"Obesity Management in Primary Care: Healthy Lifestyle Change, Motivational Interviewing, Leveraging Technology"
Christina Raguckas, DO,

OBESITY MANAGEMENT IN PRIMARY CARE:

HEALTHY LIFESTYLE CHANGE, MOTIVATIONAL INTERVIEWING, LEVERAGING TECHNOLOGY

CHRISTINA RAGUCKAS, DO
PENN STATE HEALTH – ST. JOSEPH'S FAMILY AND COMMUNITY MEDICINE RESIDENCY PROGRAM

DISCLOSURES

- DR. RAGUCKAS HAS PROVIDED NO DISCLOSURES.

#POFPS43

LEARNING GOALS

- LEARNERS WILL UNDERSTAND THE IMPORTANCE AND BENEFIT OF DIAGNOSIS AND BRIEF COUNSELLING OF OBESITY IN PRIMARY CARE
- LEARNERS WILL BE ABLE TO UTILIZE A FRAMEWORK FOR BRIEF PATIENT CENTERED COUNSELLING TO ENHANCE BEHAVIOR CHANGE IN PATIENTS WITH OBESITY
- LEARNERS WILL UNDERSTAND THE CONCEPT OF MOTIVATIONAL INTERVIEWING AND BE ABLE TO UTILIZE TECHNIQUES DURING PATIENT ENCOUNTERS

#POFPS43

OBESITY: DEFINITION AND PREVALENCE

- OVERWEIGHT – BMI 25 TO 29.9 KG/M2
- OBESE – BMI >30 KG/M2
- MORBID OBESITY – BMI >40 KG/M2

IN THE U.S:

- APPROXIMATELY 127 MILLION ADULTS ARE OVERWEIGHT -- 64.5%
- 60 MILLION ARE OBESE – 30.5%
- 9 MILLION ARE EXTREMELY OBESE – 4.7%

#POFPS43

WHY IS THIS IMPORTANT?

- OBESITY IS LINKED TO CARDIOMETABOLIC DISEASE
  - CARDIOVASCULAR DISEASE, DIABETES, CANCER
- WEIGHT LOSS CAN IMPROVE HEALTH AND REDUCE RISK
  - DIABETES CONTROL, LIPIDS, BP
- RATES OF SCREENING AND COUNSELING IN PRIMARY CARE– 30%
  - SOME SPECIALTY GUIDELINES: FAMILY DOCTOR USED AS MORE OF A RECRUITMENT/REFERRAL SOURCE
- RARELY CHECK WAIST CIRCUMFERENCE

#POFPS43

What barriers are there to obesity treatment in primary care?

#POFPS43

Poll Everywhere

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app

POTENTIAL BARRIERS

- TIME CONSTRAINED VISITS
- MULTIPLE HEALTH ISSUES TO ADDRESS – POTENTIALLY MORE PRESSING
- UNCOMFORTABLE CONVERSATION/LANGUAGE (STIGMATIZATION)
  - OBESE VS WEIGHT/BMI
- LIMITED PHYSICIAN TRAINING IN MEDICAL SCHOOL/RESIDENCY
- PATIENT FEAR, SHAME, WORRY ABOUT BEING JUDGED
- REIMBURSEMENT CONCERNS
- PATIENTS & PHYSICIANS FOUND TO ATTRIBUTE OBESITY TO PERSONAL CHOICE OR LOW WILLPOWER
  - CYNICISM ABOUT EFFECTIVENESS OF OBESITY COUNSELING/TREATMENT

#POFPS43

INDIVIDUALIZED HOLISTIC APPROACH PERCEPTION/PRACTICE

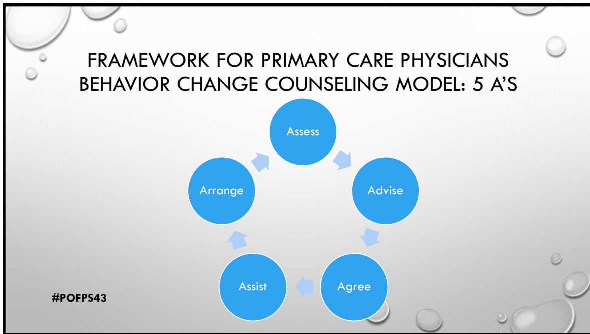
2018 SCOPING REVIEW OF THE LITERATURE ON THE ROLE OF THE FAMILY DOCTOR IN THE MANAGEMENT OF ADULTS WITH OBESITY

