Tackling Obesity with Sensitive, Tailored Conversation Foundation

Prepared for:
California Nurse Practitioner Conference
March 23, 2014
Course Objectives

1. List examples of NP-Implemented successful interventions for application
2. Obtain broader understanding of types of communication tools and methods of initiating and discussing obesity with patients
3. Understand specific options, diet customization, and exercise plans, as well as access to community resources
4. Questions and Answers
Why did the ANPF get involved in the Obesity Crisis in the US and the assertion that NPs are part of the solution

• CDC states the proportion of American adults in the US classified as obese in the year 2009-2010 had risen to 37%. A significant national health concern because of its contribution to the leading causes of preventable death.

• Obesity is now recognized as a chronic disease. Patients with severe obesity (BMI greater than 35).

• By 2008 obesity–associated medical costs had risen to an estimated 147 billion, of which nearly 50% was paid by Medicaid and Medicare. Increases with age.
Additional Factors

• No significant difference between men and women in overall prevalence of obesity at any age.

• Of the estimated 72.5 million adults who are obese, 41% (30 million) have incomes at, or above 350% of the poverty level, 39% (28 million) report incomes between 130% to 350% of the poverty level.

• The majority of obese adults are non-Hispanic Whites with incomes at or above 130% of the poverty level.

• African Americans are disproportionately affected by obesity. Prevalence is nearly twice that found in Hispanic and White adult populations.
American Nurse Practitioner Foundation role

- January 12, 2013 a panel of nurse practitioners convened to discuss prevention and treatment strategies which NPs can easily implement in their practice settings.

- Medical Writer and Facilitator Present

- ANPF self published white paper June 2013
### Table 2: Ten Steps to Assessing & Treating Obesity

1. Measure height and weight.
3. Assess comorbidities.
4. Based on information obtained in Steps 1-3, determine if patient should be treated.
5. Is the patient ready and motivated?
6. Which diet should be recommended?
7. Discuss a physical activity goal.
8. Review the weekly food and activity diary.
9. Give the patient copies of dietary information.
10. Record patient’s measurements and goals and schedule follow up in 2 to 4 weeks.

Weight Loss Discussions

• While research has shown that patients are more likely to try to lose weight and to have a greater weight loss success if they have been advised by their health care provider to lose weight, research has also shown that only 27% to 42% of obese patients seeking medical help are advised to lose weight.

• Discussions about weight management - differences in perspectives and in expectations may result in lower quality, time, and content of weight management discussions.

• Prior to discussion NPs panelist recommend take stock of personal feeling about obesity.
Factors/Barriers to a Facilitated Discussion on Weight Management

• NPs themselves struggle with issues of weight or obesity, and thus may themselves be on the receiving end of negative stereotypes or find treat they project their own biases and self-image on to patients.

• Research shows that health care provider’s excess weight affects the provider’s willingness to broach the topic of weight management with patients.

• It was found that physicians who were overweight or obese were significantly less likely to discuss weight loss with obese patients than physicians with a normal BMI.

• Gender was also a factor – females were more likely to recommend weight loss to overweight/obese patients.

• Panelists experiences; a few words of empathy such as “I struggle with my own weight” can be comforting and motivating to patients.
Initiating the conversation

• Weight management in the primary care setting is one of the most difficult settings to initiate and facilitate behavioral change.
• Obesity is affected by emotional, psychological, societal, and environmental factors, and obesity is a life-long, chronic condition that requires multiple support interventions and resources.
• 3 Components: 1) Assessment of risk 2) a discussion with the patient about his or her weight and 3) recommendations for treatment goals.
• Collection of clinical data: weight and height to calculate BMI, waist circumference, current prescribed and over-the-counter medications, possible comorbidities all factor in treatment strategies (NIH 1998)
Table 1: BMI Formula

BMI is calculated with the following formulas. BMI = 703 x weight (lb) / height² (in²) or BMI = Weight (kg) / height² (m²)

