

RETHINKING OBESITY

MANAGEMENT

Starting conversations about weight with your patients and supporting them along their weight management journey



A shift in obesity management

Historically, obesity has been defined as having a BMI of ≥ 30 kg/m². More recently, obesity has been defined as:

“a complex chronic disease in which abnormal or excess body fat (adiposity) impairs health, increases the risk of long-term medical complications, and reduces lifespan”¹

Am I ready to support patients on their weight management journey?

Healthcare professionals should be prepared to discuss strategies to improve patient-centred health outcomes when initiating conversations about weight. Furthermore, since obesity is a chronic disease, patient-provider collaboration is part of long-term management.²

Weight loss of 5-15% in patients with other conditions

How could weight loss, achieved through behavioural treatment, impact patients with the following conditions?^{3,4}

Diagnosis	Weight loss target	Potential impact
Metabolic syndrome	10%	Prevention of type 2 diabetes
Type 2 diabetes	5-15%	Reduction in HbA1C; reduction in diabetes medication; diabetes remission if short duration
Dyslipidemia	5-15%	Lower triglycerides; increase HDL; decrease LDL
Hypertension	5-15%	Lower blood pressure; decrease in medication
NAFLD	10-40%	Reduction in intrahepatocellular lipids and inflammation
PCOS	5-15%	Ovulation; reduction of hirsutism; decrease in androgen levels; increase in insulin sensitivity
Sleep apnea	7-11%	Decrease apnea/hyponea index
Asthma	7-8%	Improvement of FEV1
GERD	$\geq 10\%$	Reduced symptoms

FEV1=forced expiratory volume in 1 second; GERD=gastroesophageal reflux disease; NAFLD=non-alcoholic fatty liver disease; PCOS=polycystic ovary syndrome.



What framework can I use to better support patients on their weight management journey?

The 5As of Obesity Management^{1,5,6}

Obesity is a complex, multifactorial, and chronic disease that requires long-term management.¹

The 5As framework is a structured interview format that helps facilitate discussions about weight management within primary care.^{5,6}



ASK

- Ask for permission to discuss weight
- Explore readiness to discuss their weight

E.g., "Would it be alright if we discussed your weight?"



ASSESS

- Assess obesity classification (height, weight, BMI, and waist circumference) and disease severity (e.g., Edmonton Obesity Staging System)
- Assess for drivers, barriers, and complications of obesity
- Focus on value-based goals that matter to the patient vs. weight loss alone
- Assess root-cause factors using the 4M framework of obesity:
 - **M**ental health (e.g., internalized weight bias, mood, sleep)
 - **M**echanical (e.g., osteoarthritis, sleep apnea, gastroesophageal reflux)
 - **M**etabolic (e.g., type 2 diabetes, hyperlipidemia, nutritional deficiency)
 - **S**ocial **M**ilieu (e.g., socioeconomic status, occupation, access to pharmacotherapy, education, access to food, disability, surgery, clothing, vitamins)

E.g., "You said you have tried to lose weight in the past. What has worked for you before? What has not worked?"



ADVISE

- Advise on obesity risks and the health benefits of obesity management
- Discuss medical nutrition therapy and physical activity
- Discuss treatment options that support nutrition and physical activity
 - Psychological
 - Pharmacotherapy
 - Bariatric surgery

E.g., "Now that we better understand your situation, can we look into creating a plan of action?"



AGREE

- Agree on realistic expectations, sustainable behavioural goals, and health outcomes
- Collaborate on a personalized, sustainable action plan that addresses the drivers of weight gain

E.g., "I like your initial goal of walking for 20 minutes four evenings per week for the next month to increase your fitness and mobility."



ASSIST

- Assist in identifying and addressing drivers and barriers
- Provide education and resources
- Refer to appropriate interdisciplinary teams
- Arrange for regular, timely follow-up

E.g., "I look forward to talking to you about how you're doing at your next visit."

