full assessment for any **obesigenic medications** and the assessment for complications and comorbidities of obesity

Ask patient to bring back a diary of what he is eating "on the road" for a day or two and what he eats at home at his BP visit

Maybe have the staff make that next visit 10 minutes longer "just in case" – he is committed to his BP so USE THAT

Resources

Patient information

1. Obesity Action Coalition http://www.obesityaction.org/
2. The Obesity Society Patient pages: http://www.obesity.org/publications/obesity-journal/patient-pages
3. VAMove – behavioral handouts:
4. Society for Endocrinology (UK): http://www.yourhormones.info/endocrine-conditions/obesity/
5. ACEE resource tool kit: http://obesity.aace.com/node/30

Professional information:

1. Obesity Medicine Association Algorithm: https://obesitymedicine.org/obesity-algorithm/
2. AACE resource for clinicians: http://obesity.aace.com/medical society guidelines for treatment of obesity
    1. AACE Slide Library: http://obesity.aace.com/obesity-comprehensive-slide-library
3. NP and PAs – Primary Care Introductory Certificate
    - https://aanp.inreachce.com/Details?groupId=b6cbae97-1a16-451b-a30e-a6d713bc52d1
    - https://cme.aapa.org/ActivityList/855/ActivityListViewAll.aspx?ContextObjectId=968eb8fe-a0cf-4d79-8891-207945417ece
    - AACE resource center: http://obesity.aace.com/obesity-comprehensive-slide-library

Obesity Action Coalition:
http://salsa4.salsalabs.com/o/51094/p/salsa/web/questionnaire/public/?questionnaire_KEY=97
World Obesity Federation:
http://www.imagebank.worldobesity.org/
Rudd Image Gallery (pictures and video):
http://www.uconnruddcenter.org/media-gallery
Canadian Obesity Network:
http://www.obesitynetwork.ca/images-bank

Image Gallleries

Final thoughts

Take aways

- America needs all providers to start treating the DISEASE and the complications
- Be sure your practice is a safe harbor
- Begin the conversation and assure the follow-ups are occurring
- Understand the bias people with obesity face
- START TODAY - Please

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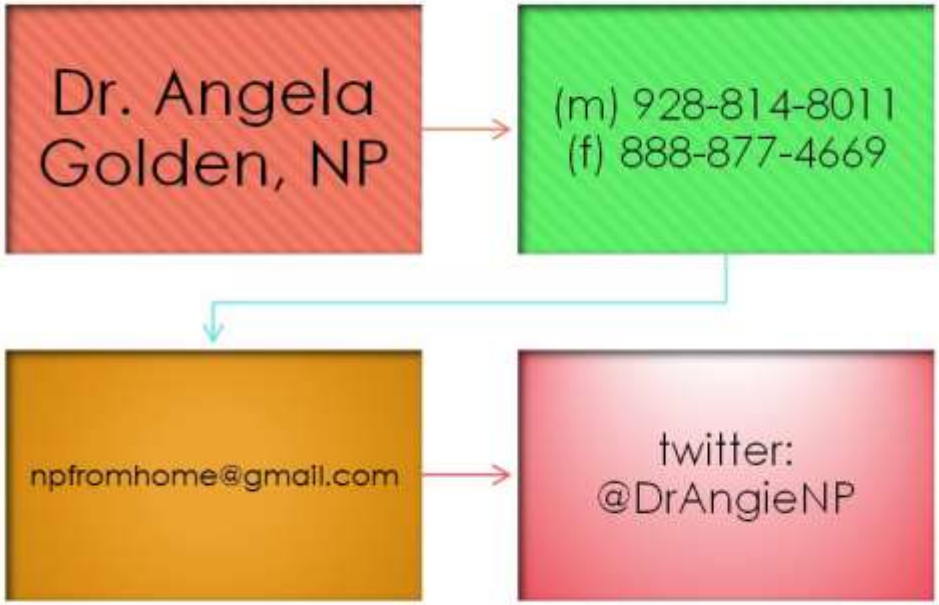

Questions?