

OVERCOMING OBESITY

A PCP'S GUIDE TO COMPREHENSIVE OBESITY CARE



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Activity Overview

TARGET AUDIENCE

US primary care physicians, NPs, and PAs including those who are community-based, practice in large ACOs; in rural communities; and who serve patients in underserved areas

EDUCATIONAL OBJECTIVES

After completing this activity, the participant should be better able to:

- Integrate evidence-based approaches to diagnose, manage, and treat obesity, such as BMI, waist circumference, body fat percentage, and routine visits, especially in patients with concurrent comorbidities.
- Determine appropriate treatment with consideration of the latest clinical evidence, mechanism of action, side effects, drug administration frequency, and patient-specific factors when developing individualized treatment plans for patients with obesity.
- Employ shared decision-making and multidisciplinary approaches when discussing weight management strategies, including treatment and lifestyle modifications, to support optimal adherence and outcomes for patients with overweight/obesity.

Part 3: Best Practices in Shared Decision-Making (SDM) to Enhance Patient Outcomes



Faculty



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**Strategies to ensure
treatment choices are based
on collaboration with patients**





Case Study

Taylor is a 34-year-old transgender woman who has been struggling with obesity for over ten years and is ready to make a change but lacks community support and is mistrustful of healthcare medicine. Their body mass index (BMI) is 32.





Use a Collaborative, Goal-Oriented Style of Communication

Key question to address with patient: **What is successful treatment?**

Support the patient in achieving their specific goals within a compassionate and accepting environment

Help the patient

- **Believe** change is possible
- **Resolve** ambivalence about change
- **Develop** momentum toward achieving health goals
- **Motivate** in a collaborative manner
- **Understand** the patient's perspective
- **Assist** the patient in finding their own solutions
- **Encourage** the patient using positive feedback

Avoid judgment, confrontation, or unwelcome advice

Providing a Supportive Health Care Office Environment

Key Point

Positive Office Space

Signals that space is safe for conversations about weight

- Educational materials in exam room
- Sturdy armless, wide chairs and exam tables
- Tables/chairs/toilet set to sustain higher body weight
- Extra-large patient gown
- Appropriate waiting room reading material

Key Point

Appropriate Medical Devices

- Large adult blood pressure cuffs or thigh cuffs on patients with upper arm >34 cm
- Extra-long needles
- Large vaginal speculum
- Weight scales with appropriate capacity
- Weight scales in private area



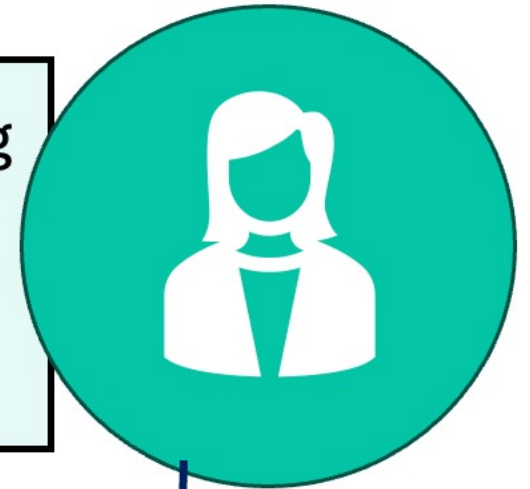
Shared Decision Making in Obesity

Benefits of Shared Decision Making (SDM)

- Considers patient's preferences and values to create a personalized management plan
- Improves decision quality
- Informs patient regarding treatment risks, safety, and benefits



Supports individual autonomy by empowering patients to make decisions about the treatment and care that is right for them at that time





Considerations for SDM

Establish Relationship



COMMUNICATE
intention to help



ACKNOWLEDGE
emotions/
feelings



Use
**LAYMEN'S
TERMS**
to explain



COLLABORATE
to identify the
next step



Use
**WEIGHT
NEUTRAL
TERMS**



INSTALL
confidence

Gather Information



ASK
leading
questions



CLARIFY
information by repeating
back what patient said



DO NOT
Interrupt patient



ASSESS
motivation
confidence

Education and Counseling



ASK QUESTIONS
to make sure
patient
understood



DISCUSS
specific diet, exercise,
and monitoring
GOALS



Elicit and address
**BARRIERS TO
CHANGE**



EXPLAIN
the nature of
obesity

Addressing barriers that impact patient engagement in obesity care





Beginning the Conversation

Start with an empathetic statement and ask permission

“Would it be okay if we discussed your weight?”

“You mentioned a number of symptoms, such as fatigue and aching knees, 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 it 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 reduction 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.”



Assessing Readiness

Many patients with overweight or obesity likely have attempted weight reduction previously. Other patients do not consider their weight to be a problem.

Questions to Address Readiness with Patients

“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?”
(Eg, taking the stairs rather than elevator, walking pets, parking further away in parking lot, etc.)

“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?”