For example, a man of 5’11”, weighing 172 pounds would be calculated as follows:
703 x 172 / 712 = 703 x 172 / 5041 = 23.98 BMI

<table>
<thead>
<tr>
<th>Definitions of BMI: Adults Aged ≥ 20</th>
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<tr>
<td><strong>BMI</strong></td>
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<tr>
<td>18.5 to 24.9</td>
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<td>25 to 29.9</td>
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<td>30 – 34.9</td>
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<td>35 – 39.9</td>
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<td>40+</td>
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<th>Definitions of BMI: Children and Adolescents</th>
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<tr>
<td><strong>BMI</strong></td>
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<td>At or above the 85th percentile</td>
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<td>At or above the 95th percentile</td>
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Figure 1: Role of Adipose Tissue in Maintenance of Body Composition
Managing the weight management discussion: Recommendations

• First, Use objective data; include review of weight, height, and BMI in comparison to normal ranges
• Avoid using language associated with negative emotions, insensitivity, or negative judgment
• Research has shown that patients may perceive specific language, including using words such as “overweight”, “healthy weight”, and “BMI” as non-judgmental and/or motivational while other terms such as “fat” and “obese”
• Use “Physical activity” instead of “exercise” and “better nutrition” instead of “diet”.
Managing the weight management discussion:
Recommendations continued

- Emphasize why obesity is a health problem, including the signs and symptoms as well as health outcomes such as minor complaints of shortness of breath when walking or difficulty bending over, or more serious comorbidities, like heart disease or diabetes.

- Second, recommendation includes as assessment of patient’s motivation and readiness for weight loss.
  1. Previous experiences with weight loss
  2. Past reasons and goals for previous weight loss efforts
  3. Perceived or actual social and economic support
  4. Expectations from family and friends
  5. Realistic estimates of the time available for weight loss (healthier diet and increase physical activity)
Motivating the Patient

• Identify one compelling and personal reason to lose weight. Examples might include, decrease risk of complicated pregnancy, keep up with when playing with children or grandchildren, walking without losing one’s breath or preventing further chronic disease.

• Many patients simply want to know about the health consequences of obesity – this is often enough.

• Evidence supports the use of daily food and activity diaries to improve weight loss outcomes.
Adult Nonpharmacological Treatments

• Three broad categories
  – Individual-level behavior modification
  – Community-level interventions
  – Local, state and national policy –level interventions

• Clinical setting, individual-level behavioral changes focus on recommendations of reduced caloric intake and increased physical activity

• Customized for each patient – SMART goal setting; specific, measurable, achievable, relevant, and time-bound goals.

• “Get in Shape” vs. walk briskly 3 times a week for 30 minutes.
Treatments continued

• SMART goals for dietary-specific goals; 5 servings of vegetables a day, avoiding high-calorie or sugar containing drinks, portion control, limiting meals not prepared at home.

• 5 A’s: Ask- provider inquiries, Assess willingness to change, Advise information giving, (risk/benefit), Assist – offer to help with a health behavior change)goal setting or referral), and Arrange follow-up –time frame to reassess goals.
<table>
<thead>
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<th>Table 4: Evidence-based Nutritional Interventions: What Works</th>
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<tbody>
<tr>
<td>• Self-selected diet</td>
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<td>• Dietitian involvement if possible</td>
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<td>• Diet diary</td>
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<tr>
<td>• Set daily caloric restriction</td>
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<td>• Portion control</td>
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<td>• Breakfast</td>
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<td>• Meal replacements</td>
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<tr>
<td>• Diet prescriptions</td>
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<tr>
<td>• Patient handouts</td>
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<tr>
<td>• Community and internet resources</td>
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<tr>
<td>• Sample meals</td>
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<tr>
<td>• Recommend self-help books</td>
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<tr>
<td>• List of allied professionals</td>
</tr>
<tr>
<td>- Dietitians</td>
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<tr>
<td>- Psychologists</td>
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<tr>
<td>- Exercise trainers</td>
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Treatments continued

• 3rd evidence based approach – Behavioral change is the Stages of Change (SOC) model which is fundamental to the Transtheoretical Model (TTM) – change is assessed and incremental steps from unhealthy behavior to health ones are adopted.

