

Setting Expectations in Weight Management Conversations

Obesity is a disease characterized by excess body fat that affects the health and well-being of individuals.¹ Obesity has been traditionally viewed as a result of insufficient will power, lack of discipline, or poor personal choices.² However, with the medical community's growing understanding of this complex disease state evidence is shedding light on the involvement of genetic, environmental, behavioral, and physiological factors.³

Role of HCPs in Obesity

HCPs play a vital role in the prevention and management of obesity by helping patients to:

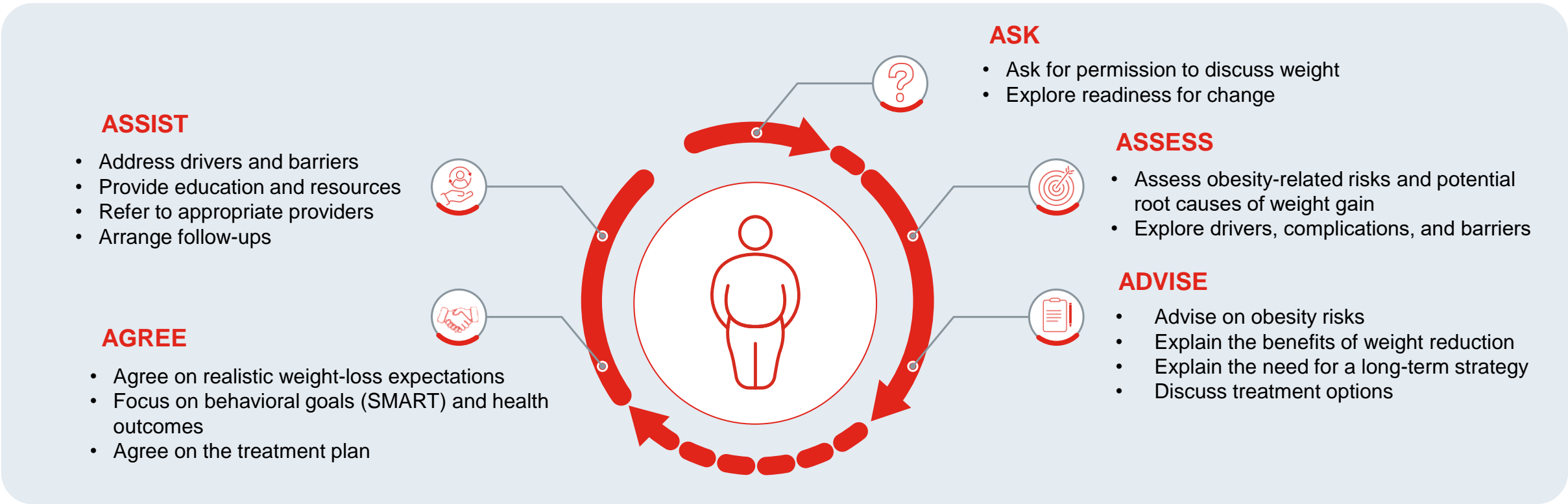


- Understand the causes and consequences of obesity and its impact on their health and well-being.⁴
- Assess their weight status and health risks using evidence-based tools and criteria.⁴
- Receive evidence-based advice and support for weight management, including dietary, physical activity, behavioral, pharmacological, and metabolic surgical interventions.⁴
- Access appropriate resources and services for weight management, such as nutritionists, dietitians, physical therapists, psychologists, and bariatric surgeons.⁴
- Overcome barriers and challenges, such as lack of knowledge, motivation, self-efficacy, social support, or access to care.⁴
- Adopt healthy behaviors and lifestyle modifications that can improve their health outcomes and quality of life.⁴
- Monitor their progress and outcomes using relevant indicators and measures.⁴

Which Patients Should HCPs Engage in a Conversation About Their Weight⁵?

