

# Changing the obesity discussion

A guide for health care professionals  
to discuss weight management

# Changing the obesity discussion

A guide for health care professionals  
to discuss weight management

# Introduction

For those patients who meet the criteria for being overweight, obese, or who are at risk of weight-related complications, intensive therapeutic counseling on behavioral changes can be effective for weight management.<sup>1</sup>

*Changing the Obesity Discussion* has been developed as an aid for health care professionals (HCPs) to facilitate discussions regarding weight management. Empathetic and supportive counseling can help patients to address the challenges of weight management.

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 a 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

# 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 this resource, there are suggested talking points and questions to help you shape discussions with your patients. Look for these outlined areas throughout the *Changing the Obesity Discussion* guide.



# 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 HCPs employ an empathetic approach, patients are more likely to attempt weight loss through changes in eating and activity habits.<sup>2</sup>

## Getting Permission

To initiate a conversation with patients about excess weight, it is important to ask for permission first.<sup>3</sup> 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 of 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 alright if we discuss your weight?

## 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 ideas, concerns, and expectations.<sup>3</sup>

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

### Some Talking Points and Questions

- 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 an HCP 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

Regardless of a patient's readiness to take action to address his or her weight, it is recommended that you advise about the health risks associated with excess weight.<sup>3</sup>

To balance the discussion, 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.<sup>3</sup>

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, *Weight History*.

### Some Talking Points and Questions

- 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 his/her height.<sup>4</sup> 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.<sup>3</sup>
- Because your BMI is high, I am also concerned about the associated health risks such as diabetes, sleep apnea, high blood pressure, blood sugar levels, and heart disease.<sup>5</sup>
- Weight loss of as little as 5% of your body weight can improve your health and reduce your risks.<sup>6</sup>
- Achieving 5% 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.<sup>5</sup>
- I can support you in your efforts to improve your health and lose weight. Is that something you would like?



# Weight History

# 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 successful weight-history discussion can result in<sup>3,5</sup>:

- Assessment of root causes that influence eating and activity behaviors
- Understanding of past efforts, challenges, and successes with weight loss
- A basis for individual goal setting

## Weight-History Discussion

Use these talking points and questions to discuss a patient's weight history.

### 1) Changes in Weight Over Time

Each patient will have gained weight differently. Understanding how and why the patient's weight has changed can provide insight into his or her weight-gain triggers.<sup>5</sup>

#### 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.<sup>5</sup>

#### Some Talking Points and Questions

- Why do you think weight is a problem for you?
- Can you think of any times in your life when you found that you put on a lot of weight?
- What do you think was the reason 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 the patient's past efforts with weight loss, including specific programs or plans, duration, and results.<sup>5</sup>

