

Addressing Obesity in Primary Care



LINDSEY SCHAFFER, MD AND SARAH-ASHLEY ROBBINS, MD
SAINT JOSEPH FAMILY MEDICINE RESIDENCY PROGRAM

Learning Objectives

1. Describe the scope of the obesity epidemic including data for our patient population at Bruner Family Medicine.
2. Identify some of the existing evidence for, as well as barriers to, screening and addressing obesity in primary care.
3. Review ideas for patient education handouts and resources to be used in discussing obesity with patients in the primary care office visit.

Problem

Obesity is a big problem...



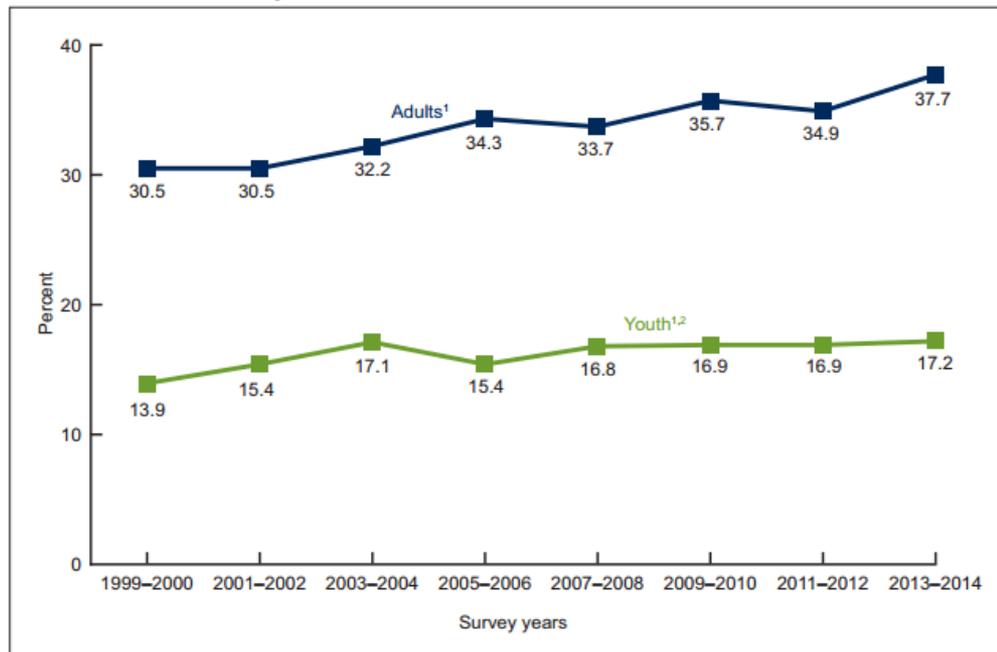
How can we effectively address it in primary care?

Can a “toolkit” of resources improve provider comfort in counseling patients on obesity?

Background

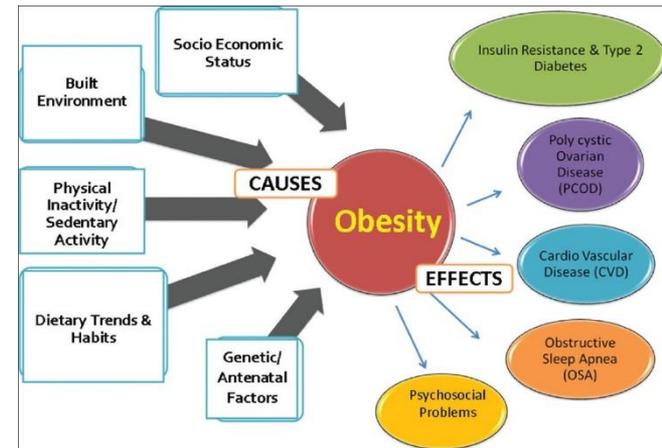
71% of US adults and 32% of children and adolescents are overweight or obese ⁴

Figure 5. Trends in obesity prevalence among adults aged 20 and over (age-adjusted) and youth aged 2–19 years: United States, 1999–2000 through 2013–2014



