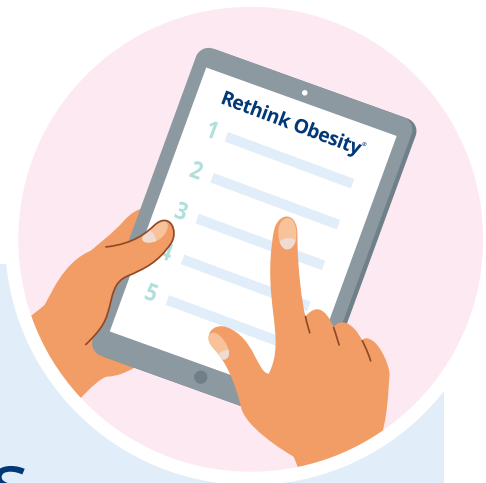


5 STEPS ON OBESITY

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.



1 Initiate



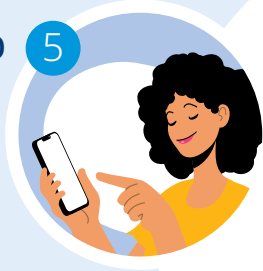
2 Diagnose



3 Discuss



4 Manage



5 Follow-up

5 steps on obesity



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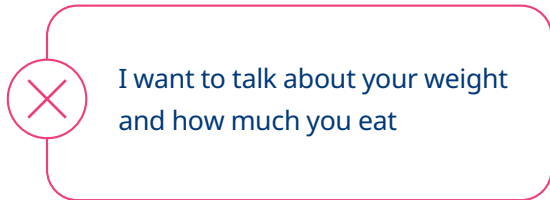
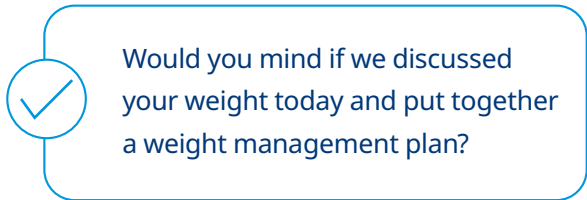
1 Initiate

When opening the conversation, it's important to **ask for permission** as talking about weight may be a sensitive topic:^{1,2}

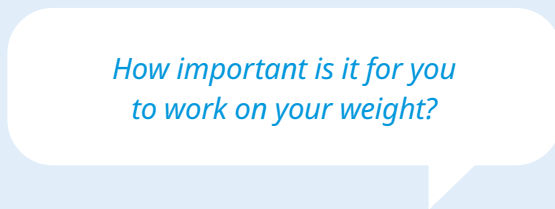
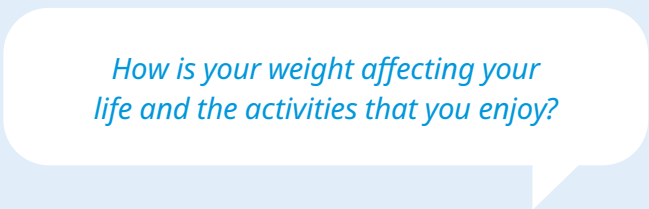


Once you have permission to discuss weight, ensure you use positive, motivational and patient-first language at all times.³

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



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



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.¹



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2 Diagnose

Assess BMI (Body Mass Index)

BMI is a useful measure for guiding treatment decisions.^{2,4}

BMI may not be as accurate in highly muscular people. For people of Asian ethnicity, practitioners should consider lowering the treatment threshold in the presence of central obesity. The New Zealand Guidelines (2017) reported no evidence for using different thresholds for Māori and Pacific Peoples.⁴

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

Use waist circumference to provide supporting information, especially if you suspect excess intra-abdominal fat in people who are overweight but not obese.⁴ Below is a guide on how you can make this a more comfortable experience for your patient:

1. Hand the person one end of the measuring tape and ask them to hold it at their belly button. Request they make one turn so that the tape wraps around their waist.
2. 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.^{6*}

| Sex | Increased risk | Substantially increased risk |
|--------|----------------|------------------------------|
| Male | 94–101 cm | ≥102 cm |
| Female | 80–87 cm | ≥88 cm |

Assess a person’s individual health risks

Conduct a full history and clinical examination for adults with a BMI ≥30 kg/m², or between 25 kg/m² and 29.9 kg/m² and waist circumference over 88 cm (women), or 102 cm (men).^{4*}

*Thresholds may be less accurate for individuals who are pregnant, have a medical condition causing abdominal distension, or are of Asian ethnicity.^{5,7} Consider lowering these thresholds for people of Asian ethnicity.⁴



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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.⁸⁻¹¹

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.² 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 goals²

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 management alone and should also include other health-related aspects, such as positive dietary changes, increased physical activity and how they are feeling overall.