#### 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 you to try to lose weight in the past?

### 4) Current Habits

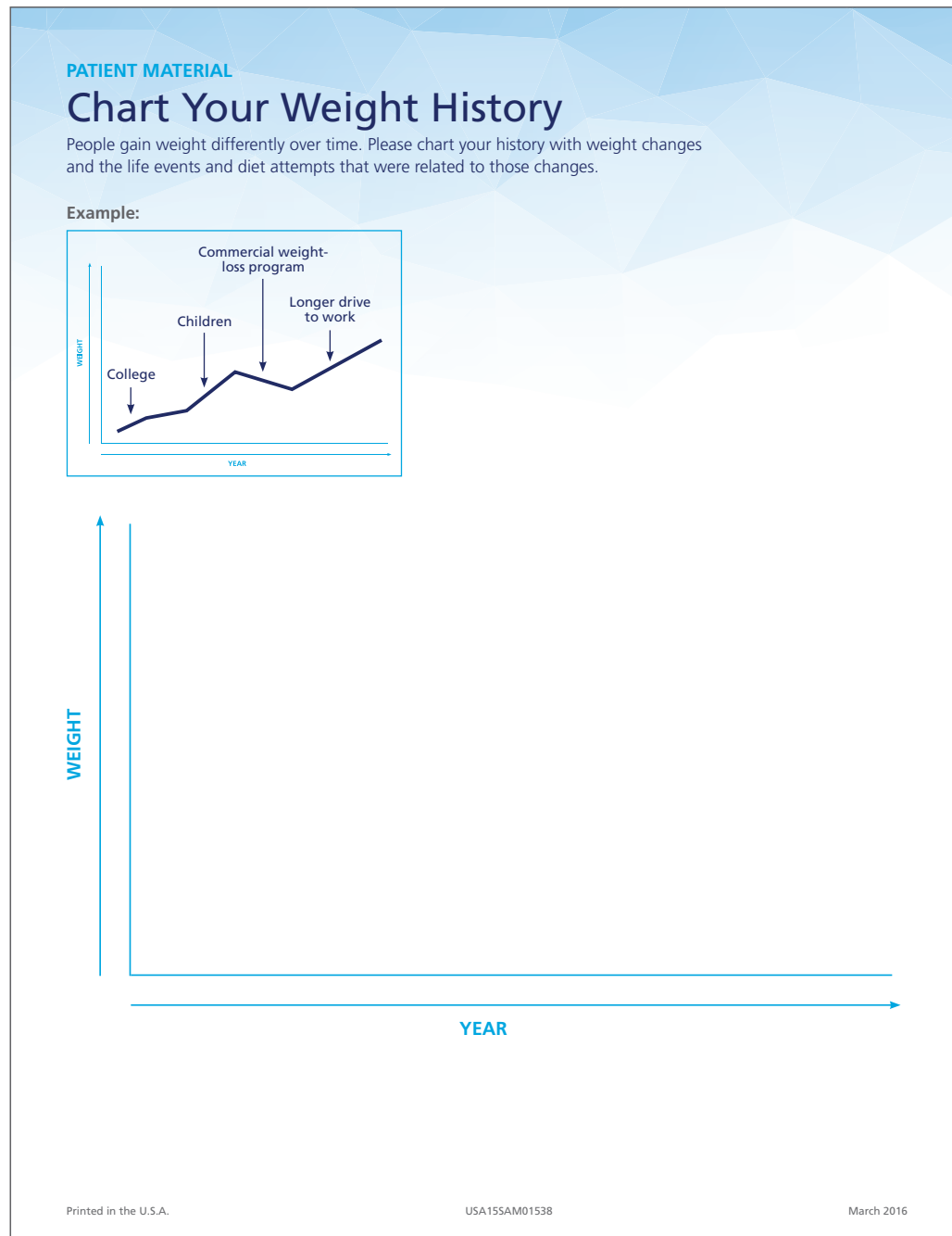
A discussion about the patient's current eating and activity habits and how he or she might feel about changing those habits.<sup>7</sup>

#### 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.
- 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. This can help facilitate a discussion of appropriate treatment options for the present and future.<sup>8</sup>



Adapted from Kushner R. The rollercoaster of life: major events that impact a woman's weight. Presented at: Obesity Action Coalition Your Weight Matters™ 2013 National Convention. <http://www.ywmconvention.com/wp-content/uploads/2013/08/Roller-Coaster-of-Life-Major-Events-that-Impact-a-Womans-Weight.pdf>. Accessed October 22, 2014.



# Setting Individual Goals

# Setting Individual Goals

A discussion on goal setting is a way to help your patient connect his or her goals with the changes he or she can make for better weight management. Align with your patient on realistic and individualized goals as a first step toward creating sustainable long-term changes.<sup>3</sup>

## Discussing Goal Setting

You may want to start by discussing the “big picture,” or the long-term, ultimate goals that your patient may have in mind. It may be helpful to refer to the responses to the initial questions (see *Initial Questions*) about how weight affects their 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 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.

## Goal Setting for Weight Management

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

### Specific

Guide patient 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 your patient will measure progress toward achievement or know when his or her goals have been achieved.

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

### Achievable

Discuss how confident he or she feels about achieving the goal. This is a chance for a reality check to revise the goal if your patient doesn'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 his or her 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?



PATIENT MATERIAL

## 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 professional at each follow-up appointment.

### What I want to achieve:

Short-term goal(s): \_\_\_\_\_

Long-term goal(s): \_\_\_\_\_

### How I will achieve my goal(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

My reward: \_\_\_\_\_

My support: \_\_\_\_\_

### When I will 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Discussing Treatment Options

# Discussing Treatment Options

## Healthy Eating and Physical Activity

When discussing treatment for weight management with your patient, incorporating healthy eating and activity habits should be included along with medical and surgical options available.<sup>9</sup> A patient who has 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 patient, focus on achievable steps he or she 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 his or her responses to those questions.

Your patient should be encouraged to keep a food and physical activity journal to keep track of all the foods and drinks he or she consumes. Also ask him or her to record things like<sup>10</sup>:

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

Your patient should be encouraged to bring the journal to each appointment to discuss general patterns. HCPs are encouraged to provide positive feedback and to celebrate successes and 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 patient and explore the decision-making process with him or her.

