

Quick Discussion Guide for Adult Weight Counseling in Primary Care

Three Essential Points:

- 1 Overweight/obesity is multifaceted in its etiology.** While voluntary behavior is certainly a component of its development and maintenance, there are also genetic, metabolic, environmental, and psychological factors that underlie the condition. Thus, when you talk to a patient about weight management, you are asking him or her to undertake a challenge considerably greater than implied in the simple words, “you need to lose weight.”
- 2 Most overweight/obese individuals in our society have experienced significant discrimination because of their size.** As their health care provider, you can do the most good if you maintain a non-judgmental attitude. Any comments that could be interpreted as scolding, shaming, and threatening will serve only to convince the patient that you have no better understanding of his or her individuality and struggles than a person in the supermarket who openly scowls at the contents of his or her shopping cart. Acknowledging the pain of the condition and the difficulty of the task will help the patient to hear your message and perhaps accept your help.
- 3 Research has demonstrated that the greatest likelihood of your message having the desired effect on the patient lies in its targeting the individual where she or he is with respect to readiness to change.** Giving an eating and exercise prescription to the person who does not feel ready to make changes in his or her lifestyle may be useless and may even heighten resistance to future intervention; the prescription will be recycled with yesterday’s newspaper. On the other hand, letting this person know of your concerns regarding his or her weight and that you are available to discuss the issues when she or he is ready, makes it more likely the patient will give thoughtful consideration to your message. For the individual who is already thinking about making weight-related life changes, providing information and an offer of assistance is typically appreciated. The patient who tells you she or he wants to take action is the one most likely to benefit from your offer of direct intervention or referrals to appropriate programs.

Sample Scenarios and Discussions

The following scenarios model the incorporation of the *Three Essential Points* into any office visit during which it may be appropriate to address weight. Note the assumption that the measurement of weight and the calculation of Body Mass Index (BMI) are standard office procedure.

Scenario #1:

Patient’s BMI is normal (18.5 – 24.9) with normal waist circumference

- I’m glad to see your weight is in a healthy range. What concerns or questions do you have about keeping it at about this level?

Scenario #2:

Patient’s BMI¹ is in overweight range (25–29.9) with normal waist circumference no high risk co-morbidities and < 2 risk factors⁵

Possible conversation openers (depending on what you know about the patient and what conversation you are having):

- How does your weight affect the way you feel physically or emotionally?
- Many adults put weight on slowly, at about 1-2 pounds per year. Over 20 years, that can add up to almost 40 pounds. What are your concerns about gaining additional weight in the future?
- Sometimes the most important thing someone can do is to avoid gaining more weight. This can often be accomplished through small but consistent changes in eating and activity. What sort of changes do you think might make sense in your life?
- I know you have worked hard to control your weight in the past; it’s a real challenge. Tell me your thoughts about your weight at this time.
- On a scale of 1 to 10, where 10 means really ready to work on [not gaining]/[losing] weight, where would you place yourself right now?

Scenario #3:

▶ **Patient's BMI¹ is in obesity range (≥ 30); OR BMI is in overweight range (25—29.9) with high waist circumference³, high risk**

co-morbidity or ≥ 2 risk factors; OR BMI is normal (18.5 – 24.9) with high waist circumference plus high risk co-morbidity or ≥ 2 risk factors

Possible conversation openers (depending on what you know about the patient and what conversation you are having):

- What role do you think weight plays in your overall health?
- How does your weight affect the way you feel physically or emotionally?
- I know you have worked hard to control your weight in the past; it's a real challenge. Tell me your thoughts about your weight at this time.
- Your current weight [puts you at risk for heart disease/hypertension/diabetes] / [may be making your heart disease/diabetes/hypertension more difficult to manage]. What do you make of that?
- On a scale of 1 to 10, where 10 means really ready to work on your weight, where would you place yourself right now?

¹ Body Mass Index (BMI) describes relative weight for height and is significantly correlated with total body fat. It predicts relative risk for cardiovascular disease, type 2 diabetes and hypertension. See “Clinical Guide” to determine BMI using the reference table.

² If BMI is below 18.5 with no apparent medical explanation, consider the possibility of an eating disorder. In particular, a BMI < 17.5 accompanied by the patient's denial of his/her underweight status flags the possible need for referral to a licensed mental health professional.