You can use this non-judgmental counselling framework to help facilitate discussions in your clinic to help patients on their weight management journey!

What are some ways I can encourage my patients to stay committed to their weight management journey?

Motivational Interviewing^{8,9}

Adopt a collaborative relationship with the patient using the principles of Motivational Interviewing, which is known to be effective for obesity management.⁷ It is a communication strategy that aims to enhance self-efficacy and personal control to support behavioural change in patients. It is collaborative, employing empathy and active listening to build trust and rapport between patients and healthcare professionals.⁸

Strategies of motivational interviewing (OARS):^{9,10}

Open-ended questions

O

Ask open-ended questions that encourage thought-provoking responses and engage a two-way dialogue. This is an important first step to understanding a patient's values, expectations, and barriers.

E.g., "Do you feel your weight is impacting your health right now?"

Affirmative statements

A

Elicit self-motivational statements in favour of making a behavioural change, based on personal reasons for change.

E.g., "Your dedication to achieving healthier behaviours is really noticeable. You've made a lot of improvements."

Reflections

R

Use reflective listening and respond thoughtfully by paraphrasing. Confirm that the patient has been heard and validate their point of view.

E.g., "I get the feeling that there is a lot of pressure on you to get healthier, but you are not sure you can do it because of the difficulties you have had with achieving healthier behaviours in the past."

Summary statements

S

Use statements that recount and clarify the patient's statements and identify specific points to act upon.

E.g., "So, what I'm hearing is that you have struggled with weight for most of your adult life. Would it be alright if we discuss some strategies for developing a plan to help you address your concerns?"



To learn more, visit www.rethinkingobesity.ca

References:

1. Brown J, et al. Medical nutrition therapy in obesity management. 2020. Available at: <https://obesitycanada.ca/guidelines/nutrition>. Retrieved August 25, 2020. 2. Wharton S, et al. Canadian Adult Obesity Clinical Practice Guidelines: Obesity in Adults: A Clinical Practice Guideline. 2020. Available at: <https://www.cmaj.ca/content/192/31/E875>. Retrieved September 10, 2020. 3. Schutz DD, Busetto L, Dicker D, et al. European Practical and Patient Centred Guidelines for Adult Obesity Management in Primary Care. *Obes Facts*. 2019;12(1):40-66. 4. Garvey TW, Mechanick JI, Brett EM, et al. American Association Of Clinical Endocrinologists And American College Of Endocrinology Comprehensive Clinical Practice Guidelines For Medical Care Of Patients With Obesity – Executive Summary. *Endocr Pract*. 2016;22(7):842-84. 5. Rueda-Clausen CF, et al. Assessment of people living with obesity. 2020. Available at: <https://obesitycanada.ca/guidelines/epidemiology>. Retrieved August 25, 2020. 6. Wharton S et al. Appendix 2: 2020 Clinical Practice Guidelines: 5As Framework for Obesity Management in Adults. 2020. Available at: <http://obesitycanada.ca/wp-content/uploads/2020/10/191707-guide-2-at.pdf>. Retrieved July 7, 2021. 7. Vallis M, et al. Canadian Adult Obesity Clinical Practice Guidelines: Effective Psychological and Behavioural Interventions in Obesity Management. 2020. Available at: <https://obesitycanada.ca/guidelines/behavioural/>. Retrieved September 9, 2020. 8. DiLillo V SN, West DS. Incorporating motivational interviewing into behavioral obesity treatment. *Cognitive and Behavioral Practice*. 2003;10(2):120-130. 9. Hall K, et al. Motivational interviewing techniques: Facilitating behaviour change in the general practice setting. *Australian Family Physician*. 2012;41(9):660-667.



Novo Nordisk Canada Inc., Tel: (905)-629-4222 or 1-800-465-4334.
www.novonordisk.ca
© Novo Nordisk Canada Inc. CA22OB00028E

