



**5 STEPS ON OBESITY**

# A guide to discussing weight with your patients

Talking about obesity with your patients can be difficult as weight is a sensitive issue. The 5 steps covered in this resource may help you to start and continue the conversation with your patients.






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**1 Initiate**


When opening the conversation, it's important to **ask for permission** as talking about weight may be a sensitive topic:<sup>1,2</sup>

 *Would it be alright to discuss your weight today?*

Once you have permission to discuss weight, ensure you use positive, motivational and patient-first language at all times.<sup>3</sup>

Below are two examples of how to discuss obesity with your patient – one is best practice, and the other is language that you should avoid:<sup>3</sup>

 Would you mind if we discussed your weight today and put together a weight management plan?

 I want to talk about your weight and how much you eat

To help continue the conversation with your patient, here are some example questions you could use:

*How is your weight affecting your life and the activities that you enjoy?*

*How important is it for you to work on your weight?*

If a patient does not give permission and does not want to discuss their weight, do not push it further and inform them that you will be available to discuss in the future if they change their mind.<sup>1</sup>



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## 2 Diagnose

### Assess BMI (Body Mass Index)

BMI is a simple measurement of your patient's weight in kilograms divided by the square of their height in metres and is a useful measure for guiding treatment decisions.<sup>2,4</sup>

[CLICK HERE TO ACCESS A BMI AND OBESITY-RELATED RISK CALCULATOR](#)

It's important to remember that BMI categories for overweight and obesity differ for Asian and Australian Aboriginal & Torres Strait Islander populations.<sup>4</sup> [Click here for further information.](#)

Here are some tips for when you measure your patient's weight:



Ensure weighing scales measure >200 kg and are in an area of privacy



Refrain from announcing your patient's weight in a non-private area

### Measure waist circumference

Waist circumference is an important measure for evaluating obesity-related health risks.<sup>5</sup> Below is a guide on how you can make this a more comfortable experience for your patient:

1. Ask the person to stand facing you.
2. Hand them one end of the measuring tape and ask them to hold it at their belly button.
3. Request they make one turn so that the tape wraps around their waist.
4. Grasp both ends of the tape and adjust it to ensure the tape is at the level of the upper hip bones and record their waist circumference.

### Waist circumference thresholds to identify increased relative risk of obesity-related complications.<sup>5,6†</sup>

Sex	Increased risk	Substantially increased risk
Male	94 cm	102 cm
Female	80 cm	88 cm

†Thresholds may be less accurate for individuals who are pregnant, have a medical condition causing abdominal distension, are of South Asian, Chinese, Japanese or Aboriginal or Torres Strait Islander ethnicity.



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**3 Discuss**

Here are some examples on how to discuss weight-related results with your patients:



*If we can review your previous test results for a moment, I think it may be beneficial to discuss how improving your health and losing weight would help to improve some of these results in the future.*

*Carrying excess weight can be a cause of some of your health concerns. Can we discuss how losing weight can improve your health?*

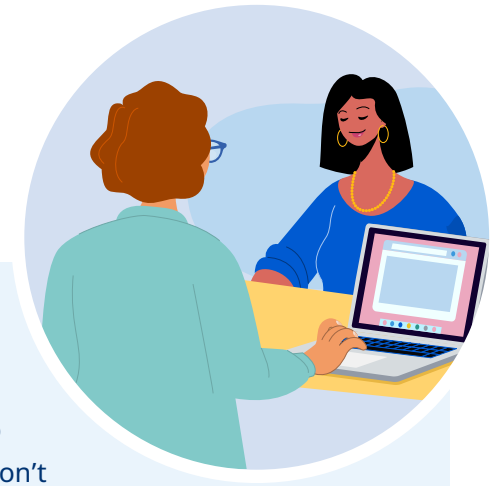
When discussing obesity, it is important your patient understands that body weight is influenced by many different factors, including genetics, environment and hormones, and that's why losing weight and maintaining weight loss may be challenging for people living with obesity.<sup>7-10</sup>

**Take a weight history**

Consider taking your patient's weight history to understand any potential triggers for their weight gain, their weight loss attempts to date and to discuss any challenges they encountered.<sup>2</sup> Below are some examples of questions, which could support your weight history discussion with your patient:

*Do you feel as if your weight has been an issue in the past? For how long?*

*Tell me about your efforts with trying to lose weight in the past*



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### Set realistic and attainable goals<sup>2</sup>

