

Counsel: ASK, TELL, ASK

Engage patients by assessing their knowledge and level of concern about their weight. **ASK:**

- Do you have concerns about your weight?
- What do you understand about how weight relates to your overall health?
- What has worked for you before?

Try to elicit patient's values and cultural preferences about weight.

Provide information to fill in gaps in knowledge as guided by patient interest. **TELL:**

- Information about health benefits of achieving 5-10% weight loss.
- Examples of how others have approached weight management.
- Additional resources to support patients in their efforts (see www.healthteamworks.org for a list).

If patient agrees to address weight, ask them to create an action plan. **ASK:**

- Would you be willing to create an action plan and set weight loss goals? (Set specific and realistic goals; assess their confidence in following their plan.)
- On a scale of 1-10, how confident are you that you can follow your plan? (Negotiate specifics of the plan and address barriers until patient has a confidence level of 7 or greater.)

If patient is **not** ready to address weight issues, express your concern and support for them in the future.

- As your provider, I am concerned about the impact your weight has on your health. I am here to help you whenever you decide to work on losing weight.

S.M.A.R.T. Goals = Specific (what you are going to do and how often), Measurable (how you will know if you have done it each day), Attainable (can you do it?), Realistic (can you do it given everything going on now?), and Time Limited (when will you do this by?).

Set S.M.A.R.T. goals to work toward national guidelines.

Clinical Assessment

Body Mass Index (BMI): Get weight at each visit.

- **BMI 18.5 - 24.9** = Normal, maintain a healthy weight and avoid weight gain
- **BMI \geq 25 - 29.9** = Overweight, avoid weight gain and consider weight loss (BMI \geq 27 with comorbidity: consider medications)
- **BMI \geq 30** = Obese (support weight loss and consider medications)
- **BMI \geq 40 or \geq 35 with co-morbidity** = Support weight loss and consider surgery
- Code for Obesity (see www.healthteamworks.org for a list of possible codes)

Health Risks: Evaluate history and review medications

History:

- Focused history of gain and loss patterns
- Triggers for weight gain and loss
- Usual diet and physical activity
- Sleep patterns (7-9 hours of sleep per night is recommended)
- Family, social, environmental history

Behavioral:

- Depression (see www.healthteamworks.org for Depression Guideline), managing stress, binge eating, consider other psychiatric conditions

Review Medications:

Drug classes associated with weight gain:

- Diabetic (insulin, sulfonylureas, thiazolidinedione)
- Many SSRIs, TCAs
- Anti-psychotics
- Anti-epileptics
- Steroid hormones (progestins and glucocorticoids)

Consider alternate drugs not associated with weight gain:

- Metformin
- Bupropion
- Topiramate
- Exenatide

Routine Screening Labs: TSH, fasting glucose or A1C, fasting lipids

Assess, screen for and manage co-morbidities regardless of weight goals: hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, polycystic ovarian syndrome, sleep apnea and respiratory problems, appropriate screening for cancers (endometrial, breast, and colon)

Secondary causes of obesity: Work-up usually not indicated unless history/physical findings suggest Cushing's syndrome

Calories Out:

Resting (65%):
Energy used to stay alive.

Diet-Induced (5%):
Energy needed for food digestion and utilization.

Non-Exercise or Daily Activity (20%):
Energy used for sitting up, walking, taking the stairs, etc.

Exercise (10%):
Energy used in fitness activities.

Any improvement in diet and increase in activity will likely benefit health.

Diet: Calculate calorie/nutrition needs

- Encourage the patient to self-monitor goals.
- Assess fruit and vegetable intake (minimum 5 servings of fruits and vegetables per day).
- Approximately 500-calorie reduction per day needed to achieve 1 pound/week weight loss.
- 5-10% weight loss is recommended as a goal.
- Link for estimating baseline caloric needs: www.myfitnesspal.com or see Action Plan at www.healthteamworks.org.

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Physical Activity: Evaluate usual physical activity

- 30 minutes of physical activity 5 times/week reduces risk of diabetes and heart disease.
- 60-90 minutes of physical activity 5 times/week may be needed for weight loss or maintenance of lost weight.
- For most health outcomes, additional benefits occur as the amount of physical activity increases through higher intensity, greater frequency and/or longer duration. Some physical activity is better than none.
- Both aerobic (endurance) and muscle-strengthening (resistance) activities are beneficial.