- 225 ARTICLES REVIEWED
  - OPINION PAPERS AND CLINICAL OVERVIEWS – DESCRIBE EXTENSIVE ROLE OF FAMILY DOCTOR
  - RESEARCH ON CURRENT PRACTICE – UNDERMANAGED BY FAMILY DOCTOR
  - INTERNATIONAL GUIDELINES – VARIED IN EXTEND OF ROLE OF THE FAMILY DOCTOR
- 77 INTERVENTIONS IN PRIMARY CARE DESCRIBED IN 225 ARTICLES
- WHOLE PERSON - COMPREHENSIVE, HOLISTIC CARE DESCRIBED (BODY & MIND)
  - 17/77 – 22%
- PERSON-CENTEREDNESS – (ELUCIDATES COMORBIDITIES, SOCIAL CIRCUMSTANCES, AND BELIEFS/VALUES)
  - 7/77 – 9%

SCREENING AND BRIEF INTERVENTION
DOES IT MAKE A DIFFERENCE?

- PARALLEL, TWO-ARM RANDOMIZED TRIAL
- 30 SECOND INTERVENTIONS
- ACTIVE INTERVENTION – PHYSICIAN OFFERED REFERRAL TO WEIGHT MGMT. GROUP
  - WEIGHT CHANGE AT 12 MONTHS 2.43 KG (942 PATIENTS)
- CONTROL INTERVENTION – PHYSICIAN ADVISED THE PATIENT THAT THEIR HEALTH WOULD BENEFIT FROM WEIGHT LOSS
  - WEIGHT CHANGE AT 12 MONTHS 1.04 KG (940 PATIENTS)
- REACTION TO INTERVENTIONS DID NOT DIFFER BETWEEN GROUPS
  - INTERVENTION APPROPRIATE AND HELPFUL

#POFPS43



ASSESS

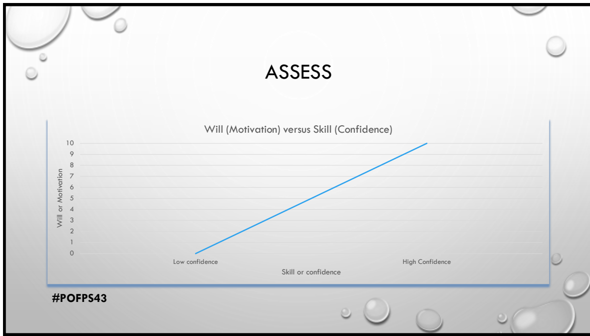
- SCREENING FOR OBESITY
  - BMI AND WAIST CIRCUMFERENCE
- COMORBIDITIES THAT WOULD HINDER WEIGHT LOSS (REFER AS APPLICABLE)
  - SLEEP APNEA/CHRONIC INSOMNIA
  - CHRONIC PAIN
  - STRESS
  - DEPRESSION
  - BINGE EATING DISORDER
  - INFLAMMATORY BOWEL DISEASE

#POFPS43

ASSESS

- HOW TO BEGIN THE CONVERSATION/WORDS TO USE
  - LET'S TALK ABOUT YOUR WEIGHT
  - YOUR BMI PUTS YOU AT RISK FOR CARDIOVASCULAR DISEASE
- NONJUDGMENTAL SUPPORTIVE AND EMPOWERING CONVERSATION
- PATIENT WILLINGNESS TO CHANGE – "ARE YOU READY/PREPARED TO …"
- PATIENT-CENTERED FACTORS
  - SOCIAL CIRCUMSTANCES
  - BELIEFS AND VALUES OF THE PERSON (HEART OF MANAGEMENT)
  - CULTURAL FRAMEWORK
- COMORBIDITIES/PRIOR ATTEMPTS (SUCCESSES AND NOT SO SUCCESSFUL)