- ☒ Have Overweight, with a BMI 25 to 29.9
- ☒ Have obesity, with a BMI ≥30
- ☒ Have a waist circumference greater than 35 inches for women or 40 inches for men
- ☒ Have metabolic syndrome, high blood pressure, unhealthy lipid levels, or high blood glucose

The 5As Approach to Effectively Communicate With Patients^{6,7}



BMI=Body Mass Index; HCP=Healthcare Professional. SMART=Smart, Measurable, Achievable, Relevant, Time-sensitive.
1. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight> (Accessed August 30, 2024). 2. Auckburally, S. *Curr Obes Rep.* 2021;10: 274–281 3. Bray GA, et al. *Lancet.* 2016;387(10031):1947-1956. 4. <https://stop.publichealth.gwu.edu/sites/g/files/zaxdzs4356/files/2022-02/wcw-guide-for-the-management-of-obesity-in-the-primary-care-setting.pdf> (Accessed August 30, 2024). 5. <https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/weight-management/talking-with-your-patients-about-weight> (Accessed August 30, 2024). 6. Kahan SI. *Mayo Clin Proc.* 2018;93(3):351-359. 7. Vallis M, et al. *Can Fam Physician.* 2013;59(1):27-31.

Prepare a welcoming environment for patients¹

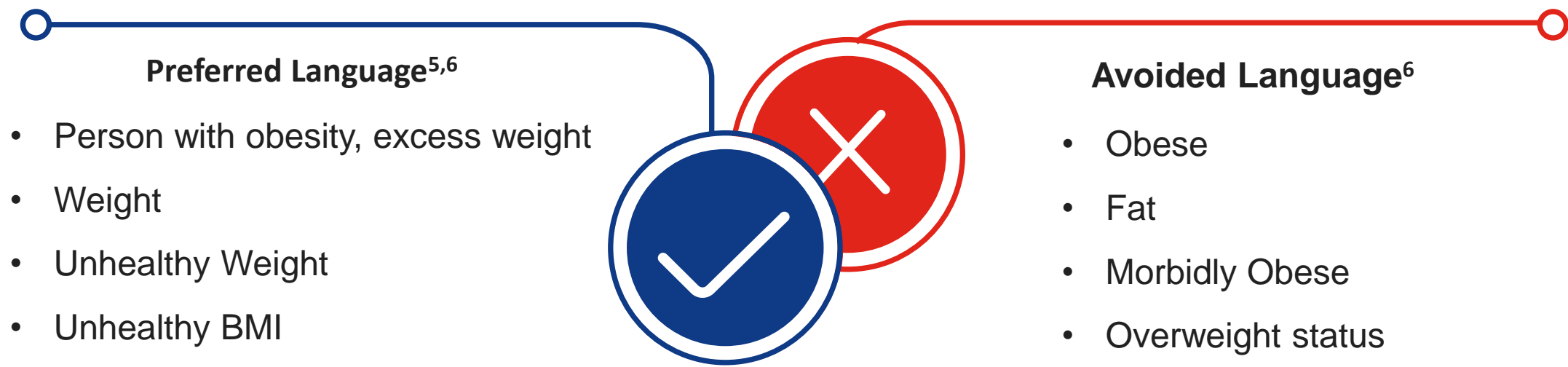
Ensure that the clinic waiting areas and consultation rooms have furniture and equipment suitable for all patients, including those with obesity. A welcoming environment may include the following:

- **Weighing Area:** Use a stable, accessible scale in a location that ensures the privacy of the patients
- **Furniture:** Provide sturdy examination tables and armless chairs
- **Medical Equipment:** Offer gowns and blood pressure cuffs in various sizes

Talking About Obesity

When communicating with patients, always use person-first language. It's important to separate the individual from the disease when discussing obesity, as with any other medical condition. For example, you shouldn't refer to someone as an obese person, but rather a person with obesity.¹

Always use neutral terms like "weight" or "unhealthy weight" to describe body weight, as these terms are generally preferred and less stigmatizing. There is no universally acceptable term for higher weight, as preferences vary among individuals and contexts.²



Be Encouraging and Empathetic

Listening and reflecting on a patient's statements and feelings ensures mutual understanding and fosters productive communication. Increasing empathy and using more reflective statements could enhance the clinical encounter and improve patients' adherence to recommendations.^{3,4}



Address the patient's main health concerns first¹

Remember to address your patient's primary health concerns before discussing their weight. This approach may demonstrate that you are attentive and responsive to your patient's needs and concerns, instead of immediately focusing on their weight.

