

3 steps

TO INITIATE DISCUSSION

about weight management

WITH YOUR PATIENTS

STEP ONE

Make the Most of the Patient Visit and Set an Effective Tone for Communication

Patients who are overweight or obese generally have a history of dealing with a frustrating and visible problem. They often experience discrimination from strangers, and even hurtful comments from health professionals. Many patients however, are comfortable discussing weight with their physician¹. So setting an effective tone for communication is critical. Providers need to establish rapport with patients, solicit permission to discuss weight issues, and use preferred terms such as "weight," "excess weight," and "BMI" when describing obesity².

Tips:

- Ask the patient if he/she would be comfortable with discussing general health including weight.
- Ask about the patient's weight history and how excess weight has affected his/her life.
- Be careful to communicate a nonjudgmental attitude that distinguishes between the weight problem and the patient with the problem.
- Express your concerns about the health risks associated with excess weight and how this is affecting the patient (review patient's BMI, waist circumference, and health risks).

**Effective treatment for obesity
is based on skillful and empathetic communication
between practitioners and patients.**



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STEP TWO

Assess Patient's Motivation/Readiness to Lose Weight

Evaluate the patient's readiness to make the necessary lifestyle changes to lose weight. This should include: reasons and motivation to lose weight, previous attempts at weight loss, expected support from family and friends, understanding risks and benefits, attitudes toward physical activity, and potential barriers.

Tips:

- Ask patient if he/she would consider lifestyle changes to lose weight and improve health.

Example: On a scale of 1-10, with 10 being 100 percent ready to take action, how ready are you to lose weight?

- **An answer between 1-4** means the patient has very little intention to lose weight, so you could followup with "What would have to happen for you to be more ready?" or "What would it take to increase your score?"
 - **An answer between 5-7** means the patient is ambivalent about taking action to lose weight, therefore acknowledge the patients ambivalence in a nonjudgmental manner and invite the patient to bring up the subject at any time in the future. You could also followup with, "What would have to happen for you to be more ready?" or "What would it take to increase your score?"
 - **An answer between 8-10** means the patient is very willing to take action about his/her weight.
- Ask patient about previous attempts to lose weight. What were the most successful and least successful?
 - Ask about the patient's physical activity level and attitude toward exercise.
 - Ask patient about the level of support he/she can expect from family and friends.
 - Ask about potential barriers to success.

WEIGH YOUR PATIENT'S HEALTH RISKS

Adults who are overweight or obese have a greater chance of developing high blood pressure, high blood cholesterol or other lipid disorders, type 2 diabetes, heart disease, stroke, and certain cancers. To determine your patient's relative risk for these diseases:

1. Calculate body mass index (BMI), by measuring weight relative to height.

BMI = (Weight in pounds ÷ Height in inches ÷ Height in inches) x 703
or use the BMI Table on page 46 of the Practical Guide.

2. Measure waist circumference.
3. Use the table below to give you an idea of whether your patient's BMI combined with waist circumference increases his/her disease risks.

**CLASSIFICATION OF OVERWEIGHT AND OBESITY
by BMI, Waist Circumference, and Associated Disease Risk***

	BMI (kg/m ²)	Obesity Class	Disease Risk* (Relative to Normal Weight and Waist Circumference)	
			Men ≤40 in. (≤102 cm) Women ≤ 35 in. (≤88 cm)	>40 in. (>102 cm) >35 in. (>88 cm)
Underweight	<18.5		–	–
Normal †	18.5–24.9		–	–
Overweight	25.0–29.9		Increased	High
Obesity	30.0–34.9	I	High	Very High
	35.0–39.9	II	Very High	Very High
Extreme Obesity	≥40	III	Extremely High	Extremely High

* Disease risk for type 2 diabetes, hypertension, and CVD.

† Increased waist circumference can also be a marker for increased risk even in persons of normal weight.
Adapted from "Preventing and Managing the Global Epidemic of Obesity Report of the World Health Organization Consultation of Obesity." WHO, Geneva, June 1997

A weight loss of 5-10 percent of initial weight will lower the risk of disease.
See pages 79-80 in the Practical Guide for a quick reference tool to help assess, classify, and treat (ACT) your overweight and obese patients.

STEP THREE

Build a Partnership With the Patient

Set goals for behavior change together with the patient. A recent study showed that most patients with a weight problem would like assistance with weight management, specifically dietary and physical activity advice, and help with setting realistic goals.

Tips:

- Discuss the collaborative effort needed for setting goals.
- Ask what the patient's weight goals are.
- Explain that even a small weight loss of 10 percent of initial weight can lower health risks.
- Ask patient if he/she would like help with diet and physical activity.
- Select two or three measurable, achievable goals and discuss steps needed to achieve them.
- Provide and discuss patient handouts in *The Practical Guide* and/or refer patient to dietitian or exercise specialist.

Sources:

- *The NHLBI Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*, NIH Publication No. 00-4084 or 02-4084
- Materials from the Centers for Obesity Research and Education (C.O.R.E.)
- Potter MB, Vu JD, Croughan-Minihane M. Weight management: what patients want from their primary care physicians. *J Fam Pract* 2001;50(6):513-8
- Wadden TA, Anderson DA, Poter GD, et al. Obese women's perceptions of their physician's weight management attitudes and practices." *Arch Fam Med* 2000;9(9):854-60



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NIH Publication No. 02-5211
November 2002