



### Preferred vocabulary

- The term “obese”
  - Despite the findings of the prior slides, the word obese is not uniformly undesirable
  - Quotations from one qualitative paper:
    - “Although ‘Obese’ was viewed as socially unacceptable, there was recognition, especially among younger people, that it would be appropriate from a health professional.”
    - “However, a number of people seemed more comfortable with ‘Clinically Obese’ than ‘Obese’, suggesting that framing excess weight as a medical problem that can be addressed can also facilitate discussion of appropriate solutions and support.”
  - IF using the term “obesity”, it can be helpful to emphasize that it is a clinical term rather than a description of the physical appearance.

Gray CM, Hunt K, Lorimer K, Anderson AS, Benzeval M, Wyke S. Words matter: A qualitative investigation of which weight status terms are acceptable and motivate weight loss when used by health professionals. *BMC Public Health*. 2011;11(1):515. doi:10.1186/1471-2458-11-515

### Barriers→ Solutions for lack of training

- Tools
  - Environment
  - Preferred vocabulary
  - **How to raise the topic**
    - **The 5 A's**
    - **Sample non-judgmental questions**
  - Motivational interviewing
  - Technology

### How to raise the topic

<b>Ask</b>	<ul style="list-style-type: none"> <li>• Permission to discuss weight, be non-judgmental</li> <li>• Explore readiness for change</li> </ul>
<b>Assess</b>	<ul style="list-style-type: none"> <li>• BMI, waist circumference, and obesity stage</li> <li>• Explore drivers and complications of excess weight</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• Health risks of obesity, the benefits of modest weight loss, the need for a long-term strategy</li> <li>• Available treatment options</li> </ul>
<b>Agree</b>	<ul style="list-style-type: none"> <li>• Realistic weight loss expectations and targets</li> <li>• Specific details of the treatment options</li> </ul>
<b>Assist</b>	<ul style="list-style-type: none"> <li>• Identifying and addressing barriers, provide resources, and assist in identifying and arranging consultations</li> <li>• Arrange follow-up</li> </ul>

McDowen BM. A Practical Guide to Engaging Individuals with Obesity. *Obes Facts*. 2016;9(3):182-192. doi:10.1159/000445193  
Valis M. 2013. *Can Fam Physician*. 59:37-51.

### Ask

- Ask permission to discuss weight:
  - **“May I talk to you about your weight?”**
  - **“Are you concerned about the effects of your weight on your health or quality of life?”**

*Be sure to affirm that you hear what the patient says*

Valis M. 2013. *Can Fam Physician*. 59:37-51.

### How to raise the topic

- Consider whether the patient’s weight is relevant to the presenting complaint and/or future health and whether she would benefit from active management.
  - **“Would it be okay if we discussed your weight?”**
  - **“You mentioned a number of symptoms, such as \_\_\_\_ and \_\_\_\_, which may be related to excess weight. Would you like to talk about this to see if we can help you feel better?”**

Pryke R. GP Ten Top Tips - Raising the Topic of Weight. *R Coll Gen Pract*. 2013. doi:10.1136/bmj.gp500.8.  
McDowen BM. A Practical Guide to Engaging Individuals with Obesity. *Obes Facts*. 2016;9(3):182-192. doi:10.1159/000445193  
http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdf/51TOP-Provider-Discussion-Tool.pdf

### UW Healthcare Providers

#### What factors influence your decision to discuss (or not) obesity with a patient?

Factor	Percentage (%)
Severity	76.9
Comorbidities	83.3
Trend	44.9
Pregnancy	51.3
Other	21.8

Slide credit: Nicholas Schmuhl, Heidi Brown, Makeba Williams with the UW OBGYN Obesity Clinical Taskforce

### How to raise the topic

- For surgeons or surgical subspecialties:
  - “We know weight can affect the safety or success of doing an operation. Has anyone talked to you about this?”

Follow with:  
 “Is this something you’d like to discuss further or get support with?”

Pryke R. GP Ten Top Tips : Raising the Topic of Weight. *J Col Gen Pract.* 2013. doi:10.1136/bmj.d8500.8.  
 McGowan BM. A Practical Guide to Engaging Individuals with Obesity. *Obes Facts.* 2016;9(3):182-192.  
 doi:10.1155/2016/182192

### How to raise the topic

#### The Stages of Change

University of Wisconsin School of Medicine and Public Health

### How to raise the topic

- Here are some suggested ways to address readiness with patients:
  - “How likely are you to consider a couple of small lifestyle changes, specifically ones that would lead to increasing physical activity and eating healthier, to improve your health?”
  - “Would you be willing to incorporate ‘extra’ physical activity in your daily routine?” (Cite examples, such as taking the stairs rather than elevator, walking pets, parking further away in parking lot, etc.)

