

Talking With Patients About Weight Loss: Tips for Primary Care Professionals

U.S. Department of Health
and Human Services

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DIABETES AND DIGESTIVE
AND KIDNEY DISEASES

WIN *Weight-control Information Network*

As a primary care professional, you are in an ideal position to offer weight-loss guidance to patients who are overweight or obese. You need not be an expert in weight management or take a lot of time to make a difference. This fact sheet offers tips that can help you talk with patients about this sensitive subject.

What role can primary care professionals play in patient weight control?

Studies show that short 3- to 5-minute conversations during routine visits can contribute to patient behavior change. In one study, patients who were obese and were advised by their health care professionals to lose weight were three times more likely to try to lose weight than patients not advised. Research has also shown that patients who were counseled in a primary care setting about the benefits of healthy eating and physical activity lost weight, consumed less fat, and exercised more than patients who did not receive counseling. Unfortunately, the majority of primary care professionals do not talk with their patients about weight.

Most people who are overweight or obese want assistance in setting and achieving weight-loss goals, but may hesitate to broach the topic during office visits. Talk with your patients about their weight-related goals, acknowledging that weight management is a challenging process. Explain that you want to help them lose weight, reduce their health risks, and make them feel better, but assure patients that your interest in their health is not dependent on their success in losing weight.

What do patients want from health care professionals regarding weight?

- **Talk.** Many patients want to talk about weight with health care professionals who offer respect and empathy for their struggles with weight control. However, before starting a conversation about weight control with your patients, allow them to discuss other issues that may be affecting their physical or emotional well-being.

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- **Nonoffensive terms.** Patients prefer the terms “weight” or “excess weight,” and dislike the terms “obesity,” “fatness,” and “excess fat.” You may wish to ask your patients what terms they prefer when discussing weight.

Which patients might benefit from a discussion about weight?

Approach the subject of weight loss if your patient has:

- A body mass index (BMI)* of 30 or above.
- A BMI between 25 and 30 and two or more weight-related health problems, such as a family history of coronary heart disease or diabetes.
- A waist measurement over 35 inches (women) or 40 inches (men)—even if BMI is less than 25—and two or more weight-related health problems, such as a family history of coronary heart disease or diabetes.

Patients who are overweight (BMI between 25 and 30) and have one or no other risk factors may benefit from a discussion about preventing weight gain instead of weight loss.

*BMI = weight (in pounds) \times 703 \div height (in inches) squared. A fact sheet called *Weight and Waist Measurement: Tools for Adults* from the Weight-control Information Network (WIN) provides instructions for measuring waist circumference and BMI.

- **Advice they can use.** There is an abundance of weight-loss advice in the media, and messages may be contradictory or inaccurate. Patients may benefit from straightforward advice from their physician. Many patients want help setting realistic goals. They may want to know what and how much to eat, and what and how much physical activity they should do. For example, some patients will want to know how to become more physically active without causing injury or aggravating problems such as joint pain. Others will want advice on choosing appropriate weight-loss products and services.

Tips for Talking About Weight Control

1. Address your patient's chief health concerns or complaints first, independent of weight. Patients do not want health care professionals to place blame or attribute all of their health problems to weight.

2. Open the discussion. Open the conversation by finding out if your patient is willing to talk about weight, or expressing your concerns about how his or her weight affects health. Next, you might ask your patient to describe his or her weight. Here are some sample discussion openers:

“Mr. Lopez, could we talk about your weight? What are your thoughts about your weight right now?”

“Mrs. Brown, I'm concerned about your weight because I think it is causing health problems for you. What do you think about your weight?”

Be sensitive to cultural differences that your patients may bring to the discussion regarding weight, food preferences, social norms and practices, and related issues. Patients may be more open when they feel respected.

3. Decide if your patient is ready to control weight. Ask more questions to assess a patient's readiness to control weight. Some sample questions are below.

“What are your goals concerning your weight?”

“What changes are you willing to make to your eating and physical activity habits right now?”

“What kind of help would you like from me regarding your weight?”

A patient who is not yet ready to attempt weight control may still benefit from a discussion about healthy eating and regular physical activity, even if he or she is not ready to make behavioral changes. A talk focusing on the ways weight may affect health may also be appropriate because it may help bring weight loss to the forefront of your patient's mind. You can reassess the patient's readiness to control weight at the next office visit. A patient who is ready to control weight will benefit from setting a weight-loss goal, receiving advice about healthy eating and regular physical activity, and follow-up.

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4. Set a weight goal. A 5 to 10 percent reduction in body weight over 6 months is a sensible weight-loss goal. One-half to 2 pounds per week is a safe rate of weight loss. A goal of maintaining current weight and preventing weight gain may be appropriate for some patients.

It may be beneficial to focus on improving other diet- and exercise-related risk factors too. Some patients may lose weight very slowly, which can be discouraging. Improving risk factors such as cholesterol levels may motivate patients, especially if changes are achieved in the face of slow weight loss.

5. Prescribe healthy eating and physical activity behaviors.

Give your patient concrete actions to take to meet his or her weight goal over the next 6 months. Write a prescription for healthier eating and increased physical activity (see sample prescription). You can also direct your patients to print WIN's online resources about weight, healthy eating, and physical activity.

Another option is to refer patients to a weight-loss program, a registered dietitian who specializes in weight control, or a certified fitness professional. The American Dietetic Association (<http://www.eatright.org>) offers referrals to registered dietitians throughout the United States, and the American College of Sports Medicine (<http://www.acsm.org>) offers a search engine for certified fitness professionals. In addition, the online WIN document *Choosing a Safe and Successful Weight-loss Program* can help your patients during this process. This publication offers a list of questions patients may ask their health care providers before deciding on a weight-loss plan, as well as various tips on what to look for in such programs.