Background

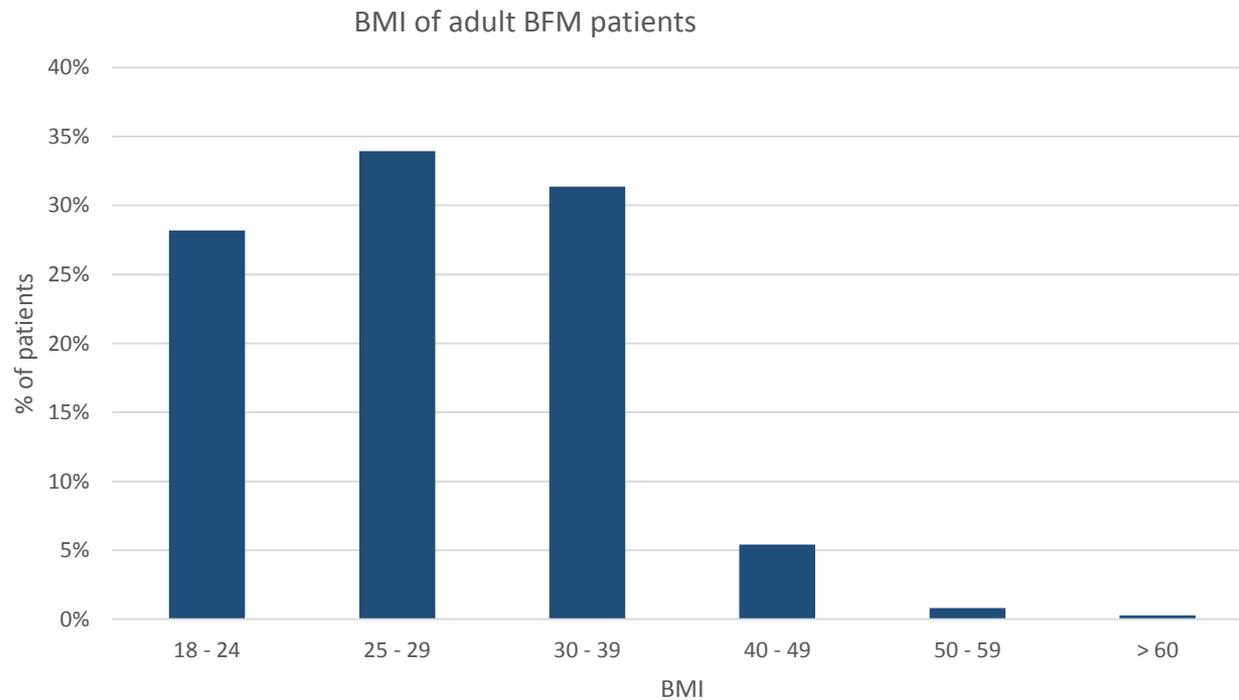
- Obesity is often not addressed during office visits; there are many barriers – lack of time, reimbursement, and referral resources, competing clinical priorities, and language and cultural barriers ²⁻³



