

Enhancing the Patient-Provider Connection: Practical Strategies for Improving Outcomes in Obesity Management



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Dr. Fairbanks has no conflicts of interest to disclose.

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Learning Objectives

- Analyze regional and ethnic disparities in obesity
- Address patients with obesity with sensitivity and a greater understanding of this disorder's causes, challenges, and treatments
- Apply current practice guidelines to optimize screening, diagnosis, and treatment
- Implement proven communication strategies, such as *The 5 A's of Obesity Counseling*, to effectively engage patients in weight loss discussion
- Evaluate the efficacy and safety of available and emerging pharmacologic therapies for weight loss

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Obesity Prevalence and Impact

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“ Obesity is the single greatest threat to public health for this century ”

—US Department of Agriculture and
US Department of Health and Human Services

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U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition. Washington, DC: U.S. Government Printing Offices, 2010.

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Stigma in the Healthcare Setting



- Studies show clinicians believe obesity stereotypes¹
 - Many published articles documenting physician views of patients with obesity as lazy, undisciplined, stupid, unattractive, and unlikely to be adherent²
- PCPs/HCPs in one study rated patients with obesity a “waste of time” and spent 28% less time with them³
- A test of weight bias in 2,284 male and female US physicians found strong implicit and explicit anti-fat bias in nearly all⁴
 - Bias particularly strong in the 1,046 male physicians
 - Anti-obesity attitudes even among the 221 physicians who were themselves struggling with obesity

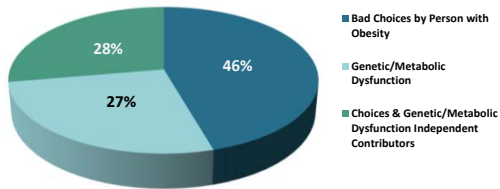
HCPs, healthcare providers; PCPs, primary care providers/physicians.

1. Tomiyama AJ, et al. *BMC Med.* 2018;16:123; 2. Phelan SM, et al. *Obes Rev.* 2015;16:319-326; 3. Huizinga MM, et al. *J Gen Intern Med.* 2009;24:1236-1239; 4. Sabin JA, et al. *PLoS One.* 2012;109:195701.

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Stigma in Healthcare: Blame the Victim

- Survey of 1,244 fourth-year medical students on their beliefs about the causes of obesity

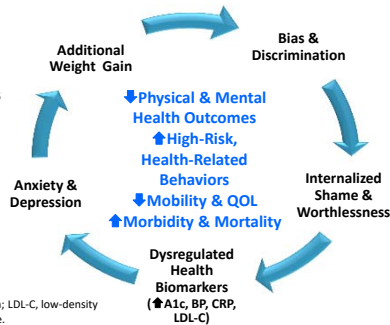


Phelan SM, et al. *Patient Educ Couns.* 2015 98:1446-1449.

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The Vicious Cycle of Weight Stigma

Rather than motivating weight loss and improved health, stigmatizing and social shaming accelerates weight gain and exacerbates poor mental and physical health.



BP, blood pressure; CRP, C-reactive protein; LDL-C, low-density lipoprotein cholesterol; QOL, quality of life.

Phelan SM, et al. *J Gen Intern Med.* 2015;30:1251-1258; Sutin AR, Terracciano A. *Obesity (Silver Spring).* 2017;25:1183-1186; Tomiyama AJ, et al. *BMC Med.* 2018;16:123.

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Obesity Origins: Myths vs Realities

Myths^{1,2}

- Obesity solely caused by
 - Lack of self-discipline
 - Laziness and gluttony
 - Poor food choices and lack of exercise
 - Inferior education and intelligence
 - Personal and moral failure
- It's simple: too many calories in, too few calories out

Realities²⁻⁴

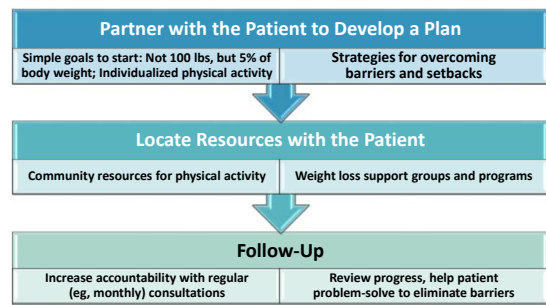
- Obesity caused by complex, impaired interplay between
 - Genetic factors
 - Endocrinologic and metabolic physiology
 - Behavioral and psychosocial elements
 - Environment
- It's complicated: not a lifestyle choice

AMA: Obesity is a complex, chronic *disease* — it needs medical intervention⁵

1. Phelan SM, et al. *Patient Educ Couns*. 2015;98:1446-1449. 2. Tomiyama AJ, et al *BMC Med*. 2018;16:123.
 3. Di Ciaula Agostino, et al. *Eur J Intern Med*. 2014;25:865-873. 4. Piaggi P, et al. *J Endocrinol Invest*. 2018;41:83-89.
 5. Kyle TK, et al. *Endocrinol Metab Clin North Am*. 2016;45:511-520.

