



EVE PROUTY
EVE'S BMI is 38

Rethink your obesity discussions

A guide for health care professionals on initiating and improving weight-management discussions with patients

Rethink Obesity[®]

Introduction

For those patients who meet the criteria for having obesity, or are overweight with weight-related comorbidities, lifestyle interventions can be effective for weight management.¹

Rethink Your Obesity Discussions has been developed as an aid for health care professionals to facilitate discussions regarding weight management. Empathetic and supportive discussions may help patients to address the challenges of weight management.

The content of this guide has been developed in collaboration with leading experts on weight management and is designed so it can be read in patient appointments. As you become more familiar with the content, you may find it beneficial to use it only as a reference.

The aim of this guide is to enable you to:

- Initiate a collaborative conversation about weight management with patients
- Build trust through shared decision making
- Emphasize the importance of patient's perspective, experiences, and feelings about past weight changes
- Set goals for short term and long term
- Explore appropriate lifestyle and medical treatment options and make plans that meet individual patient needs



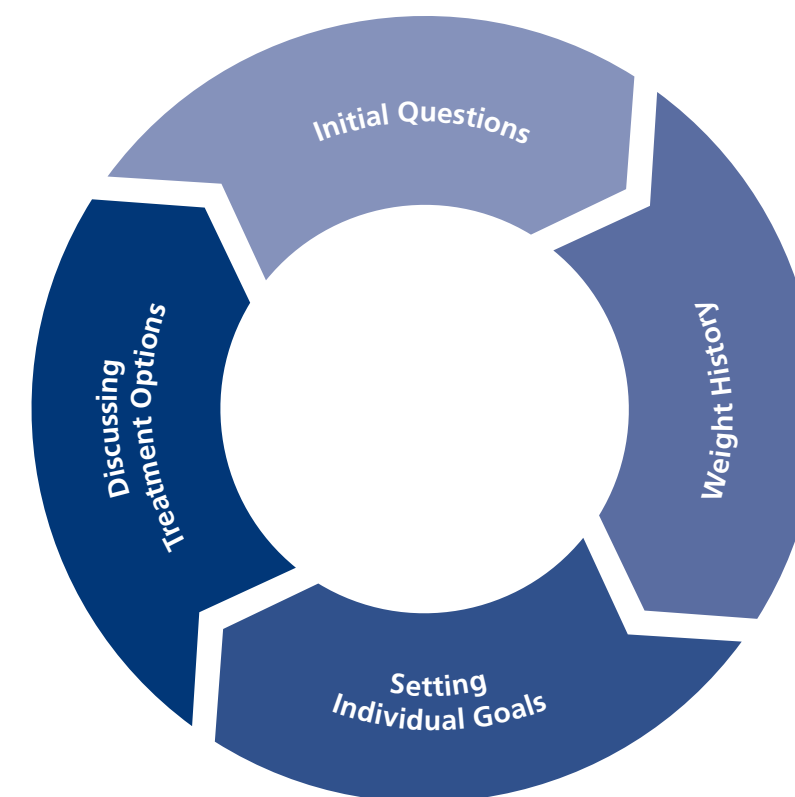
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Getting started

Guiding a Structured Discussion

The discussion guide employs a simple structure:

1. **Ask for permission and initiate dialogue**
2. **Focus on weight history**
3. **Set individual goals**
4. **Discuss treatment options**



Throughout the resources, there are suggested talking points and questions to help you shape the discussions with your patients. Look for these outlined areas throughout the *Rethink Your Obesity Discussions* guide for suggested talking points and questions that you can refer to directly in discussion with patients.



MICHAEL BATTAGLIA
MICHAEL'S BMI is 35



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INITIAL QUESTIONS

Initial Questions



Initial Questions

The complex and sensitive nature of the disease of obesity can make it a difficult conversation to have with patients. An empathetic approach and asking permission is a helpful starting point. Research indicates that when health care professionals employ an empathetic approach and other techniques consistent with motivational interviewing, patients are more likely to attempt weight loss through changes in eating and activity habits.²

Getting Permission

To initiate a conversation with patients about excess weight, it is important to ask for permission first.³ Without permission, talking about weight may be a sensitive and unwelcome topic.