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⁴ Waist circumference correlates with abdominal fat and predicts relative risk for cardiovascular disease, type 2 diabetes, and hypertension independently of BMI. Normal waist circumference for men is ≤ 40 in (102 cm) and for women is ≤ 35 in (88 cm); high waist circumference for men is > 40 in (102 cm) and for women is > 35 in (88 cm). It is most useful in patients with BMI < 35; it adds little to the predictive power of disease risk when BMI is ≥ 35 .

⁵ High-risk comorbidities identify patients at very high absolute risk for mortality and include established cardiovascular disease (coronary heart disease, symptomatic carotid artery disease, abdominal aortic aneurysm, peripheral arterial disease), diabetes, and sleep apnea. Management of high-risk comorbidities and intense risk-factor modification are indicated.

⁵ Cardiovascular risk factors that impart a high absolute risk for obesity-related disorders include cigarette smoking, hypertension, high LDL cholesterol, low HDL cholesterol, impaired glucose tolerance, family history of premature coronary heart disease in first-degree relative, age ≥ 45 for men or age ≥ 55 for women (or postmenopausal)

Possible responses that suggest the patient is:

Listen to the message behind the words.

Not ready to contemplate weight management.

- I've got too much going on to even think about my weight.
- I'm tired of everything being blamed on my weight.
- I don't know.
- [Stony/awkward] silence
- 0–3 (not ready) on Readiness Scale

▶ **MESSAGE: Not ready**

Contemplating but still on the fence.

- I do worry about my weight but I've failed so many times that it's hard to even think about another diet.
- I hate my weight but, to tell the truth, I've given up on doing anything about it.
- I know my weight makes things worse but diets don't work.
- 4–6 (thinking about it) on Readiness Scale

▶ **MESSAGE: Concerned but just thinking about it for now**

Ready to make an attempt.

- I know I need to do something about my weight but diets don't work so what should I do?
- I have been thinking it's time to get control of my weight but I've failed so many times that I don't know where to start.
- What do you suggest?
- 7–10 (ready or starting to act) on Readiness Ruler

▶ **MESSAGE: Ready to hear you**

Possible clinician responses to meet the patient where s/he is:

<p>Accept the message (by reflecting it) and show interest in patient's thoughts and feelings by asking further questions or making an offer of help, as appropriate.</p>	<p><i>The most important thing to do is not press the issue. Ask the patient whether there is anything else going on in his/her life that is affecting health. Let him/her know that you are available to help in whatever fashion is needed and schedule a follow-up visit or make a referral as appropriate.</i></p> <ul style="list-style-type: none"> Weight management can be tough. If now isn't the best time to work on losing weight, what might help you make some smaller changes that could keep you from gaining additional weight? <i>This indicates you have understood the patient and may move the patient toward contemplation of not gaining weight.</i> It sounds like this may not be the right time to tackle weight. 	<ul style="list-style-type: none"> I can see that you understand the risks of being overweight but there are certainly lots of things that make weight management tough. What obstacles have particularly gotten in your way in the past? As uncomfortable as your weight may make you feel, it is still tough to make the changes needed to manage weight. Of the things you have tried in the past, which seemed more useful or easier to stick with? You're right, strict diets may not be helpful. There are other ways to go at this, though. Are you interested in talking about them? It sounds like you're thinking about working on your weight but are still unsure if you could do it ... [What might help you get started] / [Would it help if I gave you some ideas to get you started]? <p><i>This indicates you have understood and may move the patient toward readiness.</i></p>	<ul style="list-style-type: none"> Usually the best way to begin managing weight is by setting small change goals in eating and activity patterns. What small changes do you feel most ready to begin? You're right; weight management is tough and can be discouraging at times. But it can be done if you set small goals. What small change to your eating or activity patterns do you feel you could make starting today? There are a number of options available to help you make healthy changes. [Review available services. See Getting in Balance brochure.] Where are you most comfortable starting? You sound ready to make some changes. What did you have in mind? <p><i>Reinforce sensible plans. If patient asks for a plan or needs redirection, guide toward Getting in Balance poster as a guideline.</i></p>
<p>Reflect, summarize, and offer help</p>	<ul style="list-style-type: none"> It sounds like you have a lot going on right now. Let's make an appointment for next month to see how you are feeling. I can see how frustrating it must be to always have weight be brought up. Let's just focus on [presenting problem] for now. I'll see you back here in three weeks to see how it's going. Okay, right now let's get you set for dealing with [presenting problem] and schedule a follow-up appointment for next week. Let me know when the time is right. Perhaps I could help you then. 	<ul style="list-style-type: none"> It sounds like XX has been a good tool for you in the past. You felt comfortable with the system, didn't feel deprived, and lost weight. Given your current concerns about your health, how worthwhile do you think it might be to consider XX again or something like it? With two kids and a full-time job, scheduling time for food prep and exercise certainly is a challenge. On the other hand, you know that it's easier to keep up with everything when your weight is lower. With your permission, I'd like to give you a brochure that has ideas you might want to think about for making small changes that may help. I know that weight management sounds like a huge job but there are some small changes you can work toward that may be not too difficult to make. Are you interested in hearing about them? <p><i>Reference to the Getting in Balance poster would be appropriate to an affirmative response from the patient.</i></p>	<ul style="list-style-type: none"> So you're planning to set the alarm ten minutes earlier on weekday mornings to allow that time on your treadmill, right? That certainly sounds like a doable plan. And replacing your afternoon sports drink with water is also a terrific idea. Shall we schedule an appointment for next week to see how that's working for you? Okay, it sounds like you're ready to work with a dietitian on improving your nutrition profile. Here's a referral to XX. Let me know if you have trouble scheduling with her/him. In the meantime, let's book a follow-up visit to see how things are going.