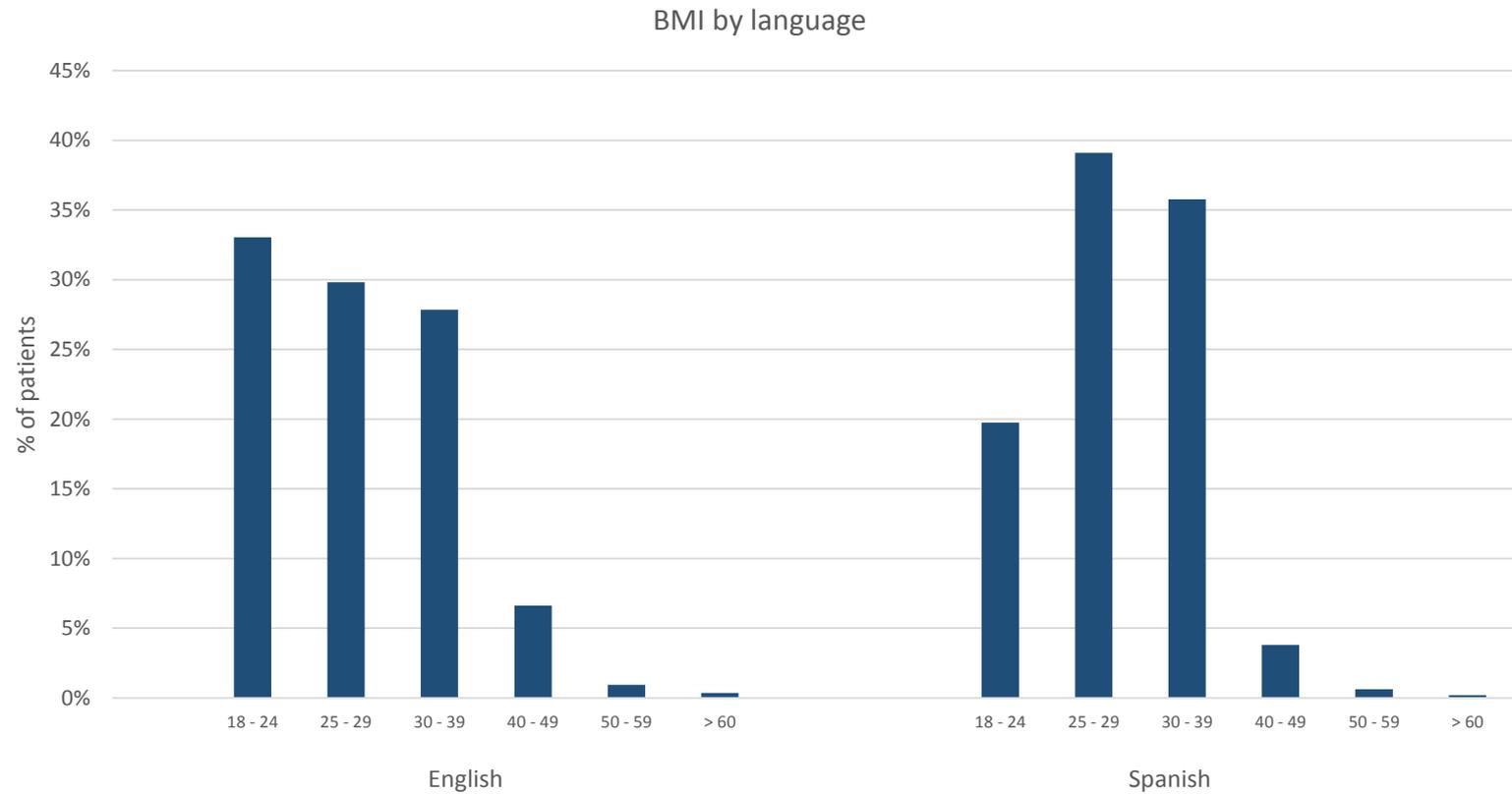
- The USPSTF recommends screening all adults and children over age 6 for obesity and refer patients with a BMI of 30 kg/m² or higher to intensive, multicomponent behavioral interventions. (Grade B) ¹

Background

The patient population at Bruner Family Medicine:



Background



Methods

- Pre-survey sent out in November 2016 to program faculty and residents about interest, confidence, barriers and use of resources when counseling patients about obesity
- Literature review and compilation of data and resources for noon conference presentation in January 2017
- Post-survey sent out March 2017

Obesity Counseling Survey

The goal of this project is to assess provider interest and improve obesity counseling by making resources more accessible and educating providers on strategies to approach this challenging health problem.

