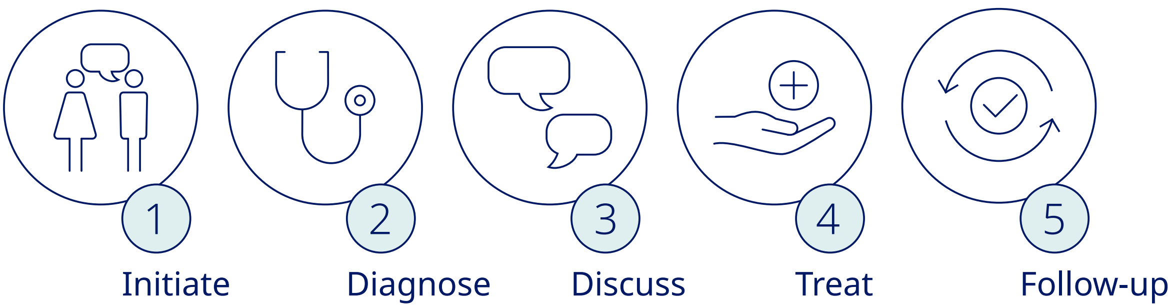
5 steps on obesity

A guide to discussing weight with your patients



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5 steps on obesity

Talking about obesity with your patients can be difficult as weight is a sensitive issue.

These 5 steps may help you start and continue the conversation in order to find the right treatment option for your particular patient.

1. Initiate

1.A Ask permission

2. Diagnose

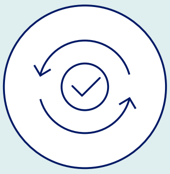
2.A Assess BMI
2.B Measure waist circumference

3. Discuss

3.A Start the conversation
3.B Take weight history
3.C Set realistic and attainable goals

4. Treat

Discuss a multifaceted approach:
4.A Lifestyle therapy
4.B Pharmacotherapy
4.C Bariatric surgery



5. Follow-up

5.A Assess progress
5.B Modify treatment
5.C Make a new appointment

1 Initiate

1.A Ask permission

When opening the conversation it's important to ask for permission as talking about weight may be a sensitive topic.[1,2]

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.[3]

Below are two examples of how to discuss obesity with your patient, one is best practice and the other is language you should avoid.[3]

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

✗ I have noticed you are obese, have you tried eating less and moving more?

Getting the conversation started:

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 have a discussion about 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.[1]

2 Diagnose

2.A Assess BMI (Body Mass Index)

2.B Measure waist circumference

BMI and waist circumference are important measures for evaluating obesity-related health risks.[4]

There are several things that you as a healthcare provider can do in order to make this experience as comfortable for your patient as possible.

Before assessing BMI, you need to weigh your patient.

When weighing your patient:

- Ensure weighing scales are in an area which offer privacy
- Ensure weighing scales measure greater than 200 kg
- Refrain from announcing your patient's weight in a non-private area

2.A Assess BMI (Body Mass Index)

Diagnosing obesity begins with assessing your patient's BMI – this is a simple measurement of your patient's weight (kg) divided by the square of their height in metres.[5]

$$\text{BMI (kg/m}^2\text{)} = \frac{\text{Weight (kg)}}{[\text{Height (m)}]^2}$$

Please refer to the last page of this document for a BMI calculator, where you can calculate your patient's BMI using their weight and height.

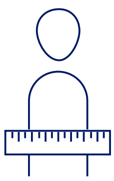
BMI classifications

The World Health Organization propose a BMI-centric classification system to guide population-level and clinical decision-making strategies.[5]

Classification	BMI (kg/m²)
Obesity	≥30.0
Obesity class I	≥30.0 and <35.0
Obesity class II	≥35.0 and <40.0
Obesity class III	≥40.0

2.B Measure waist circumference

Waist circumference is an important measure for evaluating health risks. Below is a guide on how you can make this a more comfortable experience for your patient:[4]



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 cut-offs to identify increased relative risk for the development of obesity-related complications[6]	
Men	>102 cm
Women	>88 cm

3 Discuss

3.A Start the conversation
3.B Take weight history
3.C Set realistic and attainable goals

3.A Start the conversation

Below are some examples of how your weight management conversations could start.

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?

