

Providing a comfortable environment for patients with obesity

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Actor portrayals.



Obesity is a serious disease and a supportive environment may be helpful¹

Tailored equipment can provide patients with a welcoming environment

Waiting room²:

- ✓ Sturdy and accommodating seating
- ✓ Bathrooms with split lavatory seat with handled urine specimen collector and properly mounted grab bars



Examination room²:

- ✓ Sturdy armless chairs
- ✓ Hydraulic tilt tables that can assist patients positioning themselves
- ✓ Large/extra-large gowns and adult large/extra-large arm and thigh blood pressure cuffs



Weighing your patient²:

- ✓ Use a wide-based scale that measures more than 350 lbs and that has handles for support during weighing



Barriers to care³

In a survey of nearly 500 female patients with overweight or obesity,

46%

reported that small gowns, narrow examination tables, and inappropriately sized medical equipment were barriers to receiving care*

35%

reported that embarrassment about being weighed was a barrier to health care*

*In a study of 498 female patients with a BMI in the range of 25-122 kg/m² who responded to a survey about their attitudes and experiences related to gynecological cancer screening and health care visits.³

BMI, body mass index.

Actor portrayals.



Reducing weight bias by having an inclusive space may boost partnership with patients

Weight bias can be defined as negative stereotypes directed toward individuals affected by excess weight or obesity.⁴

Strategies to address weight bias:

- ✔ Increase awareness about the negative consequences of weight bias^{4,5}
- ✔ Emphasize lifestyle goals, including healthy nutrition, increased physical activity, and behavioral changes⁶
- ✔ Encourage colleagues to be understanding and to avoid judgment



Start an empathetic conversation about their weight



Show a high level of respect for their culture and perspective



Assess patients by utilizing the “5 As” method⁷



Motivate with interview techniques that reflect support, not judgment

Actor portrayals.





Many patients feel stigmatized and weight-related discussions can be difficult⁸

Tips to initiate meaningful dialogues:

Start with a general question

"Would you mind if we talk about your weight today?"

Link the response to symptoms or other patient-stated problems

"Some of your health concerns may be related to your weight. Would you like to learn how a medical treatment program could help?"

Refer to other clinical measures

"Your body mass index is high, which means you could be carrying excess weight for your height. This can put your health at risk. Is it okay if we talk about your weight?"

Simply ask

"Would it be okay if we discussed your weight?"



Tell patients they can always revisit any weight or health concerns in the future





Three supportive techniques that may help patients initiate change

1 Express empathy

An empathic response can reassure your patients that you are listening to them and seeing their point of view, and can elicit an honest response.

“You’re sharing some very difficult things with me, and I respect your courage.”

2 Roll with resistance

It may be best to “roll with” any resistance and to avoid trying to fix or solve each problem. Instead, seek to understand the patient’s reluctance to change.

3 Develop discrepancies

You and your patients may begin to see the differences between where they are (current habit) and where they want to be (goals). You can help patients recognize these discrepancies and guide them to self-identify ways to bridge the gap.

“You’ve said physical activity is important to reaching your goals, yet you find morning walks difficult. Can we talk about what might be getting in your way?”

Align with your patients on realistic and individualized goals toward creating sustainable, long-term changes

The 5 As are an established method for obesity medical treatment programs⁸

The 5^As Framework

-  **Ask**
Ask for permission to discuss weight. Explore readiness for change
-  **Assess**
Assess BMI and obesity stage. Assess for drivers, complications, and barriers
-  **Advise**
Explain benefits of modest weight loss. Explain need for long-term strategy. Discuss treatment options
-  **Agree**
Agree on realistic weight-loss expectations and focus on behavioral goals and health outcomes. Agree on treatment plan
-  **Assist**
Provide education and resources. Refer to appropriate providers. Arrange follow-up

BMI, body mass index.



Words matter in obesity⁹



- ✓ Use person-first language
- ✓ Use terms preferred by patients such as “weight,” “excess weight,” and “BMI” when discussing obesity¹⁰
- ✓ Avoid use of stigmatizing terms like “fat”¹⁰

The AMA recognizes the resolutions of the Obesity Medicine Association to destigmatize obesity and educate on a nonbiased dialogue⁹

- ✓ Everybody deserves respect
- ✓ Increase awareness of weight bias
- ✓ Equip clinics with appropriate furniture, gowns, and equipment for all patients

Visit RethinkObesity.com for resources
to help you and your patients

References: **1.** Kaplan LM, Golden A, Jinnett K. Perceptions of barriers to effective obesity care: results from the national ACTION Study. *Obesity*. 2018;26(1):61-69. **2.** Obesity Action Coalition. Understanding Obesity Stigma. Pamphlet. 2017. Accessed June 2, 2023. <https://www.obesityaction.org/wp-content/uploads/Understanding-Obesity-Stigma.pdf>. **3.** Amy NK, Aalborg A, Lyons P, Keranen L. Barriers to routine gynecological cancer screening for White and African-American obese women. *Int J Obes (Lond)*. 2006;30(1):147-155. **4.** Ratanaphruks J. Weight bias, the psychological impact of obesity, and helpful resources. Obesity Medicine Association. October 14, 2020. Accessed April 27, 2023. <https://obesitymedicine.org/weight-bias-and-psychological-impact-of-obesity/>. **5.** Puhl RM, Heuer CA. Obesity stigma: important considerations for public health. *Am J Public Health*. 2010;100(6):1019-1028. **6.** Fruh SM, Nadglowski J, Hall HR, Davis S, Crook ED, Zlomke K. Obesity stigma and bias. *J Nurse Pract*. 2016;12(7):425-432. **7.** Centers for Medicare & Medicaid Services. Intensive behavioral therapy for obesity. November 2011. Accessed April 27, 2023. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=353>. **8.** 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. **9.** American Medical Association House of Delegates approves resolution to help destigmatize obesity. News release. Obesity Medical Association. June 13, 2017. Accessed April 27, 2023. <https://obesitymedicine.org/ama-destigmatize-obesity-resolution/>. **10.** Wadden TA, Didie E. What's in a name? Patients' preferred terms for describing obesity. *Obes Res*. 2003;11(9):1140-1146.

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