Using Patient-Centered Language

Key Point

Do

- Neutral, free of stigma, and based on facts
- Strength-based, encourage what is working
- Respectful and inclusive
- Collaborative
- Person-centered

Obesity



“Patient *with* obesity”

T2D



“Patient *living with* T2D”

Person **BEFORE** the disease

Key Point

Key Point

Do Not

- Refer to patients as “obese” (or “diabetic”)
- Describe patients as “noncompliant”
- Blame patients for their health condition

Obesity



“Morbidly Obese Patient”

T2D



“Diabetic Patient”

Case Study

Taylor reports past barriers to managing their weight, including experiencing discrimination in health care settings that has led to medical distrust. While motivated to develop a weight management plan, Taylor is apprehensive due to their prior experiences.



Interprofessional collaboration





Multidisciplinary Teams

Behavioral Health Professional

Can include psychologists, psychiatrists, and other mental health experts
Providing mental preparation and structure for patients to manage obstacles and identifying goals

Physicians & Nurses

Can include Primary Care, Endocrinology/Diabetology Specialists, Bariatric surgeons, Cardiologists, Sleep Specialists

Physical Therapists & Exercise Specialist

Clarifying definitions for physical activity (both non-exercise activity thermogenesis and exercise)
Provide patient with achievable goals and tailored exercise programs

Registered Dietitian & Nutritionists

Guide patient with strategies to improve diet quality and mitigate food/diet misinformation

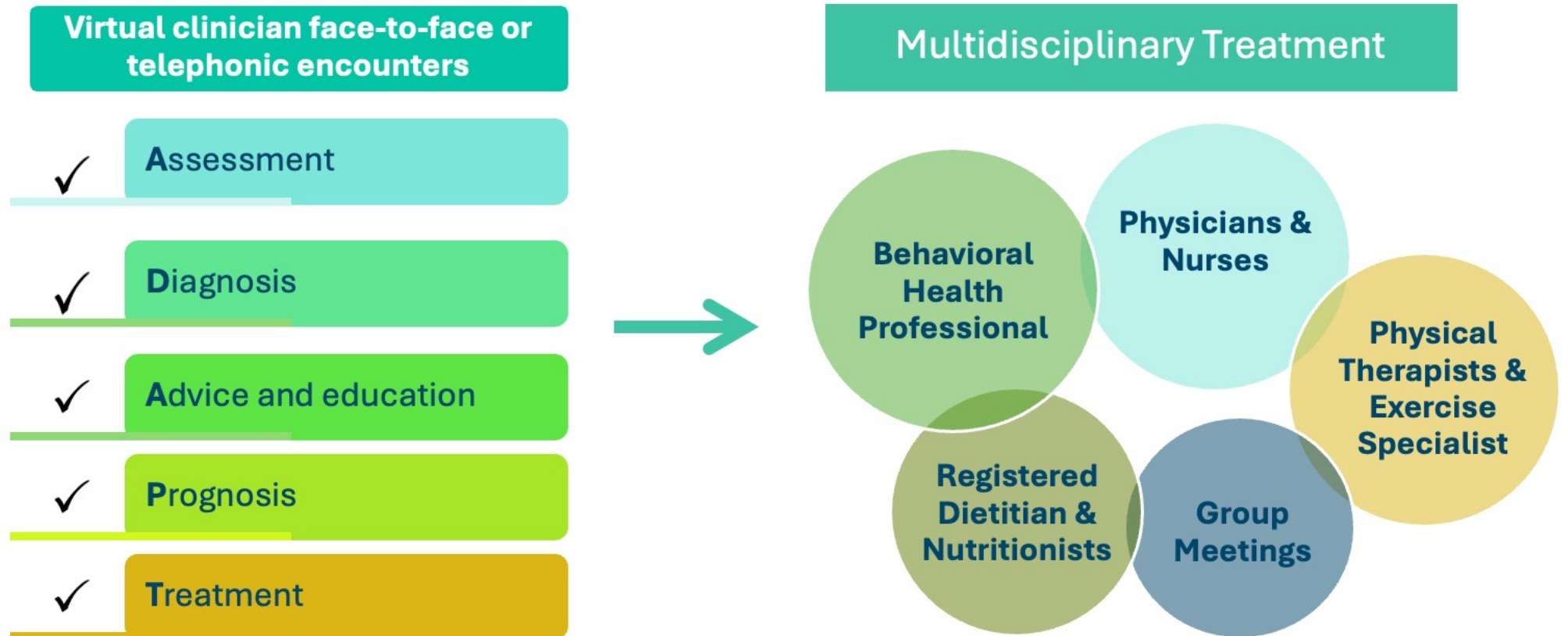
Group Meetings

Gatherings with peers, use of social support structures



Telehealth Obesity Management

The Obesity Medicine Association “ADAPT” Telehealth Obesity Management Model





Case Study

Using collaborative decision-making, you and Taylor decide on a treatment plan that involves multidisciplinary care.





**THANK
YOU**

