Effective Interventions in the Clinical Setting: Engaging and Empowering Patients

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Reality check: What could PCPs do in 4 minutes to address obesity in their daily practice?

- “4 minutes” = the average time PCPs have to address each clinical item during a visit

The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive* counseling and behavioral interventions to promote sustained weight loss for obese adults.

Rating of Recommendation : B

* A high-intensity intervention is more than 1 person-to-person (individual or group) session per month for at least the first 3 months of the intervention.
The USPSTF concludes that the evidence is insufficient to recommend for or against the use of moderate- or low-intensity counseling together with behavioral interventions to promote sustained weight loss in obese adults.

Rating of Recommendation : I

The USPSTF concludes that the evidence is insufficient to recommend for or against the use of counseling of any intensity and behavioral interventions to promote sustained weight loss in overweight adults.

Rating of Recommendation : I
- Despite a 69% increase in the prevalence of overweight and obesity between 1994 and 2008 there was no change in the odds of being diagnosed overweight by a physician.

- Overweight and obese individuals were 40 and 42% less likely in 2008 compared with 1994 to self-diagnose as overweight.

Yates EA, Macpherson AK, Kuk JL. Obesity (Silver Spring). 2011 Aug 25
Physicians diagnose only 1 in 5 obese patients as having the disease

- 9827 patients seen at Mayo Clinic for an annual exam between November 2004 and October 2005
- 2543 were obese (based upon a calculated BMI ≥30), but only 505 (19.9%) had a diagnosis of obesity documented somewhere in their chart (based on an extensive chart review, not ICD-9 coding alone).

Barriers to addressing overweight and obesity by PCPs:

- Lack of physician training
- Lack confidence in patients’ ability to change their eating and exercise behavior
- Inadequate reimbursement
- Lack of time: PCPs have an average of 4 minutes to address each clinical item during a visit

Despite these limitations, PCPs can play a critical role in guiding their patients’ efforts at weight loss.

One approach of addressing obesity in primary care is the “5A” method:

1. Assess
2. Ask/Agree
3. Advise
4. Assist
5. Arrange

“Obesity is a complex, multifactorial, chronic disease that develops from the interaction of the genotype and the environment and consists in excessive accumulation of fat tissue.”


278.00 Obesity, unspecified
278.01 Morbid obesity
278.02 Overweight
277.7 Metabolic syndrome
Medical Complications of Obesity

- Pulmonary disease
- Obstructive sleep apnea
- Hypoventilation syndrome
- Coronary heart disease
- Stroke
- Cataracts
- Nonalcoholic fatty liver disease
- NASH
- Cirrhosis
- Gall bladder disease
- GERD
- Gynecologic abnormalities
- Abnormal menses
- Infertility
- Polycystic ovarian syndrome
- Osteoarthritis
- Skin
- Gout
- Phlebitis
- Venous stasis
- Idiopathic intracranial hypertension
- Diabetes
- Dyslipidemia
- Hypertension
- Pancreatitis
- Cancer (breast, uterus, cervix, colon, esophagus, pancreas, kidney, prostate)
- Idiopathic intracranial hypertension
- Pancreatitis
1. Assess:

- Assess and chart the patient’s body mass index (BMI), the presence metabolic syndrome

Most electronic medical record systems calculate BMI automatically, so that it is available at the point of care.

We cannot treat the disease if it is not diagnosed: a diagnosis of obesity in the PCP office is the strongest predictor that an obesity management plan would be formulated (Bardia A, at all. *Mayo Clin Proc* 2007; 82:927–932).
Body Mass Index Adult Categories

- Underweight <18.5
- Normal weight 18.5-24.9
- Overweight 25-29.9
- Obese I 30-34.9
- Obese II 35-39.9
- Obese III >40

BMI (Kg/ m²) = weight in kilograms divided by the square of height in meters
Children and Adolescents (age 2-19):
use BMI percentiles for age....

Underweight → Less than the 5th percentile
Healthy weight → 5th percentile to < 85th percentile
Overweight → 85th to < than the 95th percentile
Obese → More than the 95th percentile
Children and Adolescents (age 2 -18): use BMI percentiles for age….