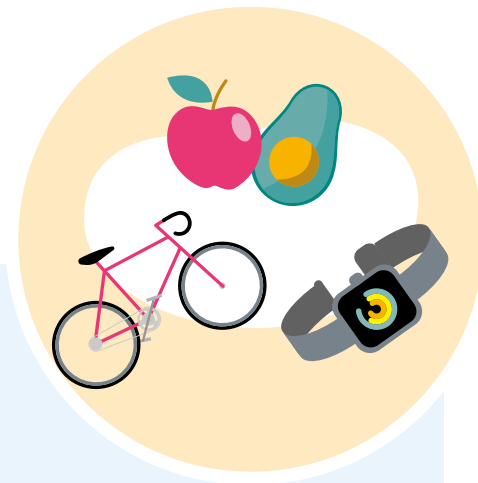
Once you have a good understanding of your patient's weight journey so far, you can progress to setting goals together. Remember, these goals don't need to focus on weight loss alone and should also include other health-related aspects, such as positive dietary changes, increased physical activity and how they are feeling overall.

It can also be helpful to break up bigger goals into ones that are smaller and more achievable. Below are some examples of questions that could support your conversations on goal setting:



*What are the most important goals you could set regarding your weight?*

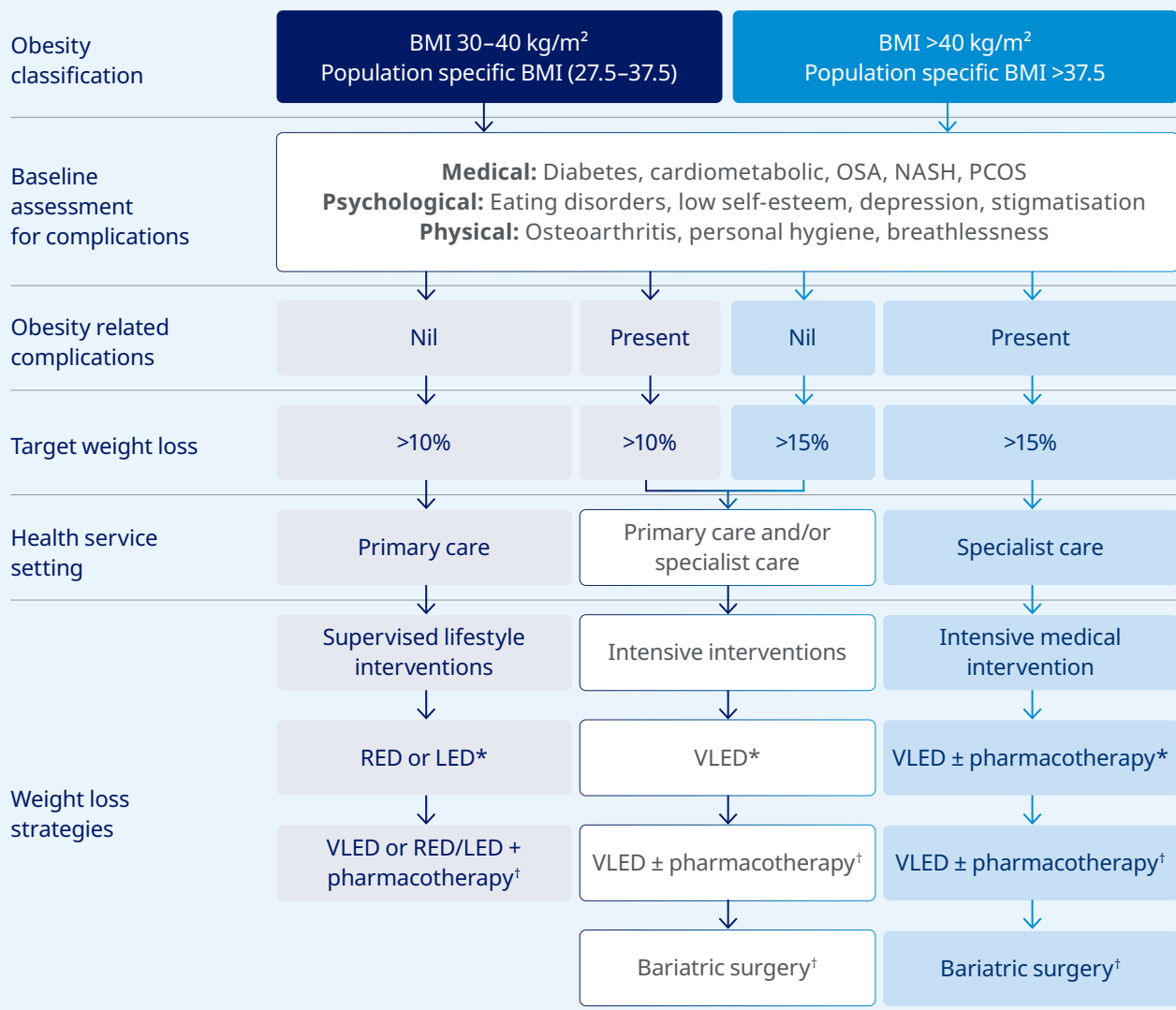
*What kind of changes would you like to prioritise first?*