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

### How to raise the topic

- While having this conversation

Language to use <sup>20</sup>	Language to avoid
Overweight	Fat
Increased BMI	Obese
Unhealthy weight	Diet
Healthier weight	Exercise
Eating habits	
Physical activity	

http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/STOP-Provider-Discussion-Tool.pdf  
 Puhl R. Motivating or stigmatizing? public perceptions of weight-related language used by health providers. *International Journal of Obesity* 2009; 2013;37(4):618-619-619.

### What if you *have* to talk about it?

- In obstetrics or maternal-fetal medicine we may have a consult specifically to discuss the risks of obesity during pregnancy
  - Should we ask?
    - Language
    - Worksheet

University of Wisconsin School of Medicine and Public Health

### Advise

- Advise about the risks of obesity; explain the benefits of modest weight loss and the need for long-term strategies
  - “Now that we have a better understanding of your situation, can we explore and come up with a plan of action to improve things?”

*Explore all treatment options*

Vallis M. 2013. *Can Fam Physician.* 59:37-31.

University of Wisconsin School of Medicine and Public Health

### Sample scenario

- Regina is at the office today for a preconception consultation. She is a 27 year old gravida zero and her BMI is 44 and her periods are irregular. She is planning to get married next year and would like to become pregnant shortly after that, but she is worried she might have trouble because of her irregular periods.
- So what should you say?

Ballard AC. 2011. The impact of obesity and weight loss on urinary and bowel incontinence symptoms in women. Menopausal Med.  
Leshem A. 2016. Surgically induced weight loss results in a rapid and consistent improvement of urinary pelvic floor symptoms. Scand J Urol.  
Lee HJ. 2018. Postoperative urinary symptoms after transobturator laparoscopic hysterectomy in normal weight women compared with overweight and obese women. Ob Gyn Sci.

### Sample scenario

- “Regina, the charts indicate that your body-mass index is 44. Would it be okay if we discussed how your weight may affect your periods and possible future pregnancies?”



Image from <http://www.uconnmedcenter.org/image-library/>

### Agree

- The “Agree” step is about respectful negotiation to achieve “best weight” focused on SMART (specific, measurable, achievable, rewarding, and timely) goals and health outcomes
- Any treatment plan should use effective behavior modification principles such as goal setting, behavior shaping, or **motivational interviewing**

Vallis M. 2013. Can Fam Physician. 59:37-51.

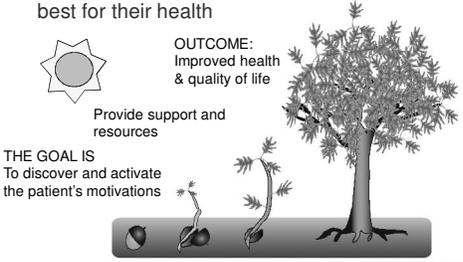
### Motivational interviewing

- Motivational interviewing is one approach to patient-centered communication that explores and attempts to resolve ambivalence toward behavioral change.
- A meta-analysis of 11 RCTs found that the use of motivational interviewing increased mean weight loss among overweight and obese individuals compared to controls who did not receive this intervention.

McGowan BM. A Practical Guide to Engaging Individuals with Obesity. Obes Facts. 2016;9(3):182-192. doi:10.1159/000445193

### Motivational interviewing

- It’s a collaborative conversation style that strengthens a person’s own motivation and commitment to change
- It’s NOT to convince people to do what you think is best for their health



THE GOAL IS To discover and activate the patient's motivations

Provide support and resources

OUTCOME: Improved health & quality of life

### Motivational interviewing: 1-2-3

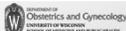
- Find points that the patient is willing to change
- Go for small, incremental changes
- SMART goals
  - Specific
  - Measurable
  - Achievable
  - Relevant
  - Timely

### Motivational interviewing: 1-2-3

- Regina would like to try to lose weight to see if it improves her menstrual frequency. So you say
- “What changes are you willing to make to achieve this goal?”
- She says “I would like to work on serving size and understanding food labels. Do you have anything that can help me with this?”