Explain that obesity is not your patient's fault. When discussing obesity with your patient, it is important you help them understand 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.[7,8]

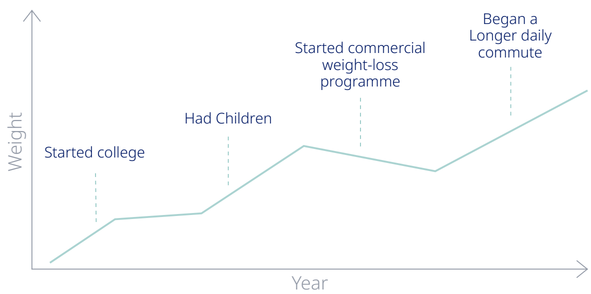
3.B Take weight history

During your weight management discussion, 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. The 'Chart your weight history' patient resource can be found on **global.rethinkobesity.com**

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



3.C Set realistic and attainable goals

Once you have a good understanding of the patient's weight journey so far, you can progress to discussing and setting goals together.

Below are some examples of questions, which could support the conversation on goal setting with your patient.

What are some reasonable goals you could set regarding your weight?

What kind of changes would you be willing to start with?

Start by eliciting **what** your patient's goals are. By doing this, you can help them to determine realistic and achievable targets. Consider the following:

- Short-term goals
- Long-term goals

Next, together with your patient, explore **how** they will be able to achieve these goals. The steps should be measurable and build on each other over time.

Lastly, set realistic dates for **when** your patient will aim to achieve both their short- and long-term goals, and importantly, set expectations that obesity management is a long-term process.[1]

Resources to support conversations with your patients about obesity

1. Start the conversation


Losing weight and sustaining it is hard
Talking about it doesn't have to be

Use the handout 'Losing weight is hard, talking about it doesn't have to be' to help your patient understand the causes of obesity

2. Take weight history

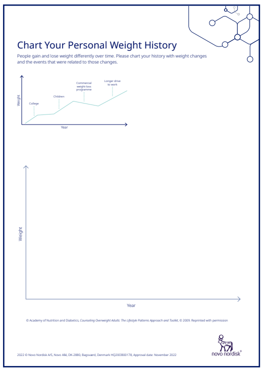
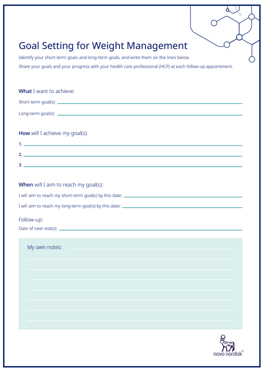


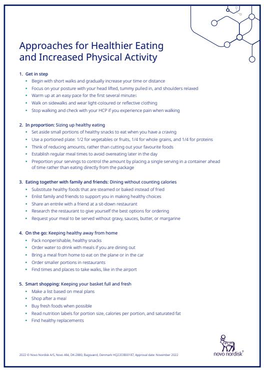
Chart Your Personal Weight History

To support your weight history discussion, use the 'Chart your weight history' handout to map your patient's weight journey

3. Goal setting and tips to obtain the goals


Goal Setting for Weight Management

Use the 'Goal Setting' handout to create SMART goals with your patients: Specific, Measurable, Achievable, Relevant, Timely


Approaches for Healthier Eating and Increased Physical Activity

Use the handout 'Approaches for Healthier Eating and Increased Physical Activity' to help your patients make attainable lifestyle modifications (page 2 of 'Goal Setting' handout)

For resources to support conversations with your patients, visit **rethinkobesity.global/patients.html**. Additionally, you can refer your patients to truthaboutweight.global for more information.

4 Treat

Discuss a multifaceted approach:

4.A Lifestyle therapy

4.B Pharmacotherapy

4.C Bariatric surgery

Obesity is a chronic disease, where treatment should target both weight-related complications and adiposity to improve overall health and quality of life. It can be managed effectively through a variety of available treatment options, depending on the individual patient characteristics and the severity of the disease.[9]

The principal goals in obesity management are to prevent complications by trying to keep the patient metabolically healthy (if possible), to prevent or to treat complications if they are already present, to fight against stigmatisation and to restore wellbeing, positive body image and self-esteem.[6]

There are multiple guidelines available for obesity management, that provide recommendations for patients at different stages of weight management. One of these guidelines is the AACE/ACE Guideline 2016 for obesity management.[9]

The AACE/ACE Guidelines 2016 for obesity management[9]

Clinical practice guidelines for comprehensive medical care of patients with obesity