Here is how an interview might sound from start to finish:

Patient is concerned but not sure if he's up for the challenge.

<i>Open the conversation</i>	<p>Clinician: Weighing a little less would make it easier for us to control your diabetes. Mr. Garcia, I know you have worked hard in the past to try to lose weight, and I know it's tough to do. What are your thoughts about it now?</p> <p>Patient: Man, it's tough. My wife keeps nagging at me about it and I know I gotta do something. But ... I don't know...</p>
<i>Listen, accept/reflect</i>	<p>Clinician: Sounds like both you and your wife are worried.</p> <p>Patient: Yeah.</p> <p>Clinician: But, worried as you are, it feels overwhelming.</p>
<i>Reflect, summarize, offer help</i>	<p>Patient: It sure does. I don't know what to do.</p> <p>Clinician: It's a challenge but also important to you. Happily, there are actually some small, simple steps you can take that would at least keep you from gaining any more weight and, when you're ready, will help you lose weight. Would you be interested in a short pamphlet that explains them?</p> <p>Patient: Sure.</p>

Patient is not ready to have this conversation.

<i>Open the conversation</i>	<p>Clinician: I'm a little concerned about your weight. It's high enough that it is putting you at risk for developing diabetes like your father. What do you think about that?</p>
<i>Listen, accept/reflect, summarize, offer help</i>	<p>Patient: Yeah, if it happens it happens. He lived a long time with it.</p> <p>Clinician: Okay, I just want you to be aware of the risk. You can think about it and decide whether you want to talk about it when I see you again next month. In the meantime, here's your referral for blood work and please call me if you have any questions.</p>

Patient is ready to begin weight management.

<i>Open the conversation</i>	<p>Clinician: Your weight is a little over where we'd like it for optimal health. Many adults put weight on slowly, at about 1-2 pounds per year. Over the long run, that can mean a lot of extra weight to carry around. What are your concerns about gaining additional weight in the future?</p> <p>Patient: I have noticed that my trouser size keeps inching up. I sure don't want to end up fat like my mother. I've already tried dieting and can't seem to do that very well so I'm worried.</p>
<i>Listen, accept/reflect</i>	<p>Clinician: Sounds like you're ready to take on weight management, but concerned about being able to stick with a diet. The good news is that you really don't have to diet to do this. In fact, if you're interested, we can pick just one or two small changes to your diet or activity patterns that you can start with today. What do you say?</p> <p>Patient: That would be great.</p>
<i>Reflect, summarize, offer help</i>	<p>Clinician: Okay. Let's take a look at this [Getting in Balance] poster. It lists the targets you may want to aim for long-term. For today, what small daily changes do you think you could begin to tackle? Stuff like replacing a junk food snack with a fruit or taking a five-minute walk around the parking lot before you into work in the morning.</p>