Different ways to get permission

- **Start with a general question**
 - Tell me more about why you've come here today.
 - Do you have any other health concerns that you'd like to talk about?
- **Tie it to symptoms or other problems that the patient stated**
 - Carrying excess weight can be a cause of some of your health concerns. Do you mind if we talk about how weight management could help with this problem?
 - Do you think your weight might be contributing to the problem that you're having?
- **Refer to other clinical measures**
 - I notice that your body mass index, or BMI, is high, which means you are carrying excess weight for a person your height. This can affect your health. Is it okay if we talk about your weight?
 - If we can review your previous test results for a moment, then I think it may be beneficial to discuss how weight management would help to improve some of these results in the future.
- **Just ask**
 - Would it be all right if we discuss your weight?

If patients seem unwilling or reluctant to discuss weight management, you can summarize and indicate that the patient is not concerned about his or her weight at this time. You can then assure patients that if weight becomes a concern in the future, the topic can be revisited.³

Baseline Questions

After getting permission to discuss weight, ask questions that will establish a baseline from which future progress can be measured. Patient responses to baseline questions will help you assess your patient's concerns as well as current lifestyle and any efforts for weight management.³

As you begin to discuss your patient's goals, you may begin to see discrepancies between your patient's current habits and his or her personal goals. More about developing discrepancies can be found in the *Rethink Obesity® Education* booklet in the section titled *Guide to Motivational Interviewing*.

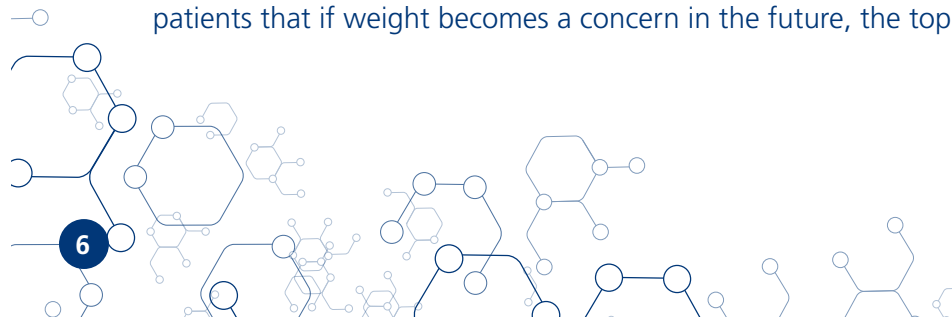
Once you have asked your baseline questions, summarize what your patient has told you about how weight is affecting his or her life.

Some examples of baseline questions⁴

- How is your weight affecting you medically?
- How is your weight affecting you physically (pain, fatigue)?
- How is your weight affecting you functionally? Are there things you can't do because of your weight?
- How is your weight affecting you emotionally?
- List the top 3 reasons why you'd like to lose weight.
- Have you ever discussed your weight with a health care professional in the past? Why or why not?

Summarize

- If I'm hearing you correctly, you are concerned with how your weight is affecting your health and your life and that you would like to lose weight, but you are not sure you are ready to take action. Is that correct?



Advising on the Health Risks of Excess Weight

It is recommended that you advise about the health risks associated with obesity.³

To balance the discussion of health risks associated with excess weight, advise your patient on how even modest, sustained weight loss of 5% to 10% can improve his or her health and reduce risks of comorbidities.³

Following the discussion outlined below, explain that the next step is to ask questions that focus on how his or her weight has changed in the past and that this can help to formulate a plan for weight management. See the next section titled *Weight History*.



Some talking points and questions⁴

- Do you have any questions about what it means to have a high BMI?*
- BMI is a measurement that helps determine if a person is carrying excess weight for their height.⁵ BMI isn't a complete measure of health, so we look at other measures like waist circumference, blood pressure, and cholesterol levels that indicate what should be addressed about your health.³
- Because of your weight, you are also at risk of developing several weight-related complications, including diabetes, high blood pressure, and other cardiovascular complications.⁶
- Weight loss of as little as 5% of your body weight can improve your health and reduce your risks.¹
- Achieving 5% to 10% weight loss is a process that begins with making a few specific lifestyle changes to your eating habits, increasing the amount of physical activity, and discussing other treatment options.⁷
- I can support you in your efforts to improve your health and lose weight. Is that something you would like?

Weight History

*A patient's BMI is calculated as weight in kilograms divided by the square of height in meters. Using pounds and inches, divide weight in pounds by the square of height in inches. Then multiply the resulting number by 703.



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Weight History

A weight history discussion is intended to complement a full clinical and physical assessment to identify metabolic, genetic, and hormonal factors, as well as medications that contribute to weight gain.