Some patients may benefit from weight-loss medication or obesity surgery. The fact sheets *Prescription Medications for the Treatment of Obesity* and *Bariatric Surgery for Severe Obesity* from WIN offer more information about these two treatments. Also, note that some people try herbal treatments to improve their health. Ask your patients if they are taking herbal supplements and provide advice on the use of these products. For more information, contact the National Center for Complementary and Alternative Medicine, which serves as a resource on herbs for professionals and the public (<http://www.nccam.nih.gov>).

Rx Prescription for Healthy Eating and Regular Physical Activity

Try these ideas to support your weight-loss efforts:

- ✓ Eat a variety of nutritious foods from the basic food groups and limit your intake of saturated and *trans* fats, added sugars, salt, and alcohol.
- ✓ Be physically active for at least 30 minutes on most or all days of the week. This level of exercise helps reduce your risk for chronic diseases such as diabetes. Set goals for moderate-intensity physical activities, such as walking at a brisk pace, and chart your progress as you increase your activity level.
- ✓ If you are trying to lose weight or sustain weight loss, be physically active for 60 to 90 minutes a day. Chart your progress as you increase your activity level.
- ✓ Take stairs instead of elevators, park further from entrances, or go for a walk instead of watching TV after dinner. Make sure that you are in a safe and well-lit location when engaging in these activities.
- ✓ Keep a food diary. Write down all of the food you eat in a day, what time you eat, and your feelings at the time. Review your diary to find ways to improve your eating habits.
- ✓ Dish up smaller amounts of high-calorie foods, and larger amounts of low-calorie foods such as vegetables and fruits. Compare your portions to the serving size listed on food packaging for a few days so you know how much you are eating. Learn more from the *2005 Dietary Guidelines for Americans*, which is available online at <http://www.healthierus.gov/dietaryguidelines>
- ✓ At restaurants, eat only half of your meal and take the rest home.

Improving risk factors such as cholesterol levels may motivate patients, especially if changes are achieved in the face of slow weight loss.

If your patient makes healthy behavior changes, offer praise to boost self-esteem and keep him or her motivated.

6. Follow up. When you see your patient again, note progress made on behavior changes, such as walking at least 5 days a week. If your patient has made healthy behavior changes, offer praise to boost self-esteem and keep him or her motivated. Likewise, discuss setbacks to help your patient overcome challenges and be more successful. Set a new weight goal with your patient. This may be for weight loss or prevention of weight gain. Discuss eating and physical activity habits to change or maintain to meet the new weight goal.

What resources are available for patients?

Organizations

American College of Sports Medicine

P.O. Box 1440
Indianapolis, IN 46206–1440
Phone: (317) 637–9200
Internet: <http://www.acsm.org>

American Dietetic Association

120 South Riverside Plaza, Suite 2000
Chicago, IL 60606–6995
Toll-free number: 1–800–877–1600
Internet: <http://www.eatright.org>

Publications and Websites

Active at Any Size is a brochure from WIN that helps very large people become more physically active. National Institutes of Health (NIH) Publication No. 04–4352.

Better Health and You: Tips for Adults is a brochure from WIN on healthy eating and physical activity. It is part of the series *Healthy Eating and Physical Activity Across Your Lifespan*. NIH Publication No. 07–4992.

Finding Your Way to a Healthier You: Based on the Dietary Guidelines for Americans is a brochure from the U.S. Department of Health and Human Services (DHHS) and the U.S. Department of Agriculture. It is available online at <http://www.health.gov/dietaryguidelines/dga2005/document/pdf/brochure.pdf>. DHHS Publication No. HHS–ODPHP–2005–01–DGA–B.

SmallStep.Gov is a website from DHHS that helps users take small steps toward a healthy weight. You can find it online at <http://www.smallstep.gov>.

Walking: A Step in the Right Direction is a pamphlet from WIN about beginning a walking program. NIH Publication No. 07-4155.

Weight Loss for Life is a brochure from WIN offering sensible weight-control advice. NIH Publication No. 04-3700.

What resources are available for health professionals?

Aim for a Healthy Weight Education Kit is a patient education kit from the National Heart, Lung, and Blood Institute (NHLBI) that helps health care providers develop effective weight-management programs in their offices or clinics. It is available at http://www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit. NIH Publication No. 02-5212. 2002.

BMI Calculator is a free tool for Palm® hand-held computers from NHLBI. It is available online at http://hin.nhlbi.nih.gov/bmi_palm.htm.

Medical Care for Obese Patients is a fact sheet from WIN to help health care providers offer optional medical care to patients who are obese. This publication features a complete BMI table. NIH Publication No. 03-5335.

The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults is an 88-page guide from NHLBI for health care providers about helping patients control weight. Includes tools for patients. It is available at <http://www.nhlbi.nih.gov/guidelines/obesity/practgde.htm>. NIH Publication No. 00-4084.

Weight and Waist Measurement: Tools for Adults is a WIN fact sheet that describes how to accurately take these two measures and explains the health risks associated with excess weight. NIH Publication No. 04-5283.

Weight-control Information Network

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The Weight-control Information Network (WIN) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health, which is the Federal Government's lead agency responsible for biomedical research on nutrition and obesity. Authorized by Congress (Public Law 103–43), WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based health information on weight control, obesity, physical activity, and related nutritional issues.

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