

Be prepared for common challenges in obesity

Here are three patients, each facing different challenges. How can you support them on their journey by providing effective lifestyle counseling?

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“I use food to cope”

Some people with obesity exhibit **emotional eating**, meaning they rely on comforting aspects of food to cope with emotional challenges.

These patients, while on a weight management plan, might find it necessary to seek alternative coping mechanisms instead of relying on food. It is important to recognize this issue and assist the patient in developing **healthy alternative coping strategies**.

Shift to non-food pleasure

- Ask patients to identify and practice healthy alternative coping strategies, such as hobbies, spending time with family, volunteering, taking a walk, yoga, gardening, or listening to music
- Encourage patients to see their eating experiences as a whole; not just as a source of reward or pleasure
- Encourage patients to focus on other elements of dining, such as the company, conversation and environment, which can help the patient cope without relying on food

Try journaling

- Encourage patients to write freely for 5 minutes when emotional challenges arise—this can help to express and release emotions on paper



“I haven’t met my weight loss expectations”

When patients adopt healthier lifestyles and eat nutritious food, they **often expect to lose weight**.

Some expect to lose a certain amount of weight with these changes and feel **frustrated** if they fall short.

Set SMART goals

- Ask patients to share their lifestyle goals, and assess if they are motivated by their overall well-being or a weight loss goal
- If the latter, guide them to shift their focus from an outcome goal (“I will lose 50 kg”) to an individualized and attainable SMART goal (for example, “I will eat a vegetable with dinner every evening”)

Identify the wins

- Help patients identify positive changes or results achieved in their health journey, such as making better food choices. These “non-scale victories” show progress, even if the patient’s body weight did not change much



“I often snack even though I am not hungry”

In some cases, healthcare professionals may need to help patients **connect the dots** between eating episodes and the emotions or situations that contribute to them.

There may be a reoccurring cycle that hasn't been recognized, leading to repeated negative emotional reactions. Assist patients in **uncovering the pattern**.

Food/mood diary

- Recommend patients keep a diary or app to track:
 - **Food and drinks consumed:** Where were they, and what was happening around them at that time? How did they feel before and after eating?
 - **Mood changes and associated triggers:** Did a change in mood precipitate food intake, or did a mood change follow food intake?
- Discuss diary with patients to help identify any patterns of triggers. Understanding daily logs may also provide a better understanding of eating habits
- Consider referral to a dietitian or health coach

*Not actual patients

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