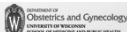


### Motivational interviewing: 1-2-3

- 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-quit-smoking-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



## Resources: Mobile Apps

- Obstetrics
  - Using technology to promote postpartum weight loss
    - Pilot RCT (n 18) found that after 14 weeks of treatment comprised of behavior-change strategies, daily skills, and self monitoring text messages with personalized feedback, biweekly counseling calls (15 minutes long) from a health coach and access to a facebook support group
    - Patients who received a technology based intervention lost 3.2 kg more than usual care.

Herring SJ, Cruick JF, Bennett GG, Davey A, Foster GD. Using Technology to Promote Postpartum Weight Loss in Urban, Low-Income Mothers: A Pilot Randomized Controlled Trial. *J Nutr Educ Behav*. 2014;46(6):610-615. doi:10.1016/j.jneb.2014.06.002



## Resources: Telehealth/ eHealth

- Meta-analysis of 10 studies
  - Obstetric population
    - Significant improvement in postpartum weight loss (1.26 kg difference) after 3-12 months

Sherifali D, Nerenberg KA, Wilson S, et al. The Effectiveness of eHealth Technologies on Weight Management in Pregnant and Postpartum Women: Systematic Review and Meta-Analysis. *J Med Internet Res*. 2017;19(10):e337. doi:10.2196/jmir.2006



## Resources: Low tech

- Daily self-weighing
  - General population
    - Daily self weighing can →
      - More weight loss
      - Less calorie consumption

Steinberg DM, Tate DF, Bennett GG, Ennett S, Samuel-Hodge C, Ward DS. The efficacy of a daily self-weighing weight loss intervention using smart scales and e-mail. *Obesity*. 2013;21(9):1789-1797. doi:10.1002/oby.20396

Steinberg DM, Bennett GG, Askew S, Tate DF. Weighing every day matters: Daily weighing improves weight loss and adoption of weight control behaviors. *J Acad Nutr Diet*. 2015;115(4):511-518. doi:10.1016/j.jand.2014.12.011



## Resources: Low tech

- Daily self-weighing

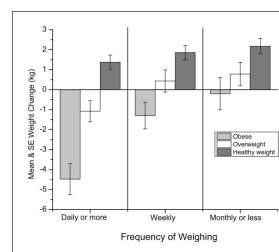


Figure 5. Change in weight as a function of the frequency of weighing for healthy weight, overweight, and obese participants. Source: VanWormer, Linde, Harnack, Stovitz, and Jeffery (2012).

Pacatowski CR, Bertz F, Lewitky DA. Daily self-weighing to control body weight in adults: A critical review of the literature. *SAGE Open*. 2014;4(4). doi:10.1177/2158244014556992



## Resources: Programs

- UW Health Weight Management
  - **CAN** help with medical weight loss with extremely low calorie diets prior to surgeries, for example, if a patient would need to lose 40 pounds before she is a good candidate for a surgery, they can help!
  - Weight management
    - <https://www.uwhealth.org/health/topic/ConditionCenter/Weight%20Management/center1038.html>
  - Integrative approach to healthy weight
    - [http://www.fammed.wisc.edu/files/webfm-uploads/documents/outreach/im/module\\_weight\\_clinician.pdf](http://www.fammed.wisc.edu/files/webfm-uploads/documents/outreach/im/module_weight_clinician.pdf)
  - Surgical weight management
    - <https://www.uwhealth.org/weight-loss-surgery-bariatric/bariatric-surgery/10410>



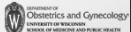
## Resources: Additional Links

- Patient information
  - Obesity Action Coalition: <https://www.obesityaction.org/>
  - The Obesity Society Patient Pages: <http://tosconnect.obesity.org/obesity/publications/obesity-journal/patient-pages>
  - VAMove-behavioral handouts: <https://www.move.va.gov/handouts.asp>
  - **ACEE resource tool kit**: <http://obesity.aace.com/obesity-resource-toolkit>
  - Eat right: <https://www.eatright.org/>
  - UW Nutrition and Wellness site: <https://www.uwhealth.org/nutrition-wellness/nutrition-and-wellness/11492>
  - NIH Assessing your weight and health risk: [https://www.nhlbi.nih.gov/health/educational/lose\\_wt/risk.htm](https://www.nhlbi.nih.gov/health/educational/lose_wt/risk.htm)
  - Nutrition, Physical Activity, and Obesity in Wisconsin: <https://www.dhs.wisconsin.gov/physical-activity/index.htm>



### Resources: Additional Links

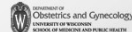
- Professional information
  - Obesity Medicine Association Algorithm: <https://obesitymedicine.org/obesity-algorithm/>
  - AACE resource for clinicians: <http://resources.aace.com/clinical-practice-guidelines>
  - AACE slide library: <http://outpatient.aace.com/slide-library>



### Resources: Future directions?

- Medical education
  - At UW Madison an obesity elective exists for medical students comprised of internal medicine, family medicine, general surgery, pediatrics, and obstetrics
  - Other programs (ex: Medical College of Wisconsin) have a collaborative curriculum on obesity across family medicine, internal medicine, and pediatrics

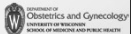
Association of American Medical Colleges. Report VIII Contemporary Issues in Medicine: The Prevention and Treatment of Overweight and Obesity. 2007. Report VII (August). [https://members.aamc.org/web/upload/Contemporary Issues in Med The Prevention and Treatment Report VIII.pdf](https://members.aamc.org/web/upload/Contemporary%20Issues%20in%20Med%20The%20Prevention%20and%20Treatment%20Report%20VIII.pdf).