A focused weight history discussion should⁷:

- Assess root causes that influence eating and activity behaviors
- Gain an understanding of past efforts, challenges, and successes with weight loss
- Form a basis for individual goal setting

Weight History Discussion

The following talking points and questions may be helpful to achieve a successful weight history discussion.

1. Changes in weight over time

Each patient will have gained weight differently. Understanding how and why their weight has changed can provide insight to their weight gain triggers.⁷

Some talking points and questions

- When do you think you first began to gain weight?
- Do you feel as if your weight has been an issue in the past? For how long?
- Have you always carried weight?

2. Factors in weight changes

This discussion involves eliciting your patient's perceptions of causes as well as connecting any past medical causes to changes in weight.⁷

Some talking points and questions

- Why do you think weight is a problem for you?
- Can you think of any time in your life when you found that you put on a lot of weight?
- What do you think the reason was for putting on weight at that time?
- How do you handle stressful situations? Boredom? Sadness? Tiredness?

3. Descriptions of past weight-loss efforts

Discuss and understand patient's past efforts with weight loss, including specific programs or plans, duration, and results.¹

Some talking points and questions

- Tell me about your efforts with trying to lose weight in the past.
- Can you describe the program or type of plan that you followed? How long did you stay engaged?
- What aspects of those programs or plans were successful for you?
- What didn't work for you? What roadblocks did you encounter?
- What has triggered your past weight-loss efforts?

4. Current habits

A discussion about patient's current eating and activity habits and how they might feel about changing their current habits.^{8,9}

Some talking points and questions

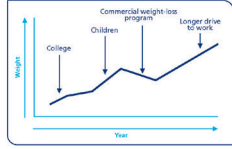
- In general, how often do you feel hungry on a scale of 1 to 10, with 1 being hardly ever hungry and 10 being that you are always thinking about food?
- Tell me about your current eating habits.
- Can you tell me more about what you eat on a typical day, starting with the first thing in the morning and ending with when you go to sleep at night?
- What kinds of things have you done to change your eating?
- How do your current habits compare to your past efforts with weight loss?
- Tell me about your current physical activity habits.
- On a scale of 1 to 10, how ready are you to make changes in your current activity patterns?

Weight History Patient Material


It may be helpful for patients to chart their own history of weight changes over time. Working with patients to graph lifestyle events to body weight changes can promote an efficient and productive patient-centered discussion to help guide treatment decisions.⁷

Chart your personal weight history
People gain weight differently over time. Please chart your history of weight changes and the events that were related to those changes.

Example:



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Setting Individual Goals



You can go to [RethinkObesity.com](https://www.rethinkobesity.com) to download and print the *Chart Your Personal Weight History* material to use with your patients.

Setting Individual Goals

A discussion on goal setting is a way to help your patients connect their goals with the changes they can make for better weight management. Align with your patients on realistic and individualized behavioral goals for weight management as a step toward achieving weight loss.³

Discussing Goal Setting

You may want to start by discussing the “big picture,” or the long-term, ultimate goals that your patients may have in mind. It can be helpful to refer to the responses to the initial questions (see Initial Questions) about how weight affects medical, physical, emotional, and day-to-day well-being, and their plans or goals for their lifestyle in the future.

Talk About the Big Picture

- Ultimately, what do you want to achieve? If you think about the big picture of your life, what do you want it to look like? Health? Travel?
- Do you have any general goals for overall well-being or how you want to feel better physically, emotionally, and medically?
- Do you have a certain amount of weight that you want to lose?
- Considering your ultimate goals, we can work together to take the first steps toward what is realistic for you to achieve for health and weight.

Setting SMART Goals for Weight Management

Use the *Goal Setting* handout and the discussion topics below to create SMART Goals with your patients: SPECIFIC, MEASURABLE, ACHIEVABLE, RELEVANT, TIMELY.³ When you are finished discussing the goals, consider establishing a follow-up plan for future appointments.

Specific

Guide patients to set specific goals for changes to behaviors or habits for healthy eating, activity levels, or weight loss.

- What are some healthy eating habits that you feel you can start doing?
- What are some activities or hobbies that you would like to start?
- Can you begin 1 or 2 of these before our next visit?

Measurable

Ask how they will measure their progress toward achievement or know when they have achieved their goals.

- What is the best way for you to track your new habits or progress toward your goal?