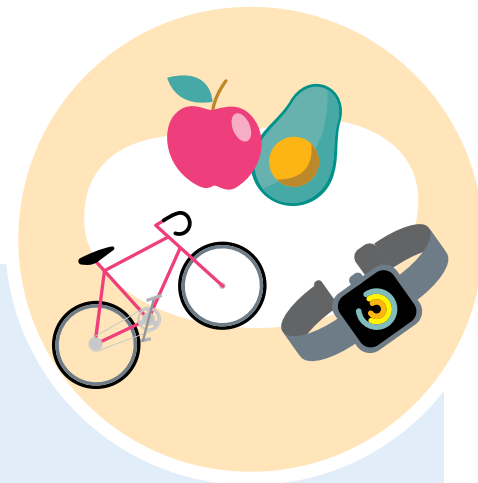
It can also be helpful to break up bigger goals into ones that are smaller and more achievable. Below are some examples of questions that could support your conversations on goal setting:



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

'Clinical Guidelines for Weight Management in New Zealand Adults', was published by the Ministry of Health in 2017. Key points from these guidelines are provided below.

[Click here to view the full guidelines.](#)⁴

General approach⁴

| | |
|--|--|
| Patient WITH significant comorbidities or complex needs | Consider referral to a multidisciplinary team, appropriate specialist or specialist service. |
| Patients WITHOUT significant comorbidities or complex needs | <p><i>FAB goal setting:</i> Together with the individual and where appropriate, their whānau, set realistic goals aimed at changes in Food, Activity (including sleep), and Behavioural strategies (FAB).</p> <p>Create a plan to regularly review and monitor progress (ideally every 3 to 6 months).</p> |

Interventions to consider⁴

- A weight management plan
- Diet
- Commercial weight loss programmes
- Physical activity and exercise
- Sleep
- Behavioural strategies
- Weight loss drugs
- Bariatric surgery
- Referral to specialist service.

Discuss health risks and explain the benefits of losing weight⁴

Discuss health risks with patients, and their whānau if appropriate, when:

- BMI is $\geq 30 \text{ kg/m}^2$ (unless weight is due to being highly muscular), or
- BMI is 25 to 29.9 kg/m^2 with a waist circumference over 102 cm for men or 88 cm for women (consider lowering the waist circumference threshold for people of Asian ethnicity).

Explain the benefits of losing weight:

- Even modest, sustained weight loss (e.g. 5% of body weight) can produce clinically meaningful health benefits, and greater weight losses can produce greater benefits.

For more recent information, the following guidance from other regions may also be of interest:
Obesity in adults: a clinical practice guideline – Canada, 2020¹²
The Australian Obesity Management Algorithm – Australia, 2022¹³



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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.^{2,4} However, these interventions may not always be sufficient to maintain weight loss.^{14,15}



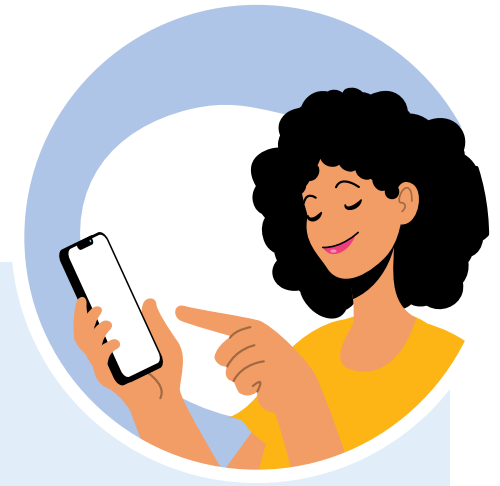
Pharmacotherapy

Pharmacotherapy can help patients maintain lifestyle modifications, reduce obesity-related health risks and improve quality of life.^{13,16} It can also help to prevent the development of obesity-related complications, such as type 2 diabetes.¹⁴ Pharmacotherapy can be considered in patients with a BMI of ≥ 30 kg/m² or ≥ 27 kg/m² with an obesity-related complication.^{2,4,13}



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 ≥ 40 kg/m² or a BMI ≥ 35 kg/m² with at least one or more obesity-related complications.^{4,13,17}



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5 Follow-up

Evidence indicates that regular consultations to discuss weight maintenance can have a significant positive effect on weight management.¹¹ 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 approach¹⁸

- 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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