#POFPS43



MOTIVATIONAL INTERVIEWING DURING THE 5A’S

- EMPATHY THROUGH REFLECTIVE LISTENING.
- ASSESS DISCREPANCY BETWEEN PATIENT GOALS/VALUES AND CURRENT BEHAVIOR.
- FACILITATE, DON’T BE DIRECTIVE OR JUDGMENTAL
  - “I SEE YOU GAINED 2 POUNDS SINCE YOUR LAST VISIT: ARE YOU TRYING TO DO BETTER?”
- IF CLIENT RESISTANCE: ADJUST DON’T OPPOSE OR ARGUE
- SUPPORT SELF-EFFICACY AND OPTIMISM

#POFPS43

STAGE OF CHANGE

- PRECONTEMPLATIVE
- CONTEMPLATIVE
- PREPARATION
- ACTION
- MAINTENANCE

#POFPS43

THINKING ABOUT YOUR OWN BEHAVIOR CHANGE

EXERCISE/DISCUSSION

Good things about your behavior…	Good things about changing…
Bad things about your behavior…	Bad things about changing…

How motivated are you to make the change? ________

How confident are you that you can make the change? ________

#POFPS43

ADVISE

- ASK PERMISSION TO EDUCATE ON BENEFITS OF WEIGHT LOSS IN CONTEXT OF THE INDIVIDUAL (CAN I TALK TO YOU ABOUT SOME OF THE BENEFIT YOU COULD SEE?)
  - BENEFITS ON FAMILY/COMMUNITY
  - QUALITY OF LIFE
  - REDUCE DISABILITY
- HEALTH BENEFITS WITH MODEST WEIGHT LOSS (5-10%)
- IN THE FRAMEWORK OF PATIENT-CENTERED FACTORS

#POFPS43

ADVISE - HEALTHY LIFESTYLE CHANGES

COMBINATION OF

- DIETARY RECOMMENDATIONS
- ACTIVITY
- BEHAVIOR CHANGE

PRODUCES AN AVERAGE 8 KG LOSS IN 6 MONTHS

- NOT JUST EAT LESS, MOVE MORE
- KEEP IT SIMPLE AND PATIENT ORIENTED

#POFPS43

DIETARY RECOMMENDATIONS

- NO SINGLE DIET BEST – MUST PRODUCE A DEFICIT
  - MEDITERRANEAN DIET, LOW-FAT, LOW-CARB, VEGETARIAN, VEGAN, KETOGENIC, HIGH PROTEIN – LIMITED EVIDENCE
  - MODERATION
- PATIENT SELECTION BASED ON PREFERENCES AND NEEDS
- PHYSICIAN SHOULD NO IMPOSE THEIR PREFERENCES
  - ANECDOTE "NOTHING WHITE"
  - MAY BE IN CONTRAST TO PATIENT PREFERENCES
  - INCREASE TREATMENT FAILURE

#POFPS43

DIETARY RECOMMENDATIONS

- PROVIDE INFORMATIONAL HANDOUTS AND ENCOURAGE DIETARY MODIFICATION THAT PATIENTS CAN ADHERE TO LONG TERM
- SPECIFIC PERSONALIZED PLAN – DIETICIAN REFERRAL BENEFICIAL
- DEPRIVATION VS DISCIPLINE – HELP TO REFRAME
- AVERAGE DEFICIT OF 500-1000 CALORIES/DAY COMBINED DIET AND ACTIVITY
  - NOT EXACT, VARIES BY PATIENT

#POFPS43

ACTIVITY RECOMMENDATIONS

150 MINUTES OR MORE OF MODERATE-INTENSE EXERCISE (75 MINUTES OF VIGOROUS ACTIVITY)

- MUST ASSESS PATIENT'S CURRENT ACTIVITY
- GRADUAL INCREASE WITH SMALL INCREMENTAL GOALS-MORE EFFECTIVE
  - AEROBIC ACTIVITY IN AT LEAST 10 MINUTE INCREMENTS
- INCREASE 10%/WEEK
- BE CAREFUL OF LARGE QUICK INCREASES
  - CONCERN FOR FAILURE, INJURY