Achievable

Discuss how confident they feel about achieving their goal. This is a chance for a reality check to revise the goal if patients don't feel confident that the goal is achievable.

- Do you feel confident that this is an achievable goal?
- On a scale of 1 to 10, with 1 being not at all confident and 10 being completely confident, how confident are you that you can achieve this goal?

Relevant

Ask about how initial goals are relevant to their big-picture goals.

- Why is this behavioral goal relevant or important to your overall plan?

Timely

Place a relatively short time frame on the initial goals and revisit whether they are achievable in that time frame.

- When will you begin?



Goal setting for weight management

Identify your short-term goals and long-term goals and write them on the lines below.
Share your goals and your progress with your health care provider at each follow-up appointment.

What I want to achieve:

Short-term goal(s): _____

Long-term goal(s): _____

How will I achieve my goal(s):

1. _____

2. _____

3. _____

When will I aim to reach my goal(s):

I will aim to reach my short-term goal(s) by this date: _____

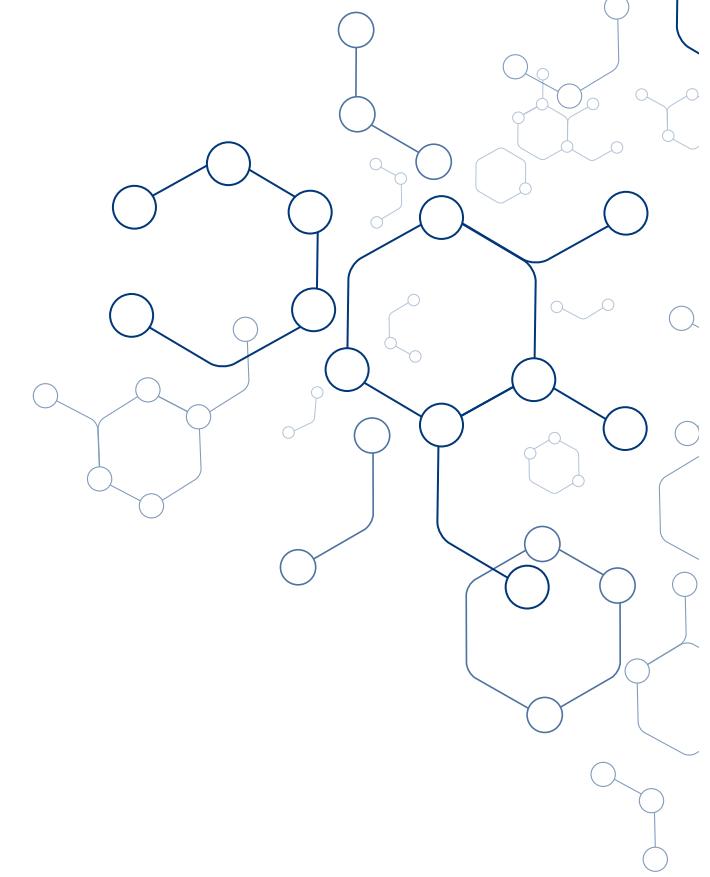
I will aim to reach my long-term goal(s) by this date: _____

Follow-up:

Date of next visit(s): _____

My own notes: _____

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Discussing Treatment Options



You can go to [RethinkObesity.com](https://www.rethinkobesity.com) to download and print the *Goal Setting for Weight Management* material to use with your patients.

Discussing Treatment Options

Healthy Eating and Physical Activity

When discussing treatment for weight management with your patients, incorporating healthy eating and activity habits should always be included along with any potential discussion on medical or surgical treatment options available.¹⁰ Patients who have struggled with excess weight may take some time to adopt new healthy habits. As you approach the topic of healthy eating and activity habits with your patients, focus on achievable steps patients can take toward sustainable lifestyle changes.

Your discussion of individual healthy eating and activity habits started in the *Initial Questions* section. You can revisit that discussion by restating or summarizing their responses to those questions.

Patients should be encouraged to keep a food and physical activity journal to keep track of all the foods and drinks they consume. Also, ask them to record things like¹¹:

- Hunger level before and after eating
- Time spent active and what types of activity
- Overall feelings about the lifestyle changes they are making

By recording the situations and feelings in which patients make decisions about food, patients are able to identify areas for change that drive food-related decisions. Patients should be encouraged to bring their journal to each appointment to discuss general patterns. Health care professionals are encouraged to provide positive feedback for progress made.