1. How important is it to you to address obesity with your patients? 

1- should not be addressed 2- not important 3- neutral 4- very important 5- extremely important

2. How comfortable do you feel addressing obesity with your patients? 

1- not at all comfortable 2- a little comfortable 3- neutral 4- very comfortable 5- extremely comfortable

3. How many patients have you counseled on obesity and nutrition topics in the last month? 

Presentation

Included discussion of:

- Obesity trends
- Evidence for screening and addressing obesity
- Resources to use in clinic including: motivational interviewing, patient handouts, websites for providers and patients, weight loss apps, Epic dot phrase, medication and surgical options



Presentation – Patient handouts

- How to read a nutrition label
- Go, Slow, Whoa foods
- 100 ways to cut 100 calories
- 100 ways to walk 2000 more steps
- Portion size pocket card
- Calories needed each day
- Eat healthy spend less
- Healthy snack ideas
- My Plate
- Food diary
- Nutrition assessment form
- Whole grains
- Food substitutions
- Health Team works action plans
- Mediterranean diet

HealthTeamWorks Action Plan: My Prescription for a Healthy Weight
Get a 5-10% weight loss and you can prevent or delay heart disease, diabetes, and high blood pressure. Lose 100 pounds and you can prevent or delay type 2 diabetes, heart disease, and high blood pressure. Lose 200 pounds and you can prevent or delay type 2 diabetes, heart disease, and high blood pressure. Lose 300 pounds and you can prevent or delay type 2 diabetes, heart disease, and high blood pressure.

Name: _____ Date: _____
 Current Weight: _____ Goal Weight: _____ Current BMI: _____

A 5-10% reduction in my weight can have a beneficial effect on my health. Achieving a healthy weight and becoming more active could be helpful to manage some of my health problems including:

High cholesterol Heart Disease Depression
 High blood pressure Diabetes Asthma/COPD
 Sleep apnea Arthritis Other: _____

My goal weight is _____ and I will work to achieve that goal by ____/____/____ by following my Action Plan.

My Action Plan
 My Action Plan consists of things I agree to do and support that medical professionals and others can provide. Both parts of my Action Plan are important in helping me reach my goals.

1. What I will do
 Many people find it helpful to choose specific goals to help achieve a healthy weight. Goals that I think would help me include:

My Nutrition Goals are:

Monitor my daily intake using a journal. Optimal fat _____ calories or _____ percent/day
 When eating out, share or bring home half of the entrée.
 Limit the use of alcohol (beer with no added sugars, margaritas, rum and tonics, vodka, and so on).
 Consume five servings of fruits and vegetables per day.
 Replace sweetened beverages like soda, coffee drinks, or fruit drinks with water or low-calorie substitutes.
 Avoid eating fast food.
 Other: _____

My Physical Activity Goals are:

Take the stairs whenever possible.
 Use a pedometer to track my steps. Walk 8,000 to 10,000 steps per day.
 Walk instead of driving some miles to work.
 Walk/Bike/Swim _____ minutes _____ times per week.
 Park towards the back of parking lot.
 Other: _____

2. Support from my Care Team

Ask for a referral professional:
 • Name: _____
 • Phone Number: _____
 • Location - _____
 Community Resources/Referral: _____

I understand that follow up will be important as I lose weight. I agree to follow up with _____ about every _____ weeks. If I have questions or concerns between visits, I should call _____ Phone number: _____

www.healthteamworks.org



Presentation - Websites

Providers

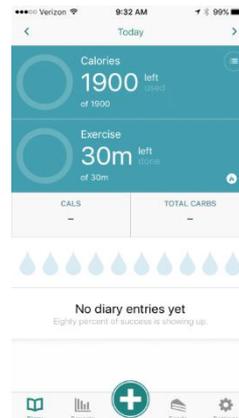
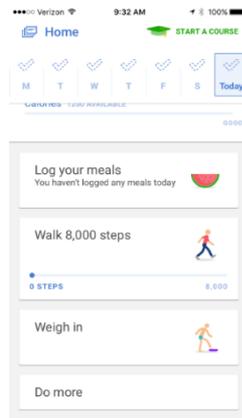
- AAFP Obesity topic page:
<http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=19>
- HealthTeamWorks:
<https://www.colorado.gov/pacific/cdphe/healthteamworks-clinical-guidelines>
- <http://obesitymedicine.org/clinicians/resources>
- <http://www.move.va.gov/handouts.asp>
- MD Calc – calculate basal energy expenditure
- <https://health.gov/dietaryguidelines/2015/guidelines/>