Ask for permission to talk about weight¹

Ask your patient for permission to discuss their weight. If they agree, start by asking how they feel about their weight. If they decline, respect their choice and ask if it's okay to bring it up in a future visit.

Use Thoughtful Communication in Weight Management¹

When discussing weight with patients, thoughtful language is crucial to prevent any negative impact on their self-perception and behaviors. It is best to refrain from using judgmental terms such as "heavy" or "fat" and instead opt for phrases like "having excessive weight for their health." When discussing health measurements, focus on using terms like "healthier weight range" rather than "ideal weight."

Personalized Weight Loss Strategies⁷

HCPs should assess a patient's readiness for weight loss and set personalized goals through shared decision-making. Strategies may include:

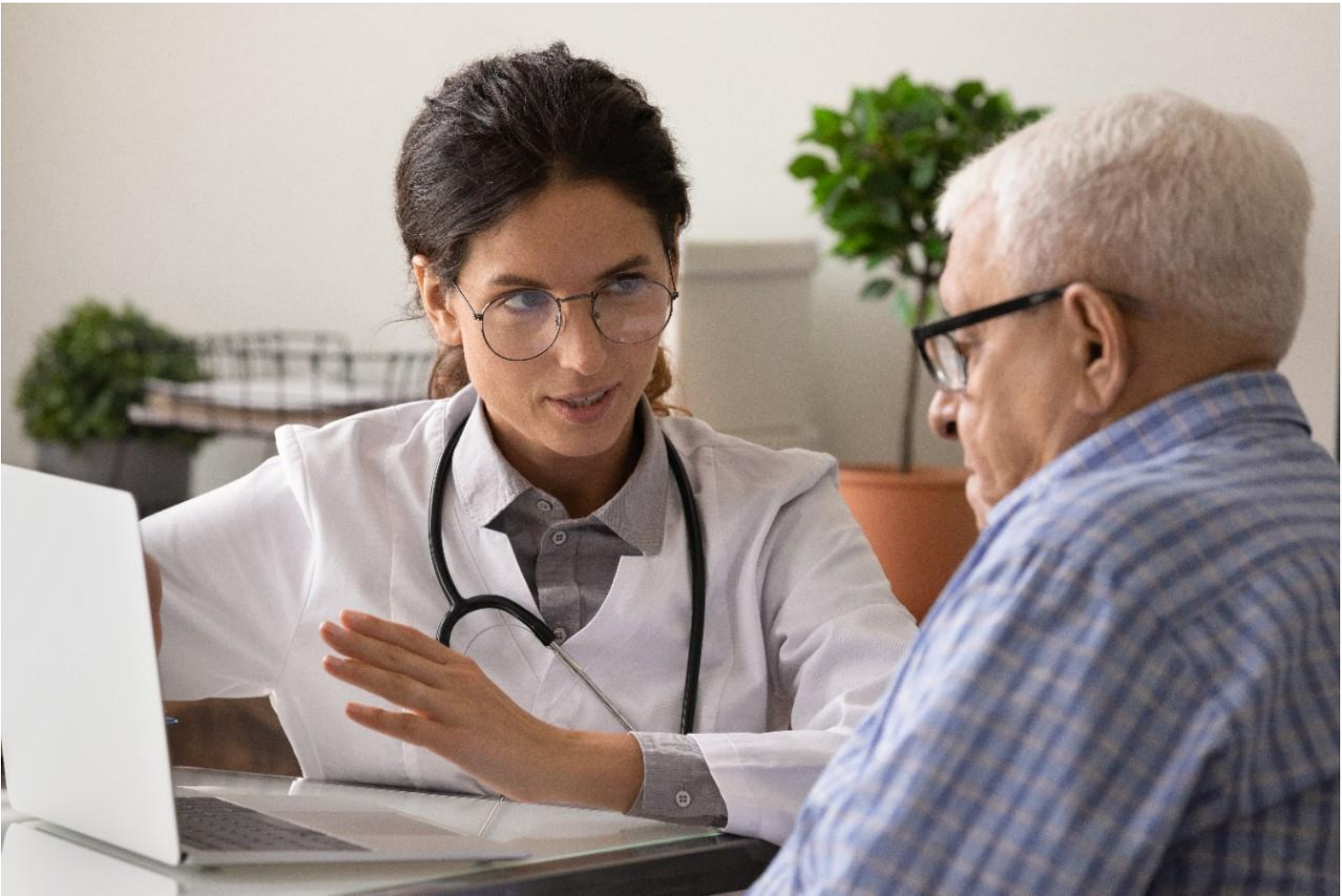
- Balanced nutrition and regular exercise
- Behavioral counseling and support groups
- Pharmacotherapy
- Metabolic surgery

The initial and subsequent treatment should be personalized based on the individual's medical history, circumstances, preferences, and motivation.

