Psychological Considerations of Obesity and Diabetes

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Behavioral Change

- Challenges Patients face

- Acceptance of Health Care Professionals role

- Motivational Interviewing
  - Principles
  - Basic Skills
  - Motivational Interviewing tool

Patients with Obesity have *Common* Challenges

- Unrealistic Expectations
  - Social Media
  - Diet and Fitness Myths
- Social Stigma
- Lack of Self-Efficacy
- Mobility declines with BMI >35
- Individual
  - Biologic
  - Genetic
  - Environmental
  - Family Dynamics
  - Work and Community Dynamics

- Chronic Disease Burden
  - HTN*
  - Type 2 Diabetes*
  - Dyslipidemia*
  - Gastroesophageal Reflux
  - Osteoarthritis
  - Urinary Incontinence
  - Obstructive Sleep Apnea*
  - Insomnia

Behavioral Change is HARD
## Behavior - Habits

- Habits are ingrained neurological patterns that allow our brains to conserve energy.

- Ques > Behavior > Rewards

- 200 hundred decisions a day related food - most subconscious

- At this moment
  - Our lives are **aligned** with our **current** habits.

Wansink, B., & Sobal, J. (2007). Mindless eating: The 200 daily food decisions we overlook. *Environment and Behavior, 39*(1), 106–123.

Motivational Interviewing

- Conversation style to strengthen a persons own
  - motivation and commitment to change.
  - Patient has to be
    - aware of problem
    - Ready to change
    - Request permission to address weight challenges

Miller, W. R., & Rollnick, S. (2013). Motivational interviewing: Helping people change (3rd ed.). New York, NY: Guilford Press
Australian Family Physician Vol. 41, No. 9, September 2012

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Guiding Principles of Motivational Interviewing : RULE

- **R**esist the "righting reflex"

- **U**nderstand the patient's motivation
  - Figuring this out

- **L**isten to your patient
  - It takes practice

- **E**mpower
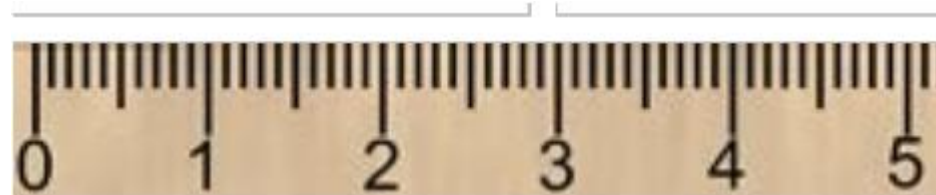
Communication Skills of Motivational Interviewing - OARS

- **O**pen ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries

De Almeida Neto, A. C. (2017). Understanding motivational interviewing: An evolutionary perspective. *Evolutionary Psychological Science*, *3*(4), 379–389

Skills of Motivational Interviewing - OARS

- **Open Ended Questions**
  - Allows patient to express how they feel
    - What ?
    - How ?
  - *Why did you return to eating fast food after work?*
    - instead -
  - *What was going on in your life when you started eating fast food after work?*
    - *Tell me more about…*

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Skills of MI - OARS

- Affirmations
  - Recognizing patients strengths and efforts
  - Must be genuine and congruent
  - Builds Confidence

    - "I appreciate you coming in for your visit today."
    - "You handled yourself really well during your family reunion"
    - "You are clearly a very resourceful person".

Skills of MI - OARS

Reflection

- Rephrasing to encourage further exploration
  - Simple
    - Repeating what patient said
  - Complex
    - Paraphrase what the patient has said
    - Amplify the reflection
  - Delivered confidently with inflection
    - It sounds like you were very successful….
    - What I am hearing is you liked the way you felt after ….

Providers voice is confident

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Skills of MI - OARS

- Summaries
  - Long reflections – Ensure mutual understanding
  - Summarizing change talk into an actionable plan
    - Confirming agreement then assist and arrange
  - SMART GOALS
    - Specific
    - Measurable
    - Achievable
    - Relevant
    - Time-Bound

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Motivational Interviewing Technique

5 As

- **Ask** if there is a health-related behavior they would like to change

- **Assess** habit, cues/triggers, and readiness to change.

- **Advise** on strategies to change habits, cues, and triggers

- **Agree** on a plan

- **Arrange/assist** with tools, resources, referrals, and follow-up

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The Five As

The 5As model is a motivational interviewing technique originally designed for smoking cessation that has been modified for use in weight loss intervention.[1] In obesity management, the 5As technique has been shown to increase patient motivation and behavioral change.[2] Using the 5 As is also recommended for reimbursement of lifestyle interventions by the Centers for Medicare and Medicaid Services (CMS).[3]

The 5As for obesity management are as follows[4]:

Ask

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

Assess

- Assess obesity class and stage
- Assess for drivers, complications, and barriers

Advise

- Advise on obesity risks
- Explain benefits of modest weight loss
- Explain need for long-term strategy
- Discuss treatment options

Agree

- Agree on realistic weight-loss expectations
- Focus on behavioral goals (SMART) and health outcomes
- Agree on treatment plan

Assist

- Address drivers and barriers
- Provide education and resources
- Refer to appropriate provider
- Arrange follow-up