Patients:

- Familydoctor.org (Spanish version)
- Eatright.org
- Choosemyplate.gov
- <http://obesityaction.org/educational-resources>
- <http://www.nhlbi.nih.gov/health/resources/heart#obesity>
- <http://www.move.va.gov/handouts.asp>
- <https://www.supertracker.usda.gov/>

Presentation - Apps

- Noom
- Calorie Counter Pro by MyNetDiary Inc.
- Control My Weight by CalorieKing Wellness Solutions
- My Fitness Pal
- Lose It



Presentation – Dot phrase

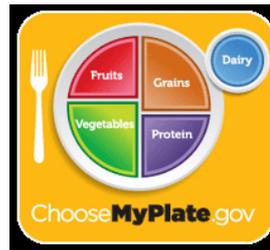
An unhealthy bodyweight can lead to many other health problems like high blood pressure, diabetes, joint pain, and even cancer. Losing even 5-10% of your weight can make a BIG difference in your health!

Here are some ideas for reaching a healthier weight:

- Make small changes in what you eat that you can stick to. Think about **5-2-1-0**:
 - - 5 servings of fruits and vegetables daily
 - - 2 hours or less of non-work screen time (t.v., video games, computer)
 - - 1 hour daily of moderate physical activity
 - - 0 sweetened beverages (soda, gatorade/powerade, fruit juice) and no smoking
- Try more cooking at home and limit eating at restaurants and fast food.
- Use smaller plates and glasses.
- Shop the outside of the grocery store (where fresh foods are kept, processed foods tend to be in the middle).
- Eat when you are hungry, not when you are bored. Stop eating before you feel full.
- Consider keeping a food diary for a short time and review it with your health care provider at your next visit.
- Slowly increase your exercise (this should be outside of your daily work activities). American Heart Association exercise recommendations:
 - - 30 mins of moderate intensity aerobic exercise at least 5 days a week for a total of 150 mins a week. **Try to shoot for this goal but anything is beneficial!**
 - - Moderate intensity aerobic exercise: Brisk walking, jogging, biking, swimming, hiking
- Set S.M.A.R.T. Goals:
 - - **Specific** (what are you going to do and how often)
 - - **Measurable** (how you will know if you have done it each day)
 - - **Attainable** (can you do it?)
 - - **Realistic** (can you do it given everything going on now?)
 - - **Time limited** (when will you do this by?)

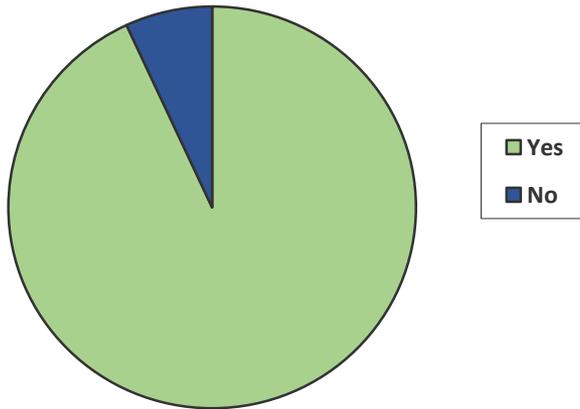
Free, effective smartphone apps for weight loss:

- Noom Coach
- MyNetDiary - calorie counter and food diary
- ControlMyWeight by CalorieKing
- My Fitness Pal