Treatment Options Overview

There are multiple comprehensive guidelines that provide recommendations for patients in different stages of weight management. After reviewing the guidelines, consider which options might best serve your patients and explore the decision-making process with them.

A discussion about clinical weight management should help patients to understand:

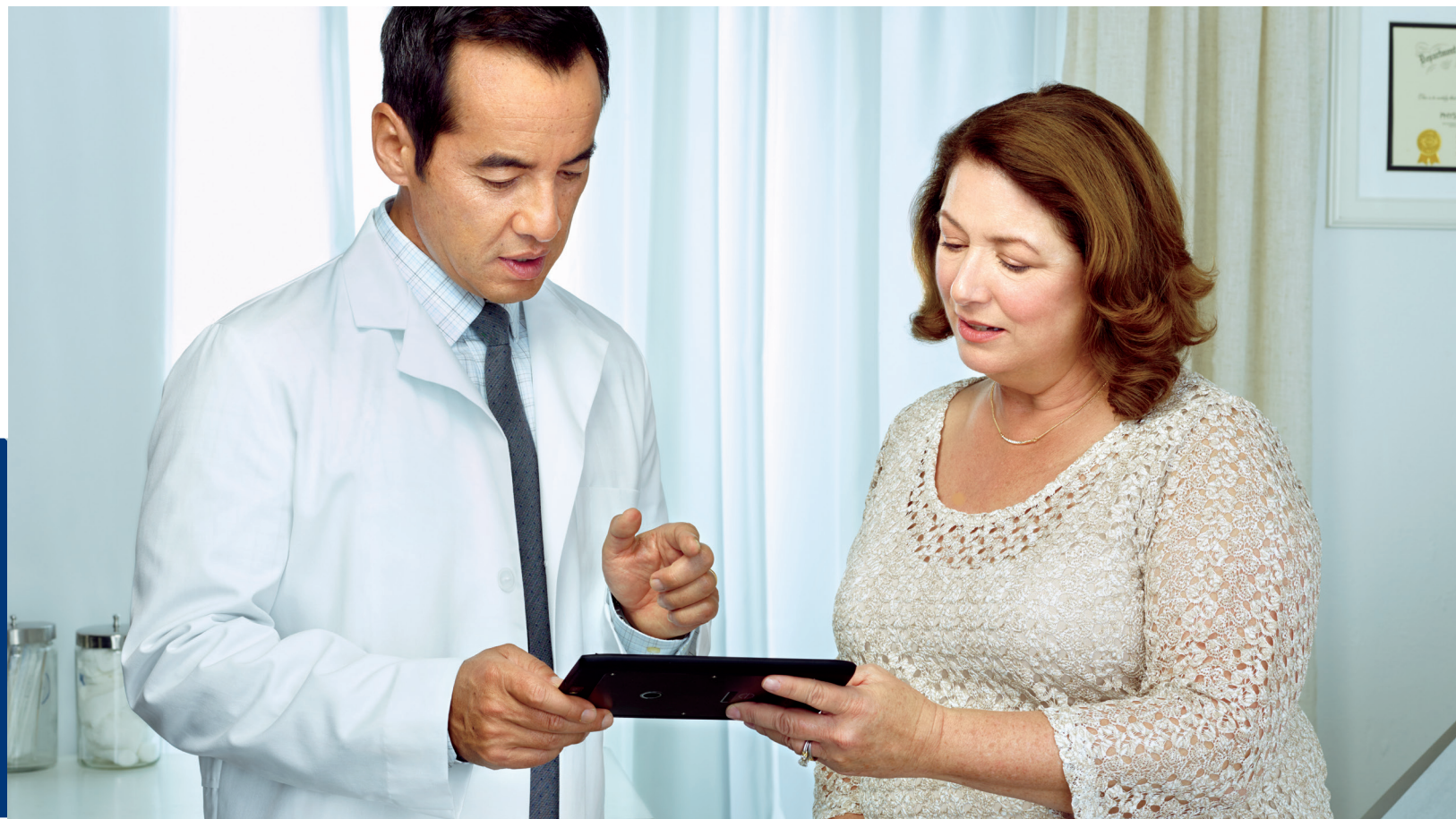
- Treatment options available
- Positive potential impact to bioclinical markers including blood glucose, cholesterol, and blood pressure, as well as consequent conditions, such as obstructive sleep apnoea, disability/immobility, etc
- Realistic treatment goals and expectations

Managing Obesity as a Chronic Disease

The American Association of Clinical Endocrinologists (AACE) has established an advanced framework for the diagnosis, treatment, and management of obesity as a chronic disease. The framework incorporates BMI and the presence and severity of specific obesity-related complications to diagnose and stage obesity to guide the selection of treatment and specific therapeutic interventions.¹⁰ Go to www.aace.com/files/final-appendix.pdf for the full version of the Advanced Framework.