Underweight $\rightarrow$ Less than the 5th percentile
Healthy weight $\rightarrow$ 5th percentile to $< 85$th percentile
Overweight $\rightarrow$ 85$^{th}$ to $< \text{than the 95}$th percentile
Obese $\rightarrow$ More than the 95$^{th}$ percentile
Metabolic Syndrome = any 3 of following 5 risk factors

American Heart Association/National Heart, Lung, and Blood Institute

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Defining Level</th>
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<tbody>
<tr>
<td>Abdominal Obesity</td>
<td>Waist Circumference</td>
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<tr>
<td></td>
<td>≥40 in (102 cm) in men</td>
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<tr>
<td></td>
<td>≥35 in (88 cm) in women</td>
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<tr>
<td>Fasting Glucose</td>
<td>≥100 mg/dL or Rx for DM</td>
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<tr>
<td>Triglycerides</td>
<td>≥150 mg/dL or Rx. for ↑TG</td>
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<tr>
<td>Reduced HDL Cholesterol</td>
<td>&lt;40 mg/dL in men</td>
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<tr>
<td></td>
<td>&lt;50 mg/dL in women</td>
</tr>
<tr>
<td></td>
<td>or Rx. for low HDL</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>≥130 or ≥ 85 mm Hg</td>
</tr>
<tr>
<td></td>
<td>or Rx. for HTN</td>
</tr>
</tbody>
</table>
2. Ask/Agree:

Ask permission to talk about weight and agree that the patient is interested in losing weight.

While physicians agree that the word “obesity” should be use, research shows that,

Patients dislike terms such as:
- fatness
- obesity
- large size

Patients prefer terms such as:
- unhealthy body weight or unhealthy BMI
- BMI or weight problem

Ask/agree – cont.

The conversation can begin like this: “Mr. Jones, could we talk about your weight for a few minutes?”

Most patients will respond, “Yes, Doctor, I know I need to lose weight. I’ve been trying, but it’s not working.”

If the patient does not wish to discuss his or her weight, the PCP should continue to evaluate and treat other risk factors for cardiovascular disease. The conversation about weight management can be re-initiated at a later time.
3. Advise:

1. Advise about reasonable weight loss goals:
   — **Short-term goal:** 1 to 2 lb per week, 5 to 10% body weight loss in 6 months
   — **Interim goal:** Maintenance.
   — **Long-term goal:** Additional weight loss, and long-term weight maintenance.

“Mr. Jones, we should increase the dose of insulin that you’re taking so that we can get tight control of your diabetes and prevent complications. If you are able to lose 5 to 10 percent of your current weight, we might be able to use less insulin and still keep your diabetes well controlled. Losing 5 to 10 percent of your weight might not seem like a lot, but it’s often enough to improve health.”
Benefits of 10 kg (20 Lb) weight loss (5-10% of body weight)

**Mortality**
- 20–25% fall in total mortality
- 30–40% fall in DM related deaths
- 40–50% fall in ob. related cancers deaths

**Blood pressure**
- Fall of 10 mm Hg systolic pressure
- Fall of 20 mm Hg diastolic pressure

**Diabetes**
- 30–50% fall in fasting glucose

**Lipids**
- 10% decrease in total cholesterol
- 15% decrease in LDL
- 30% decrease in triglycerides
- 8% increase in HDL

Advise – cont.

Recommend eating 1000-1200 cal /day for women and 1200-1400 cal /day for men

No adult who has been studied in a metabolic chamber has needed fewer than 1000 kcal/day for weight maintenance. Thus, even subjects who claim to be "metabolically resistant" to weight loss should lose weight if they comply with a diet of 800 to 1200 kcal/day.

If subjects claim to eat less than 1200 kcal/day and yet do not lose weight one can conclude they are recording intake erroneously and suggest that they reduce by half what they claim to eat.
4. Assist

Assist in making a referral.

A brief assessment of the patient’s previous weight-loss attempts can guide the conversation.

For example, if the patient’s previous attempts have been self-directed, then referral to a structured program may be helpful.

If the patient has already participated in several programs, more aggressive interventions should be considered. These could include medically supervised regimens, pharmacotherapy, or consultation for bariatric surgery.
5. Arrange:

Arrange follow-up with you, the PCP

Patients should be directed to high-intensity interventions, as recommended by the USPSTF, but you should arrange with patient in the clinic.

If a high-intensity intervention is not available, data from one study suggest that monthly visits with the PCP, combined with weight-loss medication and the patient’s use of food records, can lead to a clinically significant weight loss.