# Obesity

### -Patient Engagement

Christine Castille FNP-C, BC-ADM, CDCES



### **Today**

-Obesity Guidelines -Understanding Challenges -Navigating Challenges





DIAGNOSIS AND MEDICAL MANAGEMENT OF OBESITY					
DIAGNOSIS		COMPLICATION-SPECIFIC STAGING AND TREATMENT			
Anthropometric Component (BMI kg/m <sup>2</sup> )	Clinical Component	Disease Stage	Chronic Disease Phase of Prevention	Suggested Therapy (based on clinical judgment)	
$ \longrightarrow \ \longrightarrow $					
<25 <23 in certain ethnicties waist circumference below regional/ ethnic cutoffs		Normal weight (no obesity)	Primary	• Healthy lifestyle: healthy meal plan/ physical activity	
<b>25–29.9</b> 23–24.9 in certain ethnicities	Evaluate for presence or absence of adiposity- related complications and severity of	Overweight stage 0 (no complications)	Secondary	<ul> <li>Lifestyle therapy: Reduced-calorie healthy meal plan/physical activity/ behavioral interventions</li> </ul>	
≥ <b>30</b> ≥25 in certain ethnicities	complications <ul> <li>Metabolic syndrome</li> <li>Prediabetes</li> <li>Type 2 diabetes</li> <li>Dyslipidemia</li> <li>Hypertension</li> <li>Cardiovascular disease</li> </ul>	<b>Obesity</b> stage 0 (no complications)	Secondary	<ul> <li>Lifestyle therapy: Reduced-calorie healthy meal plan/physical activity/ behavioral interventions</li> <li>Weight-loss medications: Consider after lifestyle therapy fails to prevent progressive weight gain. (BMI ≥27)</li> </ul>	
≥25 ≥23 in certain ethnicties	<ul> <li>Nonalcoholic fatty liver disease</li> <li>Polycystic ovary syndrome</li> <li>Female infertility</li> <li>Male hypogonadism</li> <li>Obstructive sleep apnea</li> <li>Asthma/reactive airway disease</li> <li>Osteoarthritis</li> <li>Urinary stress incontinence</li> <li>Gastroesophageal reflux disease</li> <li>Depression</li> </ul>	Obesity stage 1 (1 or more mild-moderate complications)	Tertiary	<ul> <li>Lifestyle therapy: Reduced-calorie healthy meal plan/physical activity/ behavioral interventions</li> <li>Weight-loss medications: Consider after lifestyle therapy fails to achieve therapeutic target or initiate concurrent with lifestyle therapy. (BMI ≥27)</li> </ul>	
≥25 ≥23 in certain ethnicties		Obesity stage 2 (at least 1 severe complication)	Tertiary	<ul> <li>Lifestyle therapy: Reduced-calorie healthy meal plan/physical activity/ behavioral interventions</li> <li>Add weight-loss medication: Initiate concurrent with lifestyle therapy. (BMI ≥27)</li> <li>Consider bariatric surgery: (BMI ≥35)</li> </ul>	







#### Patients with Obesity have Common Challenges

- Social Stigma
- Lack of Self-Efficacy
- Unrealistic Expectations
  - Social Media
  - Diet and Fitness Myths
- Chronic Disease Burden

- Individual
  - Biologic
  - Genetic
  - Environmental
  - Family Dynamics
  - Work and Community
     Dynamics





### Obesity – Comorbidities -Challenges

- HTN\*
- Type 2 Diabetes\*
- Dyslipidemia\*
- Gastroesophageal Reflux
- Osteoarthritis
  - Knees
  - Hips
  - Spine

- Urinary Incontinence
- Obstructive Sleep Apnea\*
- Insomnia
- Mobility BMI >35





### 5 A's

Ask – Initiate Dialog
Permission / Timing Critical

#### Assess

- Weight Hx
  - Milestones
  - What worked and why
- Individual Drivers
- Individual Risk Factors





### 5 As

- Advise Collaborate
  - Manage expectations
    - Weight loss rate
    - Obesity Chronic Disease
    - Strategies Lifestyle and Medication Options





### 5 As

- Agree Positive Encouragement
  - Creativity
  - Perfectionism Barrier
  - SMART Goals Problem Solving
    - Specific
    - Measurable
    - Achievable
    - Relevant
    - Timely

The Wellness goals I (name) Jane Del have chosen to focus on are:				
# 1 My Wellness goal is:Walking. 30 minutes every day. . In order to meet this goal, I will: ask my sister to ask me speut; t. . What will make it hard to reach my goal? thing third after work	S - Specific M – Measurable A – Attainable R – Realistic T - Time			
<ul> <li>What will help? Walking before work.</li> <li>I am (Not confident 1 2 3 (4) 5 Very Confident) that I will reach my goal.</li> </ul>	-			







### 5 As

#### • Assist

- *Frequent* Touch Points = reinforce new skills
- Connect to Community
  - Book Club
  - Church Community Empower Your Patient to Lead
  - Work Lunch Group
- Refer
  - RD
  - Book
  - Diabetes Self-Care Management Program
    - Spin off a group
  - Weight Watchers
  - Physical Therapy & Rehab Programs
    - Improve Mobility Confidence





In your Clinic Frequent Touch Points 2 and 4 week visits. Quarterly Progress and Management q time. Staff Education Referral sources Professional Organizations Obesity Protocols Vit D ex. Weight Hx graph – Initial

## **Thank You!**