#POFPS43

BEHAVIOR CHANGES

- SELF-MONITORING OF WEIGHT, FOOD INTAKE, WATER INTAKE, EXERCISE
  - PAPER LOGS
  - APPS
- MINDFUL EATING
  - PUT FORK DOWN BETWEEN BITES – CHEW CHEW CHEW – EAT SLOW
  - USE SMALLER, COLORFUL PLATES
  - EAT AT THE TABLE, NOT IN FRONT OF THE TV OR ON THE RUN
  - AWARENESS OF PORTIONS
  - PAY ATTENTION TO YOUR FOOD – FLAVOR, SMELL, TEXTURE
- MEDITATION

#POFPS43

AGREE

- GOAL SETTING IS CRUCIAL
- USUALLY WEIGHT LOSS GOALS ARE UNREALISTIC OR UNHEALTHY
- GENERALLY 1-2 POUNDS/WEEK FOR MOST PATIENTS
- SELF-MONITORING IMPROVES OUTCOMES
  - WEIGHT MGMT.
  - FOOD CHOICES
  - PHYSICAL ACTIVITY
  - ENERGY/MOOD/SLEEP
- FOLLOW UP ON PROGRESS OF GOALS REGULARLY

#POFPS43

SMART GOAL SETTING

- **S**PECIFIC
- **M**EASUREABLE
- **A**TTAINABLE
- **R**ELEVANT
- **T**IME-BASED

- KEEP IN MIND MODEST WEIGHT REDUCTION 5-10% CAN HAVE A SIGNIFICANT HEALTH BENEFITS
- MARATHON, NOT A SPRINT

#POFPS43

GOAL SETTING

General goals	SMART Goals
"I'm going to lose 50 lbs by our next visit"	I will lose 5 lbs before my follow up in 1 month
"I am never going to eat buffalo wings again"	I am going to limit buffalo wings to orders of 6 no more than twice per month
"I'll start running 5 miles 5x/week"	I'm going to take the stairs at work at least 3 out of 5 mornings and walk 10 minutes/day.

#POFPS43

ASSIST

- HELP FACILITATE GOAL SETTING/REEVALUATING GOALS
- HELP IDENTIFY BARRIERS TO MEETING BEHAVIORAL GOALS
- HELP DEVELOP A PLAN TO OVERCOME BARRIERS
- USING PROBLEM SOLVING SKILLS ASSOCIATED WITH SIGNIFICANT WEIGHT LOSS
- MAY IDENTIFY THAT THE PATIENT NEEDS MORE INTENSIVE BEHAVIORAL COUNSELLING – CONSIDER REFERRAL (BEHAVIORALIST, DIETICIAN, PROGRAM)

#POFPS43

ADAPT TO PROBLEM SOLVE

- **A**TTITUDE
- **D**EFINE THE PROBLEM
- **A**LTERNATIVE SOLUTIONS
- **P**REDICT CONSEQUENCES
- **T**RY OUT A SOLUTION

#POFPS43

ARRANGE

- REGULAR FOLLOW UP IS CRUCIAL (I.E. MONTHLY-MAY START WEEKLY)
- INCREASES ACCOUNTABILITY
- REVIEW LOGS, GOALS AND TROUBLE SHOOT PROBLEMS/BARRIERS
- IF LOW OR NO WEIGHT LOSS IN FIRST COUPLE OF FOLLOW UPS – REFER
  - MAKE SURE TO REASSESS CONFIDENCE & MOTIVATION

#POFPS43

BUILDING A TEAM PHYSICIAN IS THE KEYSTONE

COMBINING PHYSICIAN OVERSIGHT + ASSISTANCE > PHYSICIAN ALONE

TO PRODUCE SIGNIFICANT RESULTS -- >5% WEIGHT LOSS

- NURSES, MEDICAL ASSISTANTS
- PSYCHOLOGIST
- DIETICIANS
- HEALTH COACHES/EDUCATORS
- MEDICAL STUDENTS

- COMMERCIAL PROGRAMS – PREPARED MEAL PLANS
  - MUST EVALUATE IF PROGRAMS ARE EVIDENCE-BASED

#POFPS43

SUPPORT GROUPS/COMMUNITY RESOURCES

- TAKING OFF POUNDS SENSIBLY (TOPS)
- WEIGHT WATCHERS
- OVEREATERS ANONYMOUS

- ASSESS COMMUNITY RESOURCES
  - SILVER SNEAKERS
  - GYM MEMBERSHIPS/DISCOUNTS THRU INSURANCE
  - YMCA PROGRAMS
  - VEGGIE VOUCHERS (ELDERLY); VEGGIE RX (DM2+OBESITY)