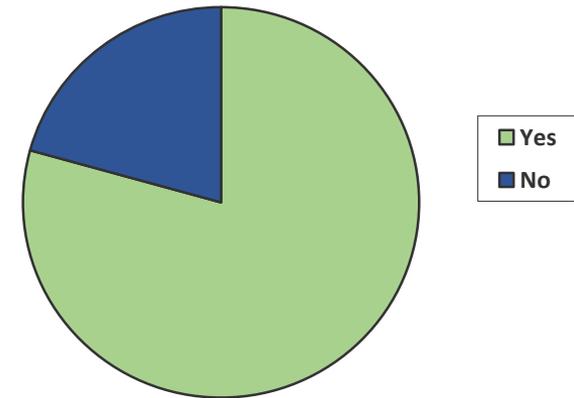


Results

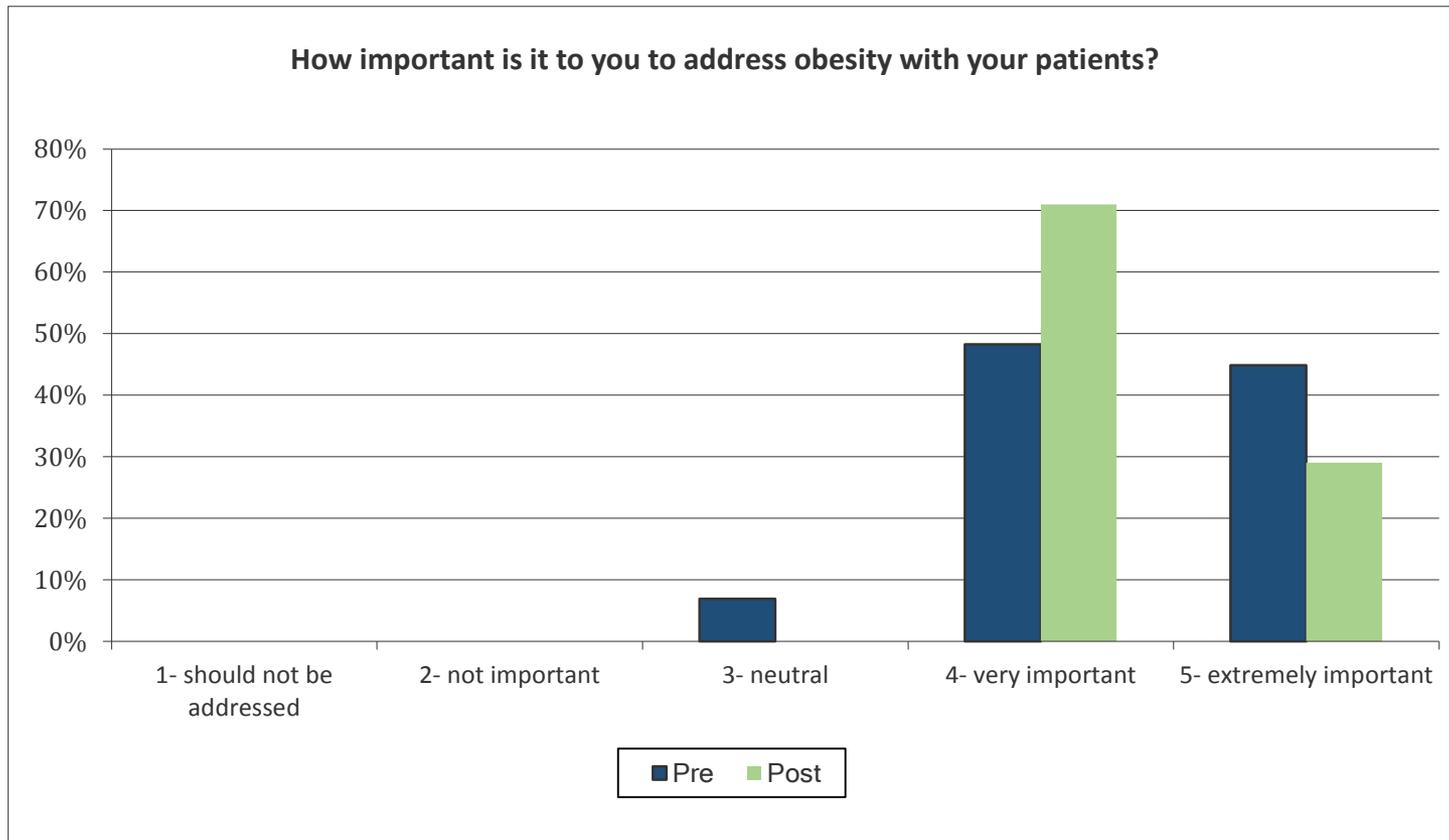
Are you interested in learning more about obesity and nutrition counseling?