Resources

- National Heart, Lung, and Blood Institute (www.nhlbi.nih.gov/guidelines/obesity/index.htm)
- Centers for Disease Control and Prevention (www.cdc.gov/obesity/index.html)
- United States Department of Agriculture (www.mypyramid.gov)
- U.S. Department of Health and Human Services Physical Activity Guidelines (www.health.gov/paguidelines)

Engage Patient in Shared Decision-Making: Assess Behaviors and Set S.M.A.R.T. Goals Together

If your patient is obese and...	Next steps for your patient...
Weight Stable Calories in* = Calories out**	<ul style="list-style-type: none"> Encourage physical activity for cardiopulmonary health (150 minutes of moderate-vigorous activity/week). Encourage a varied diet that includes whole grains, fruits and vegetables, lean sources of protein and dairy; and set small goals.
Gaining Weight Calories in > Calories out	<ul style="list-style-type: none"> Restrict calories: Unclear if composition (fat, protein, carb) matters. May be easier to shed calories by restricting fat (energy-dense). Consider alternatives for medications known to increase caloric intake. Assess impact of illness or injury that may limit activity (e.g., back pain, knee pain, asthma) and treat to optimize activity. Facilitate the creation of specific, patient-driven plans to increase activity.
Losing Weight Calories in < Calories out	<ul style="list-style-type: none"> Acknowledge successes. Restriction of calorie intake is required to continue weight loss. Unclear if composition (fat, protein, carb) matters. Encourage increased time for activity: goal is to get to 300 minutes of moderate-vigorous activity/week. Assess for opportunities to increase intensity of activity as conditioning improves.
Plateauing (not yet at goal) Calories in = Calories out	<ul style="list-style-type: none"> Explain new status: The patient's calorie intake and output are balanced even at a lower calorie intake. Recommend further decrease in calories to lose weight to achieve goal. Consider smaller, more frequent meals or meal replacements. Emphasize need for ongoing commitment to physical activity and reinforce healthy patterns of activity and exercise.
Maintaining weight lost Calories in = Calories out	<ul style="list-style-type: none"> <i>Nutrition:</i> Evidence supports: low-fat diet, eating breakfast, monitor weight weekly and integrate healthy eating as a way of life. <i>Physical Activity:</i> Evidence supports: limiting screen time, exercising 300+ min./week and integrating healthy activity as a way of life.

Set S.M.A.R.T. Goals: Self-Monitor Energy Intake, Activity and Weight

Diet (energy intake)	Activity (energy expenditure)
<p>Good evidence for:</p> <ul style="list-style-type: none"> Determining baseline calorie needs Self-monitoring food intake Limiting fast food Smaller portion sizes Very low-calorie diet Considering meal replacements (see www.healthteamworks.org for options) <p>Plausible interventions but insufficient evidence:</p> <ul style="list-style-type: none"> Reducing fats and trans fats Minimum 5 servings of fruits and vegetables per day Whole grains instead of refined (3-4 servings per day) Nonfat milk and water preferred for hydration Keeping healthy food choices in your home Identifying food triggers Limiting sugar-sweetened beverages 	<ul style="list-style-type: none"> Monitor physical activity and goals (consider using a pedometer as a motivating tool to walk more each day, week and month) Restrict screen time and sedentary behavior <p>To increase exercise, consider:</p> <ul style="list-style-type: none"> Brisk walking Jogging Cycling Swimming Dancing Resistance training <p>To increase daily activity, consider:</p> <ul style="list-style-type: none"> Gardening Taking stairs Parking farther away

Weight Loss Medications

Medications should be used in conjunction with lifestyle management. Phentermine, diethylpropion and orlistat (Alli OTC, Xenical prescription) are the only FDA-approved weight-loss medications. All non-FDA weight-loss supplements should be avoided. See www.healthteamworks.org for complete list of medication options.

Surgery (consider for BMI ≥ 40 or ≥ 35 with co-morbidity)

- Procedures:** Adjustable banding, Roux-en Y gastric bypass, vertical-sleeve gastrectomy
- For pre-op, post-op and other nonsurgical support, please see the following resources:**
 - » **AACE/TOS/ASMBS Guidelines:** www.asmb.org/Newsite07/resources/aace-tos-asmb.pdf
 - » **The Endocrine Society's Clinical Guidelines:** www.endo-society.org/guidelines/final/upload/FINAL-Standalone-Post-Bariatric-Surgery-Guideline-Color.pdf
 - » **ASMBS:** www.asmb.org/Newsite07/resources/bgs_final.pdf

Tips for Families

Consider 5-2-1-0 for the whole family:

- 5 servings of fruits and vegetables per day
- 2 hours or less of nonwork screen time (TV, video games, computer)
- 1 hour a day of moderate activity
- 0 sweetened beverages and no smoking (see HealthTeamWorks Tobacco Cessation and Secondhand Smoke Exposure Guideline)
- HealthTeamWorks Childhood Obesity Guideline, Patient Tip Sheet and Portion Size tool: www.healthteamworks.org/guidelines/childhood-obesity.html