Image from <http://www.uconn Rudd Center.org/image-library/>



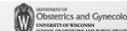
### Resources: What others use

**Table 2. Frequency of Selection of Specific Nutrition Patient Education Resources**

Specific resource	Frequency, No.
EHR-embedded patient education resources	9
USDA MyPlate resources	7
Smartphone weight loss applications (MyFitness Pal, Lose It!)	5
American Academy of Family Physicians patient information	2
Weight Watchers	2
UpToDate	1
Joslin Diabetes Center patient information	1
American Diabetes Association	1
NAA Weight, Activity, Variety and Excess pocket card	0
NAA Rapid Eating and Activity Assessment for Patients tool	0

EHR = Electronic Health Record, USDA = United States Department of Agriculture, NAA = Nutrition Academic Award.

Nair D, Hart A. Family Physicians' Perspectives on Their Weight Loss Nutrition Counseling in a High Obesity Prevalence Area. *J Am Board Fam Med.* 2018;31(4):522-528. doi:10.3122/jabfm.2018.04.170467



### Resources: Websites

- Websites
  - MyPlate.Gov
    - <https://www.choosemyplate.gov/>
  - Serving sizes and portions
    - <https://www.nhlbi.nih.gov/health/educational/wecan/eat-right/distortion.htm>
  - How to understand and use the nutrition facts tables
    - <https://www.fda.gov/food/labelingnutrition/ucm274593.htm>
  - CDC's fact sheets and brochures
    - <https://www.cdc.gov/obesity/resources/factsheets.html>



McGowan BM. A Practical Guide to Engaging Individuals with Obesity. *Obes Facts.* 2016;9(3):182-192. doi:10.1159/000445193



### Resources: Internet-based weight loss

- Obstetrics
  - Using internet-based program for low-income postpartum women
    - 371 women randomized, primary outcome weight change over 12 months

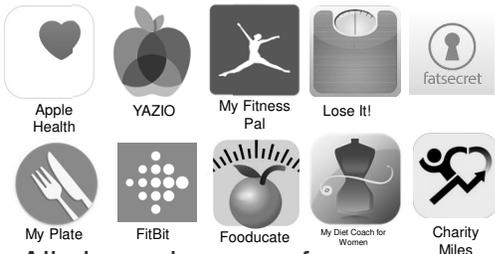
12-mo Outcomes	Standard Care Group (n=197)	Intervention Group (n=174)	Between-Group Difference (95% CI)	P Value
Mean weight change, kg	-0.9 (-1.7 to -0.1)	-3.2 (-4.1 to -2.4)	2.3 (1.1 to 3.5)	<.001
At or below preconception weight, No. (%)	36 (18.6)	57 (32.8)	14.2 (4.7 to 23.5)	<.001
Change in physical activity, mean (95% CI), min/d	-7.2 (-14.6 to 0.3)	-7.8 (-16.1 to 0.4)	-0.7 (-42.0 to 10.6)	.76
Change in calorie intake, mean (95% CI), kcal/d	-144 (-257 to -32)	-298 (-423 to -174)	-154 (-325 to 17)	.06

Pfaffen S, Haggoban T, Brannen A, et al. Effect of an internet-based program on weight loss for low-income postpartum women: a randomized clinical trial. *JAMA - J Am Med Assoc.* 2017;317(23):2381-2391. doi:10.1001/jama.2017.7119



### Resources: Mobile Apps

- Internet or app-based weight management programs



- All shown here are free

McGowan BM. A Practical Guide to Engaging Individuals with Obesity. *Obes Facts.* 2016;9(3):182-192. doi:10.1159/000445193 <https://www.painmanagementjournal.com/articles/2017/06/the-10-best-apps-to-help-you-lose-weight-and-lose.html>



### Resources: Mobile Apps

- RCT using PDAs and telephone coaching
  - 69 adults
  - Intervention arm lost 3.9 kg more than control group
- Meta-analysis of RCTs concluded that these can be used to achieve successful weight loss
  - Six studies, 632 participants
  - Overall promising
  - Interventions using mobile phones were more effective than interventions using personal digital assistants

Khojkar B, Jones J, Florkey PE, Armstrong MJ, Caird J, Rabi D. The effectiveness of mobile electronic devices in weight loss among overweight and obese populations: a systematic review and meta-analysis. *BMC Obes.* 2014;1:22. doi:10.1186/s40698-014-0022-4

Spring B, Duncan JM, Janke EA, et al. Integrating technology into standard weight loss treatment: a randomized controlled trial. *JAMA Intern Med.* 2013;173(2):105-111. doi:10.1001/jamainternmed.2013.1521