The AACE treatment recommendations advise that health care professionals and patients collaborate on and create a weight-loss plan that includes lifestyle modification of reduced-calorie meal plans and physical activity in addition to one or more of the following based on individual factors of each patient¹⁰:

- Behavioral and lifestyle therapy
 - Consider weight-loss medication if BMI is ≥ 27 and lifestyle therapy has failed
- Addition of weight-loss medications to lifestyle therapy program if BMI is ≥ 27 and at least 1 severe complication is present
- Consider bariatric surgery in patients with BMI ≥ 40
 - Or if BMI is ≥ 35 with at least 1 severe complication



Developing Individualized Treatment Plans

Like goal setting, the pace of treatment that each patient follows, such as weight loss or weight maintenance, should be dependent upon individual factors.⁷

Consider each patient's weight history and current situation to determine a follow-up plan for treatment. Follow-up plans should include³:

- Assistance in identifying additional drivers and barriers for weight change
- Provision of credible educational resources
- Referrals to appropriate health care professionals
- Scheduling weight-management appointments (see below for additional guidance)

Discussing Treatments

Some talking points and questions you can consider:

- Developing healthy eating habits and reducing calorie intake are significant parts of weight-loss treatment. It's important to make the kinds of changes you can stick to over the long term.
- To help you accomplish your goals, let's discuss your daily food intake and some changes you can make to facilitate weight management. One of the best ways to begin is to write down or track everything you eat and drink each day in a journal or using technology. What kinds of experiences do you have with tracking and recording?
- We can also discuss some of the medical options available that can further facilitate weight loss and whether weight-loss medication could be right for you.
- We are here as a team to help you create the right plan and assist you as you progress toward achieving your goals.

Scheduling Weight-Management Appointments

Patients who are overweight and obese have a lifelong disease that will need frequent and ongoing appointments to monitor progress and make adjustments to treatment as necessary. Evidence indicates that frequent face-to-face visits to discuss lifestyle changes can have significant positive effects on weight management and complications.¹

Approaches for healthier eating and physical activities

- 1. Get in step**
 - Begin with short walks and gradually increase your time or distance
 - Focus on your posture with your head lifted, tummy pulled in, and shoulders relaxed
 - Warm up at an easy pace for the first several minutes
 - Stay safe: walk on sidewalks and well-lit areas
 - Stop walking and check with your health care professional if you experience pain when walking
- 2. In proportion: sizing up healthy eating**
 - Set aside small portions of snacks to eat when you have a craving
 - Use a portioned plate: 1/2 for vegetables or fruits, 1/4 for whole grains, and 1/4 for proteins
 - Think of reducing amounts, rather than cutting out your favorite foods
 - Establish regular meal times to avoid overeating later in the day
 - Pre-portion your servings to control the amount by placing a single serving in a container ahead of time rather than eating from the package
- 3. Eating together with family and friends: dining without counting calories**
 - Substitute healthy alternatives like foods that are steamed or baked instead of fried
 - Enlist family and friends to support you in making healthy choices
 - Share an entrée with a friend at a sit-down restaurant
 - Research the restaurant to give yourself the best options for ordering
 - Request your meal to be served without gravy, sauces, butter, or margarine
- 4. On the go: keeping healthy away from home**
 - Pack nonperishable, healthy snacks
 - Order water to drink with meals if you are dining out
 - Bring a meal from home to eat on the plane or in the car
 - Order smaller portions in restaurants
 - Find times and places to take walks like in the airport or through a hotel
- 5. Smart shopping: keeping your basket full and fresh**
 - Make a list based on meal plans
 - Wait until after you have eaten to shop for food
 - Buy fresh foods when possible
 - Read nutrition labels for portion size, calories per portion, and saturated fat
 - Find healthy replacements

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You can go to [RethinkObesity.com](https://www.rethinkobesity.com) to download and print the *Approaches for Healthier Eating and Physical Activity* to go over with your patients.





MARY EDWARDS
MARY'S BMI is 44

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