

How to Talk About Weight Management: A Practical Guide

Obesity is a chronic, complex disease characterized by excess adipose tissue that can have a negative impact on health and quality of life.¹ It is prevalent in patients with rheumatic conditions and worsens disease activity, impairs treatment response, and increases risk of other complications.²

ACR/NPF and GRAPPA recommend weight reduction for patients with overweight/obesity and encourage the maintenance of a healthy weight to minimize disease impact.^{3,4}

Empathetic, proactive conversations about weight management can elevate care and improve well-being in patients with obesity and rheumatic conditions.⁵

Identify Patients Who May Benefit From Weight Management Conversations⁶

- Have overweight (BMI = 25-29.9 kg/m²)
- Have obesity (BMI ≥30 kg/m²)
- Have waist size >35 inches (women) or >40 inches (men)

Use Preferred Language When Talking About Weight

When talking about weight with your patients, using the right type of language is essential. Always **use person-first language** to separate your patient from their condition. For example, describe what your patient **“has”** instead of what they **“are”**.⁶ Preferences and emotional responses vary among individuals; however, it is best to refrain from using terms that may be perceived as judgmental.^{6,7}



Preferred language^{6,7}:

- Person with overweight/obesity
- Unhealthy weight
- Unhealthy BMI



Language to avoid^{6,7}:

- Overweight/obese person
- Weight problem
- Fat/heavy
- Extremely/morbidly obese

A person with obesity or a person affected by obesity instead of an obese person.

Abbreviations: ACR=American College of Rheumatology; BMI=Body Mass Index; GRAPPA=Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; NPF=National Psoriasis Foundation. **References:** 1. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight> (Accessed April 11, 2025). 2. Sattar N, et al. *Ann Rheum Dis.* 2025;84(6):894-898. 3. Singh JA, et al. *Arthritis Rheumatol.* 2019;71(1):5-32. 4. Coates LC, et al. *Nat Rev Rheumatol.* 2022;18(8):465-479. 5. Vallis M, et al. *Can Fam Physician.* 2013;59(1):27-31. 6. <https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/weight-management/talking-with-your-patients-about-weight> (Accessed April 11, 2025). 7. Brown A, Flint S. *Clin Obes.* 2021;11(5):e12470.

Apply the 5As Model to Guide Effective Weight Management Conversations With Patients^{1,2}

ASK	<ul style="list-style-type: none"> • Ask for permission to discuss weight • Explore readiness for change 	<p>“How comfortable do you feel with us having a discussion about weight management today?”</p> <p>“Are you concerned about your weight’s effect on your health, and would you be comfortable if I tried to help?”</p>
ASSESS	<ul style="list-style-type: none"> • Assess adiposity (BMI, waist circumference) and potential root causes of obesity • Explore the effects of weight on psychosocial and functional factors 	<p>“Is your weight affecting any other aspects of normal life, such as your physical functioning or mental health?”</p>
ADVISE	<ul style="list-style-type: none"> • Ask permission to provide advice • Advise on obesity risks, treatment options, and long-term management strategies 	<p>“Now that I understand more about what you are experiencing, can I recommend a plan of action?”</p>
AGREE	<ul style="list-style-type: none"> • Set realistic, health-focused goals (using SMART criteria) • Obtain agreement from the patient 	<p>“Do you agree with the treatment plan we have discussed?”</p>
ASSIST	<ul style="list-style-type: none"> • Identify and address barriers to care • Provide resources/referrals, and schedule follow-ups 	<p>“What kind of support or resources do you think would help you the most as you begin this journey?”</p>

Abbreviations: BMI=Body Mass Index; SMART=Specific, Measurable, Achievable, Relevant, Time-Bound.

References: 1. Vallis M, et al. *Can Fam Physician*. 2013;59(1):27-31.2. <https://obesitycanada.ca/guidelines/assessment/> (Accessed May 15, 2025).

Tailor Weight Management Strategies to Individual Patient Needs

Before developing a care plan, assess your patient’s readiness to make changes and develop individualized goals. Treatment options should be personalized for your patient.¹

- Nutrition
- Behavioral modification
- Physical activity
- Medical interventions (e.g., pharmacological/surgical)

Create SMART Goals

Setting goals together with your patient can help them make informed choices for their health. Ask your patient, “**what lifestyle changes would you be open to starting with?**”. Use a SMART framework to help your patient understand how obesity affects their concomitant rheumatic condition and the importance of integrating weight management into their care.²



Examples of SMART goals for patients:

- I will walk for 30 minutes every day after dinner for the next three months, and I will track my progress by marking each completed walk on a calendar.^{2,4}
- I will replace my high-calorie afternoon snacks with a piece of fruit or a handful of nuts on weekdays, and I will track my progress by keeping a daily food journal for the next month.^{2,4}

Abbreviation: SMART=Specific, Measurable, Achievable, Relevant, Time-Bound. **References:** 1. ADA. *Diabetes Care*. 2025;48(Suppl. 1):S167-S180. 2. <https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/weight-management/talking-with-your-patients-about-weight> (Accessed April 11, 2025). 3. <https://www.hopkinsmedicine.org/all-childrens-hospital/services/healthy-weight-toolkit/tools/smart-goals> (Accessed May 15, 2025). 4. Wadden TA, et al. *Am Psychol*. 2020;75(2):235-251.

Continue the Conversation During Regular Follow-Up Visits

Review your patient’s progress and acknowledge the changes they have made during their regular rheumatology follow-up visits. Praise them for meeting their goals while recognizing various aspects of success and improvements in their health, such as lower blood pressure, regardless of weight reduction.¹

Recommendations to Consider:



Monitor BMI, height, weight, waist circumference, and blood pressure²



Order laboratory tests as needed (electrolytes, glucose, renal/liver function, lipid profile, and HbA1c)²



Provide additional resources, such as referral for dietitian consultations, counselling, or intensive weight management programs¹



Incorporate ongoing weight management discussions at regular follow-up visits to help your patient stay motivated and keep them accountable¹



Focus on your patient’s improvement in overall health and how they feel, not only on weight reduction¹



Work together to overcome challenges, set realistic goals, and improve your patient’s overall health¹



PREPARE FOR SETBACKS: Weight regain is common and intervention strategies should include long-term treatment plans to maintain weight loss.³ Work together to identify barriers and solutions, and help your patient set new goals or adjust existing goals as needed.¹