The Obesity Epidemic: Practical Management Approaches

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Objectives

- List and describe the components of the 5As paradigm for obesity-related counseling
- Describe a practical and sensitive way of raising the issue of weight with a patient or family

Context

- Barriers to Discussing Weight by Health Care Providers:
  - Concern over offending patient
  - Belief that patients are not motivated to make changes and that counseling will be ineffective
  - Time
  - Payment
  - Lack of knowledge and skills
  - Lack of practical tools
Barriers

- “I’m afraid raising the issue of weight will offend my patient.”
  - It’s been shown that patients want help from their physicians with weight loss. Raising the issue in a sensitive way shouldn’t cause offence.
- “What difference could my counseling efforts make anyway? My patients won’t follow my recommendations and won’t lose weight.”
  - Little evidence for primary care physicians providing counseling
- “I don’t have the time.”
  - To be addressed
- “I don’t get paid for obesity counseling.”
- “I’m not sure how to do this.”
  - To be addressed
- “I don’t have practical tools with which to do this.”
  - To be addressed.

Case Scenario

Evelyn is a married, white, thirty-eight-year-old mother of two children, who works full time as an attorney in a suburb of Chicago. You have been her primary care physician for two years, but have seen her only twice – once for flu like symptoms which resolved, and once for routine gynecological care. Evelyn has no significant past medical history. She takes no medications, and does not smoke. Her alcohol consumption is minimal. On physical examination, she is a pleasant young woman in no distress. Her height is 5’9” and weight 244lbs (BMI 36.3kg/m^2). Her blood pressure is 135/85mmHg. Her remaining vital signs and the remainder of her physical examination are normal. A fasting lipid profile and fasting glucose obtained at the time of her routine gynecological examination in 2013 revealed the following: TC 185mg/dL, HDL 48mg/dL, LDL 93mg/dL, TG 220mg/dL. A fasting glucose at that time was 103mg/dL. No health care provider has ever discussed weight with Evelyn before and she has returned for a routine well woman visit. Of note, Evelyn was a competitive swimmer in college.

Raising the Issue of Weight

1. “Your obesity concerns me a great deal. You need to work on it.”
2. “Your BMI puts you at risk for many conditions. Let’s talk about this more.”
3. “You’re generally healthy, but I’d like you to lose weight.”
4. “I want to talk to you about different treatments for obesity.”
Raising the Issue of Weight

- Permission (Sharma A.)
- Language (Rao G et al)
  - Preferred term is "weight"; "Achieving and/or maintaining a healthy weight."
  - Least desirable term is "fatness." The term "obesity" should be avoided.
- "Evelyn, now that we've addressed a number of issues, I'd like to discuss the issue of weight with you. Would that be ok with you?"

5 As Paradigm

- Developed (originally as the 4 As for smoking cessation by the National Cancer Institute)
- Ask (or Assess)
- Advise
- Agree
- Assist
- Arrange

5 As Paradigm

- Incorporates principles of motivational interviewing
- Rooted in behavior change theory (including self-management support, readiness assessment, behavior modification, self-efficacy enhancement)
- Quick, easy, and be carried out during routine visits
The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multi-component behavioral interventions. So why should we bother with a quick intervention?

**USPSTF (2012)**

- **Ask**
  - Readiness to change (Huang J et al, 2004):
  - How ready are you to lose weight?
  - I have not really thought about it (pre-contemplation)
  - I mean to lose weight but I don't actually get around to it. (contemplation)
  - From time to time, I go on a diet/exercise, but then I stop after a few days (preparation)
  - I have been working on losing weight for the past 6 months (action)
  - I have kept my weight off for over 6 months (maintenance)

**Assessing Readiness to Change and Opening the Door**

- “Would you be interested in working together on helping you make changes in your lifestyle over a period of time which would help you achieve a healthier weight?”

**Opening the Door**
Asking/Assessing Obesity-Related Behaviors

- Patient participation: "What do you believe you could do to get to a healthier weight?"
- Many different tools:
  - [http://www.einstein.yu.edu/centers/diabetes-research/research-areas/survey-instruments.aspx](http://www.einstein.yu.edu/centers/diabetes-research/research-areas/survey-instruments.aspx)

The Big Five in Child and Adolescent Obesity
Key Questions

- Do you eat regular fast food (burgers, fries, etc.) more than once per week? [ADULTS]
- Do you drink anything besides water? What did you have to drink yesterday besides water? [ADULTS]
- Do you participate in a minimum of 30 minutes of physical activity per day? [ADULTS]
- Do you eat dinner together with at least one parent on most days of the week?
- Do you watch television, play video games, or use a computer (other than for schoolwork) for more than 2 hours a day?

Additional Behaviors Related to Adults

- Breakfast skipping
- Fruit/vegetable consumption

Advise

A basic inquiry reveals that Evelyn consumes roughly 32 ounces per day in both SSBs or fruit juice. She does not eat breakfast, as she and her husband are usually rushing to get their young children ready for school. She has fast food at least three times per week, usually over lunch. She is completely sedentary. She does, however, consume at least 3 servings of fresh fruit per day, and at least 1 serving of vegetables per day.

Advise about impact of behaviors upon weight and health.
Negotiating Goals: SMART Framework
- **S** – specific
- **M** – measurable
- **A** – achievable
- **R** – rewarding
- **T** – time-based

“How about reducing your sugary beverage and juice consumption from 2 bottles a day to 1 bottle every other day by the end of next month?”

**Assist & Arrange**
- Assistance
  - Referral to outside program or professional
  - Recommending supportive App/Programs
  - [https://www.loseit.com/](https://www.loseit.com/)
- Advice on what doesn’t work:
  - FTC “Gut Check” Claims:
    - Causes weight loss of two pounds or more a week for a month or more without dieting or exercise;
    - Causes substantial weight loss no matter what or how much the consumer eats;
    - Causes permanent weight loss even after the consumer stops using product;
    - Blocks the absorption of fat or calories to enable consumers to lose substantial weight;
    - Safely enables consumers to lose more than three pounds per week for more than four weeks;
    - Causes substantial weight loss for all users; or
    - Causes substantial weight loss by wearing a product on the body or rubbing it into the skin.

**Arrange**
- Follow-up appropriately/Reinforcement
Advantages of 5As Approach

- Quick
- Simple
- Doesn’t require specialized training
- Adaptable
- Reinforcible/Allows for re-engagement
- Emphasis on behavior reduces stigma
- Starting point upon which to build additional efforts