BMI=Body Mass Index; HCP=Health Care Professional.
1. <https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/weight-management/talking-with-your-patients-about-weight> (Accessed August 30, 2024). 2. Brown A, Flint SW. *Clin Obes.* 2021;11(5):e12470. 3. Pollak KI, et al. *J Am Board Fam Med.* 2011;24(6):665-672. 4. <https://stop.publichealth.gwu.edu/sites/g/files/zaxdzs4356/files/2022-05/why-weight-guide-stop-provider-discussion-tool.pdf> (Accessed August 30, 2024). 5. McGowan BM. *Obes Facts.* 2016;9(3):182-192 6. Puhl RM. *Obesity Reviews.* 2020;21:e13008. 7. American Diabetes Association Professional Practice Committee. *Diabetes Care.* 2022;45(Suppl 1):S113-S124.

Setting SMART Goals

When setting weight and health-related goals, it's important to collaborate with patients. Some patients may have higher expectations for weight loss, so it's crucial to set realistic goals. The anticipated weight loss can vary based on the treatment they receive. The acronym “SMART” stands for Specific, Measurable, Achievable, Realistic, and Time-sensitive goals. These goals can help develop actionable plans that are more meaningful for patients.¹



Adjust and review goals as needed. Challenges and unexpected events are part of long-term weight loss efforts. Prepare for setbacks during goal setting and develop strategies to overcome them.¹

Discussing Potential for Weight Regain

An appropriate clinical response to a patient's weight regain can help motivate the patient to stay on track.² Acknowledge that the approach is not working and be prepared to discuss other options. Work together to identify barriers and solutions, and help your patient set new goals or adjust existing goals as needed.³

Factors Responsible for Weight Regain⁴



Physiological Factors

- Reduced resting metabolic rate
- Increased appetite hormones and decreased satiety hormones



Behavioral Factors


- Difficulty in maintaining lifestyle changes
- Emotional and psychological challenges

1. WHY WEIGHT? A Guide to Discussing Obesity & Health With Your Patients. STOP obesity alliance. 2. Chang KL, et al. *Am Fam Physician*. 2020;102(9):567-570. 3. <https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-management/weight-management/talking-with-your-patients-about-weight> (Accessed August 30, 2024). 4. Hall KD, Kahan S. *Med Clin North Am*. 2018;102(1):183-197.

Follow-up Visits and Ongoing Support

- Ask the patient to track their lifestyle habits and weight changes. There are many apps currently available to help with lifestyle and weight tracking^{1,2}
- Set up regular visits to check on your patient's progress. Praise them for meeting their goals or improving their health. Don't focus only on weight loss. Focus on how they feel and what they can do.³
- Help your patient prevent weight regain or overcome challenges. Don't judge or show frustration. Work together to find solutions and adjust goals as needed.^{3,4}


Recommended Lifestyle Intervention⁴



Low-calorie diet (typically 1200–1500 kcal/day for women, 1500–1800 kcal/day for men), with macronutrient composition based on the patient’s preferences and health status.