### Resources: Future directions?

- Obstetrics
  - Focus groups elsewhere have suggested group programs during prenatal care to support health and weight behaviors
  - Education points
    - Nutrition education
    - Active lifestyle discussions
    - Build exercise into the session at the end
  - Prior to building anything, it's critical to seek patient's perspectives to inform the development of these programs

West C. Developing a support service for overweight women. *Pract Midwife*. 2010;13(10):19-21.  
Kominarek MA, Gay F, Peacock N, Medicine F. Obesity in Pregnancy: A Qualitative Approach to Inform an Intervention for Patients and Providers. *Matern Child Heal J*. 2016;19(8):1688-1712. doi:10.1007/s10995-015-1684-3. Obesity  
Haslehurst N, Russell S, Brandon H, Johnston C, Summerbell C, Rankin J. Women's perspectives are required to inform the development of maternal obesity services: A qualitative study of obese pregnant women's experiences. *Heal Expect*. 2015;18(5):969-981. doi:10.1111/hex.12070



### Sample scenario




- So after reviewing resources on food labels, Regina sets the goal that she will look at the food label on everything she eats and record the calories (either by hand or on an app).
- She will do this for two weeks and then she will see if there are any areas where she thinks she could make changes.

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


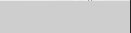


### Questions?

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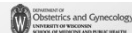
DEPARTMENT OF  
**Obstetrics and Gynecology**  
UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

### Resources: Handouts for patients

- Handouts about health food choices are available at
  - Health Facts for You
  - Smart Weight Loss (531)
    - <https://uconnect.wisc.edu/clinical/pted/hffy/nutrition/531.hffy>
  - Weight Management: FAQs (409)
    - <https://uconnect.wisc.edu/clinical/pted/hffy/nutrition/409.hffy>
  - Weight Management Resources (528)
    - <https://uconnect.wisc.edu/clinical/pted/hffy/nutrition/528.hffy>
  - Exercise Opportunities in the Madison Area (413)
    - <https://www.uwhealth.org/healthfacts/nutrition/413.html>
  - Weight Management: Empty Calories Count (399)
    - <https://www.uwhealth.org/healthfacts/nutrition/399.html>

<https://www.uwhealth.org/healthfacts/>  
<https://uconnect.wisc.edu/clinical/pted/hffy/>



## Resources at UW Madison

- For pediatric patients
  - **Healthy Kids Collaborative**
  - **UW Health Pediatric Fitness Clinic**
    - UW Health's Pediatric Fitness Clinic is a resource for families where they can learn easy and fun healthy habits for life. Clinic staff, including physicians, nutritionists and exercise physiologists help families identify realistic goals based on things kids like to do.
- **Obesity Prevention Initiative (OPI)** started by Vince Cryns, Professor of Medicine
  - Children in Marathon and Menominee counties

<https://www.uwhealthkids.org/pediatric-obesity-weight-of-the-nation/7813>  
<https://www.uwhealthkids.org/pediatric-obesity/childhood-obesity-prevention/46047>  
<https://www.uwhealthkids.org/pediatric-obesity/childhood-obesity-prevention/46047>



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10. <https://www.ama-assn.org/delivering-care/2016/obesity-implicit-bias-exam-room>
11. <http://obesity.ace.com/obesity-resource-toolkit>
12. [http://obesity.ace.com/medical\\_office\\_equipment\\_designed\\_for\\_patients\\_with\\_obesity](http://obesity.ace.com/medical_office_equipment_designed_for_patients_with_obesity)
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## Appendix I: Sample phrases to “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?”
  - “Would it be alright if we discussed your weight?”

*Be sure to affirm that you hear what the patient says*
- Explore readiness to change:
  - “Are you ready to work on your weight? Would it be okay if I helped?”
  - “How important is it for you to work on your weight?”
  - “How confident are you that you can take action on your goal?”

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



## Appendix I: Sample phrases to “ask”

- Suggestions from Stop Obesity Alliance (USA)
  - **“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?”
  - “Are you concerned about the effect of your weight on your health? Do you feel that affects your quality of life? For example, do you find it difficult to do everyday things like walking up a flight of stairs?”
  - “Our measurements indicate that you are carrying excess weight. Excess weight can be unhealthy for you and strain your body, making it work harder than it needs to work. Excess weight also increases your risk for diabetes, heart disease, high blood pressure, stroke, and cancer. The good news is that moderate weight loss has been shown to greatly reduce the risk of these diseases. If you're interested, we can talk a bit more about weight and related topics, such as physical activity, and then work together to create a plan of action.”

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



## Appendix I: Sample phrases to “ask”

- Useful opening questions: (UK)
  - How do you feel about your weight?
  - Do you keep an eye on your weight?
  - When did you last weigh yourself?
  - Has your weight changed much over the past few years?
- **For surgeons or surgical subspecialties:**
  - **We know weight can affect the safety 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?”

Pytko R. GP Ten Top Tips : Raising the Topic of Weight. *J Col Gen Pract.* 2013. doi:10.1136/bmj.d6500.8.  
McGowan BM. A Practical Guide to Engaging Individuals with Obesity. *Obes Facts.* 2016;9(3):182-192.  
doi:10.1155/2016/182192



## Appendix II: Sample phrases to assess readiness

- 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?”**
  - “If your friends and family knew you were trying to increase your physical activity and eat healthier, how much support would you receive from them?”
  - “How much support would you like to receive from me should you choose to increase your physical activity and eat healthier?”
  - “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>