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**4 Manage**

The Australian Obesity Management Algorithm provides management guidance for patients at different stages of weight management:<sup>4</sup>



Adapted from Markovic TP, et al. *Review Obes Res Clin Pract.* 2022;16:1353–63. Population specific cut-offs apply to Asian populations and are recommended for Australian Indigenous populations.  
 \*Followed by weight maintenance diet. <sup>†</sup>Followed by weight maintenance diet ± pharmacotherapy. ↓ If weight loss not achieved or maintained.  
 BMI: body mass index; LED: low energy diet; NASH: non-alcoholic steatohepatitis; OSA: obstructive sleep apnoea; PCOS: polycystic ovary syndrome; RED: reduced energy diet; VLED: very low energy diet.



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### Lifestyle intervention

Lifestyle intervention should be the first approach for obesity management in all individuals, and can consist of three components - meal plan, physical activity and behavioural modification.<sup>2,4</sup> However, these interventions may not always be sufficient to maintain weight loss.<sup>11,12</sup>



### Pharmacotherapy

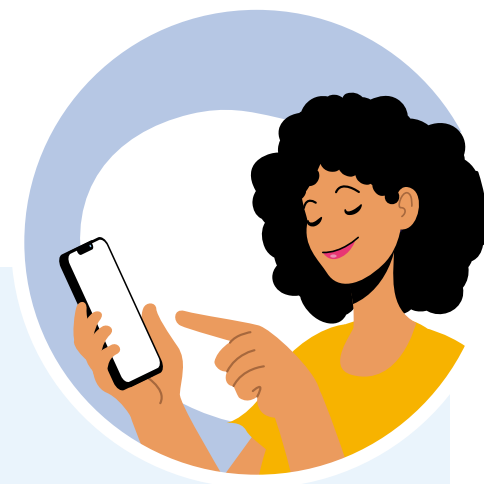
Pharmacotherapy can help patients maintain lifestyle modifications, reduce obesity-related health risks and improve quality of life.<sup>4,13</sup> It can also help to prevent the development of obesity-related complications, such as type 2 diabetes.<sup>13</sup> Pharmacotherapy can be considered in patients with a BMI of  $\geq 30$  kg/m<sup>2</sup> or  $\geq 27$  kg/m<sup>2</sup> with an obesity-related complication.<sup>2,4</sup>



### Bariatric surgery

Bariatric surgery is intended to manage excess weight that is severe and/or associated with severe obesity-related complications in patients with a BMI  $\geq 40$  kg/m<sup>2</sup> or a BMI  $\geq 35$  kg/m<sup>2</sup> with at least one or more obesity-related complications.<sup>4</sup>

[CLICK HERE FOR FURTHER PRACTICAL GUIDANCE FROM THESE RECOMMENDATIONS](#)



## 5 STEPS ON OBESITY

# 5 Follow-up

Evidence indicates that regular consultations to discuss weight maintenance can have a significant positive effect on weight management.<sup>10</sup> To support effective follow-up consultations, try to cover the following three areas:



### Assess progress for weight maintenance

- Calculate your patient's BMI and waist circumference. Assessing other measures (e.g., changes in blood pressure) may also be helpful
- Assess progress by acknowledging achievements and adjusting goals where necessary
- Make it clear that measuring weight is not the only factor to the visit: recognise achievements other than weight loss, such as walking more or eating healthily



### Modify management approach<sup>14</sup>

- It is important to modify or intensify treatment, where necessary, to overcome weight regain. Consider each patient's weight history and current situation to determine a follow-up plan for management
- Once weight loss has been stabilised, re-evaluate the obesity-related complications
- Explain to your patients that preventing weight regain is the cornerstone of lifelong weight management for any weight loss technique
- If appropriate for your patient, discuss treatments beyond lifestyle, such as continued pharmacotherapy or other interventions



### Make a new appointment

- Ensure to have regular follow-up visits with your patients to support them on their weight loss journey

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