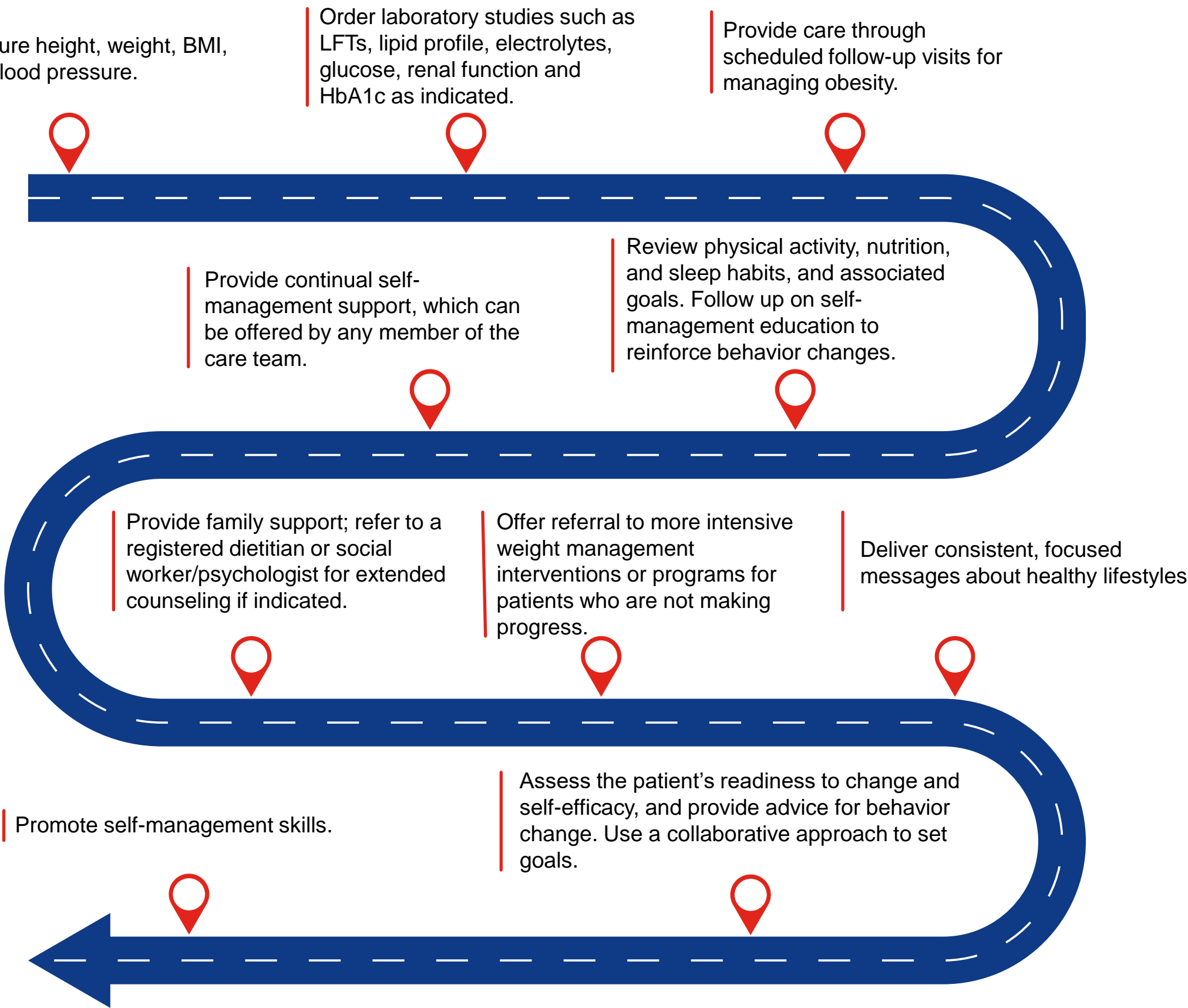


Aim for at least 150 minutes of aerobic physical activity per week, such as brisk walking, cycling.



Track your daily food intake and physical activity, monitor weight weekly, and follow a behavior change program with goal setting and regular feedback from a professional.

Recommendation for Monitoring and Follow-up⁵



BMI=Body Mass Index; HbA1c=Glycylated Hemoglobin; LFT=Liver Function Test.
1. Ahern AL, et al. *BMC Public Health*. 2011;11:434. 2. Ghelani DP, et al. *Front Endocrinol (Lausanne)*. 2020;11:412. 3. Chang KL, et al. *Am Fam Physician*. 2020;102(9):567-570. 4. Wadden TA, et al. *Am Psychol*. 2020;75(2):235-251. 5. Orringer KA, Van Harrison R, Nichani SS, et al. *Obesity Prevention and Management. Michigan Medicine University of Michigan*; 2020.