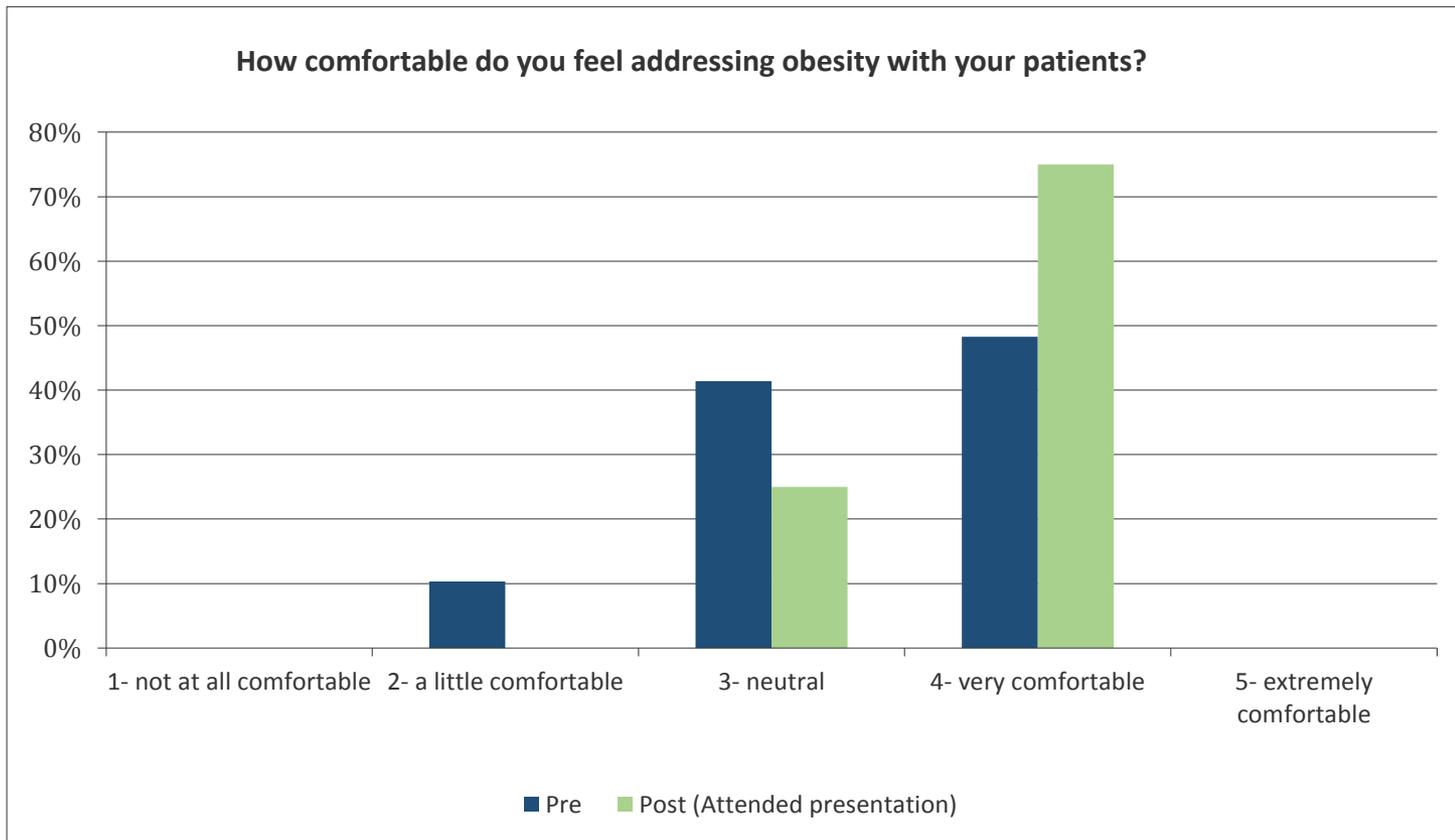
If you had more resources available to use during a patient encounter, do you think you would use them?