#POFPS43

LEVERAGING TECHNOLOGY

- TELEPHONE/EMAIL CHECK INS
- PATIENT PORTALS
- SELF-MONITORING FOOD LOGS WITH APPS (LOSE IT!, MYFITNESSPAL, WEIGHT WATCHERS, ETC)
  - SOME ARE FREE, SOME REQUIRE MEMBERSHIP
- MAPMYRUN/MAPMYRIDE/NIKE+/ASICS
- COUCH TO 5K
- GPS WATCHES/ACTIVITY TRACKERS (GARMIN, TOMTOM, FITBIT, ETC)
- CELL PHONE GAMES

#POFPS43

QUESTIONS????

#POFPS43

REFERENCES

1. FITZPATRICK S, WISCHENKA D, APPELHANS B, ET AL. AN EVIDENCE-BASED GUIDE FOR OBESITY TREATMENT IN PRIMARY CARE. *THE AMERICAN JOURNAL OF MEDICINE*, VOL 129, NO 1, JANUARY 2016

2. STURGISS EA, ET AL. *BMJ OPEN* 2018;8:E019367.DOI:10.1136/BMJOPEN-2017-019367

3. STOP OBESITY ALLIANCE. WHY WEIGHT? A GUIDE TO DISCUSSING OBESITY & HEALTH WITH YOUR PATIENTS. HTTP://STOPOBESITYALLIANCE.ORG/WP-CONTENT/THEMES/STOPOBESITYALLIANCE/PDFS/STOP-PROVIDER-DISCUSSION-TOOL.PDF. ACCESSED JUNE 28, 2018.

4. OGDEN J, FLANAGAN Z. BELIEFS ABOUT THE CAUSES AND SOLUTIONS TO OBESITY: A COMPARISON OF GPS AND LAY PEOPLE. *PATIENT EDUC COUNS*. 2008:71(1):72-78.

5. OBESITY AND WEIGHT LOSS HTTPS://WWW.ESSENTIALEVIDENCEPLUS.COM/CONTENT/EEE/154, ACCESSED JUNE 28, 2018.

6. FORMAN-HOFFMAN V, LITTLE A, WAHLS T. BARRIERS TO OBESITY MANAGEMENT: A PILOT STUDY OF PRIMARY CARE CLINICIANS. BMC FAMILY PRACTICE 2006, 7:35 HTTP://WWW.BIOMEDCENTRAL.COM/1471-2296/7/35

7. TREATMENT IMPROVEMENT PROTOCOL (TIP) SERIES, NO. 35. MILLER AND ROLLNICK, 1991 CHAPTER 3 – MOTIVATIONAL INTERVIEWING AS A COUNSELLING STYLE HTTPS://WWW.NCBI.NLM.NIH.GOV/BOOKS/NBK64964/, ACCESSED JUEN 28, 2018.

8. HENSLEY RD., PRIMARY CARE MANAGEMENT OF OBESITY; INDIVIDUALIZED TREATMENT STRATEGIES; *THE NURSE PRACTITIONER*, JULY 2018

9. AVEYARD P, LEWIS A, TEARNE S, ET AL. SCREENING AND BRIEF INTERVENTION FOR OBESITY IN PRIMARY CARE: A PARALLEL, TWO-ARM, RANDOMIZED TRIAL. WWW.THELANCET.COM, VOL 388, NOV. 2016.

10. JENSEN MD, RYAN DH, APOVIAN CM, ET AL. 2013 AHA/ACC/TOS GUIDELINES FOR THE MANAGEMENT OF OVERWEIGHT AND OBESITY IN ADULTS: A REPORT OF THE AMERICAN COLLEGE OF CARDIOLOGY/AMERICAN HEART ASSOCIATION TASK FORCE ON PRACTICE GUIDELINES AND THE OBESITY SOCIETY. J AM COLL CARDIOL. 2014; 63(25 PT B):2985-3023.

#POFPS43