• Successful weight management requires an incremental lifestyle approach that integrates physical activity, nutrition, behavioral management and attention to psychosocial needs.

• Obesity is a complex, multifactorial, chronic disease with behavioral, biological and environmental components.

• Avoid one-size-fits-all treatment strategies.
Community-level Interventions

- Infrastructure community-based support; bicycle and running paths, open green spaces, recreation centers, and accessible farmers’ markets
- Practice Fusion – a San Francisco based electronic medical record company conducted a retrospective BMI analysis on 72,000 medical record sample of adults patients over age 18, Vermont was identified as the healthiest state, where high fruit consumption and abundant farmers’ markets
- Smart phone apps and online directories of parks, play grounds, and open spaces are available
- Community-minded NPs can with the help of motivated patients, can work with local government officials and other community's to create safe, open green spaces and farmers’ markets in communities
Public Policy

• Local issues like parks and framers’ markets can lead to larger public policy initiatives with far-reaching effects on overweight and obesity.

• NYC mayor Michael Bloomberg – is enacting a number of policies, ban on smoking in restaurants and bars, city-wide ban on hydrogenated fats in commercially prepared food, and ban on super size sodas.

• Resource; Strategies to Overcome and Prevent (STOP) Obesity Alliance Policy Recommendations, work focuses on informing decision makers in the public and private sectors on possible pathways forward. The Alliance’s work is grounded in a set of core principles that serve as the foundation for its research and recommendations.
Policy continued

• Advocacy Resource Guild Be Our Voice: Mobilizing Healthcare Professionals in the Fight Against Childhood Obesity – designed to assist healthcare professionals to take a stand in the communities and workplaces to advocate for healthy eating and an active lifestyle for children and their families.
Adult Pharmacological Treatments

- Medications have been used to treat obesity since the end of the 19th century with the discovery of the thyroid hormone.
- Anti-obesity medications are intended as an adjunct to improved nutrition and physical activity when attempts to modify diet and physical activity have failed, or have been insufficient, when BMI meets the clinical criteria defined by the NIH guidelines.
- Panel members unanimously agree that to threat lifestyle modification, diet, and physical activity form the foundation of obesity management when any anti-obesity medication is initiated.
Clinical effectiveness of anti-obesity medications has been modest for many patients. Efficacy thresholds set by the FDA for pivotal trials used to approve the drugs has been defined as a minimum 5% weight loss over a 1 year treatment.

Weight loss historically with anti-obesity agents was modest and have reported subsequent weight gain following discontinuation of medication.
FDA approved agents for treatment

• Phentermine, Phendimetrazine, and Orlistat (Xenical)

• Phentermine and Phendimetrazine are both approved for short-term (12-week) therapy. Two new agents were approved in 2012, both which have been studied over the course of a year: Phentermine-Topiramate ER (Qsymia) and Lorcaserin (Bleviq)

• There are many clinician and patient based barriers that need to be addressed for long term effectiveness is realized.
Next Steps

• Recap – obese patients represent 60%-70% of the panel members’ patient practices, only 3% of these seek assistance.

• Weight loss often is perceived as a personal problem by patients and their own biases and those of healthcare providers.

• 3 Key areas in which changed paradigms enhance healthcare providers abilities to assist patients with weight loss.
Next steps

1. Obesity needs to be treated as a chronic disease it is often treated as episodic-waiting too long to initiate therapy. (When BMI reached greater than 40)

2. Implementing strategies that approach the patient as a whole may be important interventions to improving outcomes as an array of factors that contribute to weight gain, such as lack of sleep.