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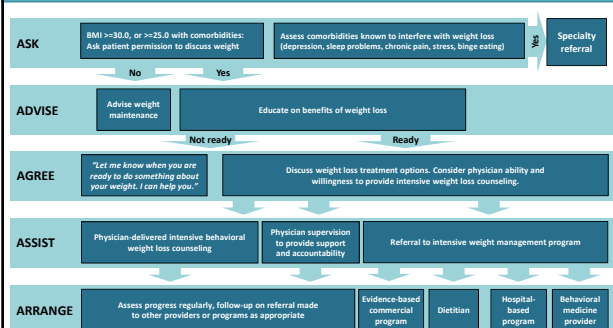
Beyond Advice: Empowering Patients



Fitzpatrick SL, et al. *Am J Med*. 2016;129:115.e1-115.e7.

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Asking and Counseling: The 5 A's Obesity Flow Chart



Adapted from: Fitzpatrick SL, et al. *Am J Med*. 2016;129:115.e1-115.e7; Rueda-Clausen CF, et al. *Clin Obes*. 2014;4:39-44.

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Using ADAPT in Conversations

Step	Goal	Things to Say
A: Attitude	Overcome attitudes of discouragement or defeat	<i>"I know you feel stuck; a lot of people feel that way when they think about trying to lose weight. Let's see if we can come up with a way to get you unstuck."</i>
D: Defining the problem	Identify barrier(s) to weight loss	<i>"What do you think is the biggest obstacle preventing you from losing weight?"</i>
A: Alternative solutions	Come up with alternative ways to overcome the barriers	<i>"What are some possible solutions to this problem?" "Which solution do you think would be the most effective?" "Which solution are you willing to try in the next week?"</i>
P: Predicting consequences	Consider possible consequences of the proposed solutions and decide which solution is best	<i>"What things could prevent you from trying this solution?" "What might happen if you tried the solution this week?"</i>
T: Trying the solution	Trying the solutions and evaluating their efficacy	<i>"Name a day and time you will attempt this solution in the next week."</i>

ADAPT, Attitude, Defining the problem, generating Alternative Solutions, Predicting consequences, Trying the solution.

Adapted from: Fitzpatrick SL, et al. *Am J Med.* 2016;115:115.e1-115.e7.

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Case Study: Mary

- 42-year-old Hispanic woman
 - Height: 5'6"; Weight: 240 lbs
 - BMI: 38 (Class II obesity)
 - Comorbidity: T2DM; A1c ~7.5
- Mary is visiting a new doctor
 - She avoids HCPs because they are sometimes condescending
 - Nag her about her weight, imply she's lazy and gluttonous
- She wants to ask for anti-obesity medication but is afraid
 - Last time she asked, doctor said she had to prove she was **serious** by losing 10 lbs *before* he would prescribe
 - He told her he didn't think she would take it as prescribed
 - Defeated, she didn't return for several months and in that time, gained even more weight

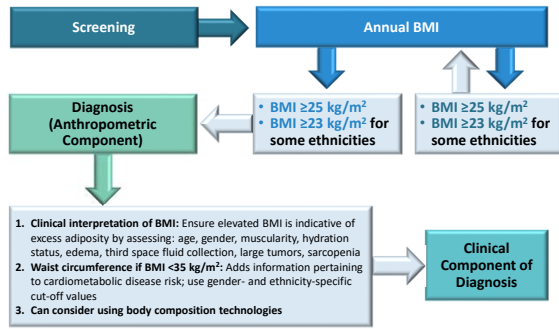
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Pathophysiology: Hormonal and Metabolic Adaptation

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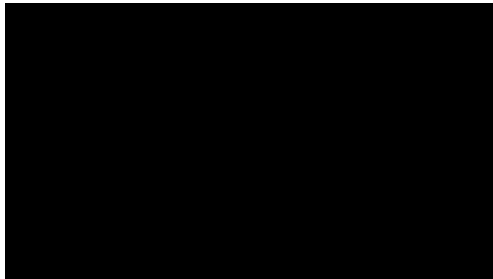
AACE Algorithm: Identifying Obesity Patients at Increased Health Risk



Garvey WT, et al. *Endocr Pract.* 2016;22(Suppl 3):1-203.

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Treatment Options and Considerations in Obesity



Courtesy of Deborah Bade Horn, DO, MPH.

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Empowering Patients: Advocates for Improved Access to Care

- Obesity Action Coalition (www.obesityaction.org)*
 - Promotes respect and access to effective treatment options on federal and local levels
 - Works with patients to intervene with health insurance and employers
 - Educates against bias and for health and treatment
 - Connects patients with community and local resources



- Obesity Medicine Association (www.obesitymedicine.org)
 - The largest organization of clinical obesity experts (physicians and other clinicians)
 - Advocates for comprehensive, effective, individualized treatment
 - Educates clinicians about the pathophysiology of obesity and effective management strategies



*OAC website offers a wide variety of handouts, fact sheets, brochures, and guides for patient education. These can be found under the "Get Educated" tab, then "Public Educational Resources."

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Summary

- Prevalence of obesity and extreme obesity has more than doubled since 1980
 - Adds tremendous disease burden from weight-related comorbidities and complications
- Clinicians often regard obesity as a character flaw, instead of a disease that needs medical treatment
 - Studies reveal explicit and implicit bias against patients with obesity, yielding inadequate medical care
 - Few clinicians recognize the complex pathophysiologic, metabolic, and psychosocial components involved in etiology
- Obesity can be successfully managed using
 - *The 5 A's of Obesity Counseling*
 - Recent clinical guidelines
 - Empathetic, nonjudgmental language and approach
 - Anti-obesity medications as well as lifestyle interventions

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