DIAGNOSIS AND MEDICAL MANAGEMENT OF OBESITY				
DIAGNOSIS		COMPLICATION-SPECIFIC STAGING AND TREATMENT		
Anthropometric Component (BMI kg/m²)	**Clinical Component**	**Disease Stage**	**Chronic Disease Phase of Prevention**	**Suggested Therapy (based on clinical judgment)**
<25 <23 in certain ethnicities waist circumference below regional/ethnic cutoffs		**Normal weight** (no obesity)	**Primary**	• **Healthy lifestyle:** healthy meal plan/physical activity
25–29.9 23–24.9 in certain ethnicities	Evaluate for presence or absence of adiposity-related complications and severity of complications • Metabolic syndrome • Prediabetes • Type 2 diabetes • Dyslipidemia • Hypertension • Cardiovascular disease • Nonalcoholic fatty liver disease • Polycystic ovary syndrome • Female infertility • Male hypogonadism • Obstructive sleep apnea • Asthma/reactive airway disease • Osteoarthritis • Urinary stress incontinence • Gastroesophageal reflux disease • Depression	**Overweight stage 0** (no complications)	**Secondary**	• **Lifestyle therapy:** Reduced-calorie healthy meal plan/physical activity/ behavioral interventions
≥30 ≥25 in certain ethnicities		**Obesity stage 0** (no complications)	**Secondary**	• **Lifestyle therapy:** Reduced-calorie healthy meal plan/physical activity/ behavioral interventions • **Weight-loss medications:** Consider if lifestyle therapy fails to prevent progressive weight gain (BMI ≥27)
≥25 ≥23 in certain ethnicities		**Obesity stage 1** (1 or more mild to moderate complications)	**Tertiary**	• **Lifestyle therapy:** Reduced-calorie healthy meal plan/physical activity/ behavioral interventions • **Weight-loss medications:** Consider if lifestyle therapy fails to achieve therapeutic target or initiate concurrently with lifestyle therapy (BMI ≥27)
≥25 ≥23 in certain ethnicities		**Obesity stage 2** (at least 1 severe complication)	**Tertiary**	• **Lifestyle therapy:** Reduced-calorie healthy meal plan/physical activity/ behavioral interventions • **Add weight-loss medication:** Initiate concurrently with lifestyle therapy (BMI ≥27) • **Consider bariatric surgery:** (BMI ≥35)

a. All patients with BMI ≥25 have either overweight or obesity stage 0 or higher, depending on the initial clinical evaluation for presence and severity of complications. These patients should be followed over time and evaluated for changes in both anthropometric and clinical diagnostic components. The diagnoses of overweight/obesity stage 0, obesity stage 1, and obesity stage 2 are not static, and disease progression may warrant more aggressive weight-loss therapy in the future. BMI values ≥25 have been clinically confirmed to represent excess adiposity after evaluation for muscularity, edema, sarcopenia, etc.
b. Stages are determined using criteria specific to each obesity-related complication; stage 0 = no complication; stage 1 = mild to moderate; stage 2 = severe.
c. Treatment plans should be individualized; suggested interventions are appropriate for obtaining the sufficient degree of weight loss generally required to treat the obesity-related complication(s) at the specified stage of severity.
d. BMI ≥27 is consistent with the recommendations established by the US Food and Drug Administration for weight-loss medications.

Abbreviation: BMI = body mass index.

Available at: https://journals.aace.com/doi/pdf/10.4158/EP161365.GL

4.A Lifestyle therapy

Lifestyle therapy modifications are the cornerstone of all obesity treatments and should be the first-line intervention in all individuals with a BMI ≥25 kg/m². Importantly, lifestyle modifications must be included as part of any weight loss intervention. Many obesity management guidelines recommend that lifestyle therapy for obesity should include the following three components; meal plan, physical activity and behavioural modification.[9] However, these interventions are not always sufficient to maintain weight loss.[10,11]

For more guidance on Lifestyle Therapy Modifications, see page 91, AACE/ACE Guidelines 2016. Available at: https://journals.aace.com/doi/pdf/10.4158/EP161365.GL.

4.B Pharmacotherapy

Pharmacological treatment should be considered as part of a comprehensive strategy of disease management.[12] Pharmacotherapy can help patients to maintain compliance, reduce obesity-related health risks and improve quality of life. It can also help to prevent the development of obesity co-morbidities (e.g. type 2 diabetes).[12] Pharmacotherapy can be considered in patients with a BMI of ≥30 kg/m², or ≥27 kg/m² with obesity-related complications if lifestyle therapy does not provide sufficient clinical benefit for individuals.[9]

Anti-obesity medications can act directly on the central nervous system, inducing weight loss by reducing appetite, or act peripherally and induce weight loss by interfering with fat absorption from the gastrointestinal tract.[13]

There is also a role for pharmacotherapy post bariatric surgery. 10–20% of all patients will regain the weight lost through bariatric surgery.[14] In these cases, pharmacotherapy is recommended by the European Association for the Study of Obesity for patients with a partial weight loss response or who have experienced weight regain after bariatric surgery.[15]