3. More Educational and Clinical resource for NPs – tools that utilize technology (e.g., mobile apps), more teaching tools for classroom use in the training of NPs.

While resources exist, they are often not centralized and can be time consuming to find and evaluate. ANPF is looking to help.
Introducing….

SHIP is an initiative that empowers NP’s to become healthy role models for their patients and provide resources to help NP’s talk to their patients about leading healthier lifestyles.
SHIP’s Health Champions

- NP’s that represent inspirational stories of healthy lifestyle role models
- Undertake such efforts as working to effect positive changes in healthcare and promoting health in the workplace
- Impacting patient care in primary care and specialty settings
Resources to Foster Health Champions: The SHIP Toolkit
SHIP Toolkit Components

Modular Slide Presentation

• Information that will help NP’s impact positive change for themselves and patients by educating on four core areas
  – Fitness
  – Nutrition
  – Wellness
  – Chronic Disease
SHIP Toolkit: Modular Slide Presentation

**Fitness**

- Benefits of exercise on the body (facts, figures, statistics); reminder of why it’s so important
- Case studies on how an NP was able to impact their own fitness/lifestyle changes to be a role model for patients
- Best practices – show how an NP was able to use their knowledge, tools and resources to make a difference in a patient(s)
- Fitness strategies reinforced by worksheets for NP’s, as well as laminated cards, and handouts (print and electronic) for patients
SHIP Toolkit: Modular Slide Presentation

Nutrition

- Reinforce critical importance of nutrition and brief anatomy/physiology review
- Studies on how various foods can decrease incidence of disease
- Diets that can optimize osteoporosis and diabetes management
- Case study on how an NP was able to impact their own dietary/lifestyle changes to be a role model for patients
- Best practices – Using knowledge, tools and resources to make a difference in patients
- Worksheets and patient materials such as laminated Cheat Sheet, and power foods for becoming a nutritional Power House
SHIP Toolkit: Modular Slide Presentation

Wellness

- How stress management and sleep play an important part in NP and patient quality of life
- Case study on how NP was able to enhance their own well being
- Best practices – Using knowledge, tools and resources to make a difference in patient (s)
- Worksheets for NP’s to reinforce information
- Electronic templates customized with practice name and links to relevant sources and strategies for stress management and good sleep habits
- Primer for how NP’s can get involved in educational events in their community
SHIP Toolkit: Modular Slide Presentation

Chronic Disease

• Burden of chronic disease, impact on country’s health
• Importance of implementing strategies to help prevent chronic disease
• Reiterate how fitness, nutrition, and wellness have such a critical impact on chronic disease
• Case studies on how an NP was able to implement strategies to help control their own chronic disease and how an NP supported a patient’s efforts to manage a chronic disease
• Condition specific insert for NP’s along with patient resources
SHIP Toolkit: Interactive SHIP Flip Chart

• Three-tabbed sections for fitness, nutrition, and wellness
• Reinforcement of slide kit content in a patient-friendly format
• Cheat sheet for NPs on HOW to share information with the patient
• Simulated counseling scenario using Flip Chart and other patient education resources
• Condition specific section or insert(s) based on sponsor area of interest (i.e. women’s health, diabetes, osteoporosis)
SHIP Toolkit: Champions for Better Health

• Case studies/testimonials featuring Health Champions impacting change in themselves and/or patients
• One case study each on fitness, nutrition, wellness
• One condition specific case
• Reinforcement of strategies and information shared in slide presentation
• Questions after each case for group discussion or self-assessment

• What 2 immediate changes can you make in your lifestyle around fitness, nutrition, and/or stress management to help you make a positive impact on your health?
• What is your plan for sticking with those changes?
• Share the action plan with another NP colleague who will check in to see if they were able to successfully stick with the changes
• Action plans can be shared later on via social media campaign
Thank you!