A discussion about clinical weight management should help your patient to understand:

- Treatment options available
- Positive potential impact on bioclinical markers, including A1C, cholesterol, and blood pressure, as well as consequent conditions, such as obstructive sleep apnea, 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 and guide the selection of treatment and specific therapeutic interventions.<sup>9</sup> Go to **[www.aace.com/article/278](http://www.aace.com/article/278)** for the full version of the advanced framework.

The AACE treatment recommendations advise that HCPs and patients collaborate on and create a weight-loss plan that includes one or more of the following, based on individual factors:

- Lifestyle modification/reduced-calorie meal plan/physical activity
- Intensive behavioral and lifestyle therapy
- Addition of weight-loss medications to lifestyle therapy program if BMI  $\geq 27$  and complications are present
- Consider medication for BMI  $\geq 30$  and no complications
- Consider bariatric surgery in patients with type 2 diabetes and BMI 35.0-39.9
- Consider bariatric surgery in patients with BMI  $\geq 40$

## Discussing the Pace of Treatment

Patients who indicate a higher level of motivation or readiness may be more open to discussing specific treatment options and follow-up plans.<sup>5</sup>

Consider each patient's weight history and current situation to determine a follow-up plan for treatment. Follow-up plans should include<sup>3</sup>:

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

## Discussing Treatments

Some talking points and questions:

- Developing healthy eating habits is a significant part 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 and 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.<sup>11</sup>

PATIENT MATERIAL

# Approaches for Healthier Eating and Physical Activity

## 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 by walking on sidewalks and in 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, rather than cutting out, your favorite foods.
- Establish regular mealtimes 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: staying healthy away from home

- Pack nonperishable, healthy snacks.
- Order water to drink with meals if you are dining out.
- Take 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 in the hotel gym.

## 5) Smart shopping: keeping your basket full and fresh

- Make a list based on meal plans.
- Shop after a meal.
- Buy fresh foods when possible.
- Read nutrition labels for portion size, calories per portion, and saturated fat.
- Find healthy replacements.



## References

1. Centers for Medicare and Medicaid Services. Decision memo for intensive behavioral therapy for obesity (CAG-00423N). <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&bc=ACAAAAAIAAA&NCAId=253&>. Accessed October 22, 2014.
2. Pollak KI, Østbye T, Alexander SC, et al. Empathy goes a long way in weight loss discussions. *J Fam Pract*. 2007;56(12):1031-1036.
3. Vallis M, Piccinini-Vallis H, Sharma AM, Freedhoff Y. Modified 5 As: minimal intervention for obesity counseling in primary care. *Can Fam Physician*. 2013;59(1):27-31.
4. Kushner RF. *Roadmaps for Clinical Practice: Case Studies in Disease Prevention and Health Promotion—Assessment and Management of Adult Obesity: A Primer for Physicians. Booklet 2: Evaluating Your Patients for Overweight or Obesity*. Chicago, IL: American Medical Association; 2003.
5. Kushner RF. Clinical assessment and management of adult obesity. *Circulation*. 2012;126(24):2870-2877.
6. Seagle HM, Strain GW, Makris A, Reeves RS. Position of the American Dietetic Association: weight management. *J Am Diet Assoc*. 2009;109(2):330-346.
7. Kushner RF. *Roadmaps for Clinical Practice: Case Studies in Disease Prevention and Health Promotion—Assessment and Management of Adult Obesity: A Primer for Physicians. Booklet 4: Dietary Management*. Chicago, IL: American Medical Association; 2003.
8. Kushner R. The rollercoaster of life: major events that impact a woman's weight. Presented at: Obesity Action Coalition Your Weight Matters™ 2013 National Convention. <http://www.ywmconvention.com/wp-content/uploads/2013/08/Roller-Coaster-of-Life-Major-Events-that-Impact-a-Womans-Weight.pdf>. Accessed October 22, 2014.
9. Garvey WT, Garber AJ, Mechanick JI, et al. American Association of Clinical Endocrinologists and American College of Endocrinology position statement on the 2014 advanced framework for a new diagnosis of obesity as a chronic disease. *Endocr Pract*. 2014;20(9):977-989.
10. Fabricatore AN. Behavior therapy and cognitive-behavioral therapy of obesity: is there a difference? *J Am Diet Assoc*. 2007;107(1):92-99.
11. Bischoff SC, Damms-Machado A, Betz C, et al. Multicenter evaluation of an interdisciplinary 52-week weight loss program for obesity with regard to body weight, comorbidities and quality of life—a prospective study. *Int J Obes (Lond)*. 2012;36(4):614-624.