For more guidance on Pharmacological Treatment Options, see page 102, AACE/ACE Guidelines 2016. Available at: https://journals.aace.com/doi/pdf/10.4158/EP161365.GL

4.C Bariatric surgery

Bariatric surgery is the third-line and most efficient intervention for obesity management. In patients with a BMI ≥40 kg/m², or more than 45 kilograms overweight or BMI ≥35 kg/m² and at least one or more obesity-related co-morbidities (such as type 2 diabetes, hypertension, sleep apnoea and other respiratory disorders, non-alcoholic fatty liver disease, osteoarthritis, lipid abnormalities, gastrointestinal disorders or heart disease)[16] it is intended to manage excess weight that is severe and/or associated with severe weight-related complications.[9]

Bariatric surgery can be malabsorptive or restrictive, with each type requiring different lifestyle changes.[17]

For more guidance on Bariatric Surgery, see page 131, AACE/ACE Guidelines 2016. Available at: https://journals.aace.com/doi/pdf/10.4158/EP161365.GL

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5 Follow up

5.A Assess progress for weight maintenance

5.B Modify treatment approach

5.C Make a new appointment

Evidence indicates that frequent consultations to discuss weight maintenance can have a significant positive affect on weight management.[18]

At the follow-up appointment, talk to your patient about what has been working well and what challenges they have faced. Ensure you cover the three main areas on the next page during the follow-up appointment.

5.A Assess progress for weight maintenance

- Calculate your patient's BMI and waist circumference
- Assess progress by acknowledging achievements and adjusting goals where necessary
- Make it clear to your patients that measuring weight is not the only factor to the visit: recognise achievements other than weight loss, such as walking more or eating healthily

5.B Modify treatment approach

- 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 treatment
- Once the weight loss has been stabilised, re-evaluate the weight-related complications
- Explain to your patients that preventing weight regain is the cornerstone of lifelong weight management, for any weight loss techniques which they may be using
- If appropriate for your patient, discuss treatments beyond lifestyle, such as continued pharmacotherapy or other interventions[19]

5.C Make a new appointment

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

To learn more, visit rethinkobesity.global to download printable resources and to watch obesity expert videos to best support your patients with obesity.

For resources to support conversations with your patients,
visit **rethinkobesity.global**

Additionally, you can refer your patients to **truthaboutweight.global**
for more information

BMI calculator[20,21]

Body mass index weight in pounds (lbs) and kilograms (kgs)

height in feet and inches	and in metres (m)	100 lb 45 kg	110 lb 50 kg	120 lb 54 kg	130 lb 59 kg	140 lb 63 kg	150 lb 68 kg	160 lb 73 kg	170 lb 77 kg	180 lb 82 kg	190 lb 86 kg	200 lb 91 kg	210 lb 95 kg	220 lb 100 kg	230 lb 104 kg	240 lb 109 kg	250 lb 113 kg
4'8"	1.46m	22	25	26	29	31	34	36	38	40	43	45	47	49	52	54	56
4'9"	1.47m	22	24	26	28	30	33	35	37	39	41	43	45	48	50	52	54
4'10"	1.49m	21	23	25	27	29	31	34	36	38	40	42	44	46	48	50	52
4'11"	1.50m	20	22	24	26	28	30	32	34	36	38	40	42	44	46	49	51
5'0"	1.52m	20	22	23	25	27	29	31	33	35	37	39	41	43	45	47	49
5'1"	1.55m	19	21	23	25	26	28	30	32	34	36	38	40	42	44	45	47
5'2"	1.57m	18	20	22	24	25	27	29	31	33	35	37	38	40	42	44	46
5'3"	1.60m	18	20	21	23	25	27	28	30	32	34	35	37	39	41	43	44
5'4"	1.63m		19	21	22	24	26	28	29	31	33	34	36	38	40	41	43
5'5"	1.65m		18	20	22	23	25	27	28	30	32	33	35	37	38	40	42
5'6"	1.67m		18	19	21	23	24	26	27	29	31	32	34	36	37	39	40
5'7"	1.70m			19	20	22	24	25	27	28	30	31	33	35	36	38	39
5'8"	1.73m			18	20	21	23	24	26	27	29	30	32	34	35	37	38
5'9"	1.75m			18	19	21	22	24	25	27	28	30	31	33	34	35	37
5'10"	1.78m				19	20	22	23	24	26	27	29	30	32	33	35	36
5'11"	1.80m				18	20	21	22	24	25	27	28	29	31	32	34	35
6'0"	1.83m			16	18	19	20	22	23	24	26	27	28	30	31	33	34
6'1"	1.85m			16		19	20	21	22	24	25	26	28	29	30	32	33

Normal   Overweight   Obesity

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