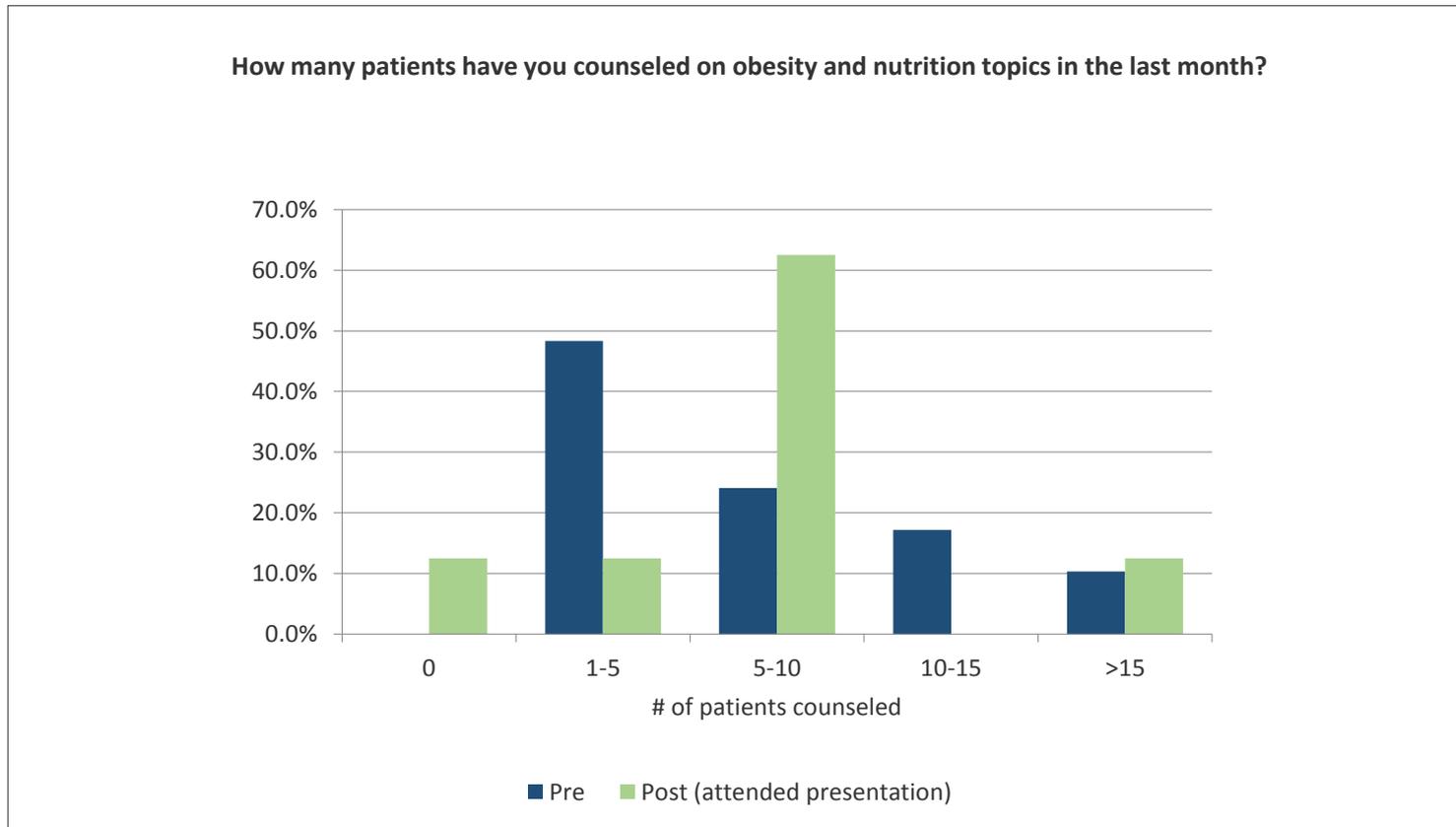
Results



Results

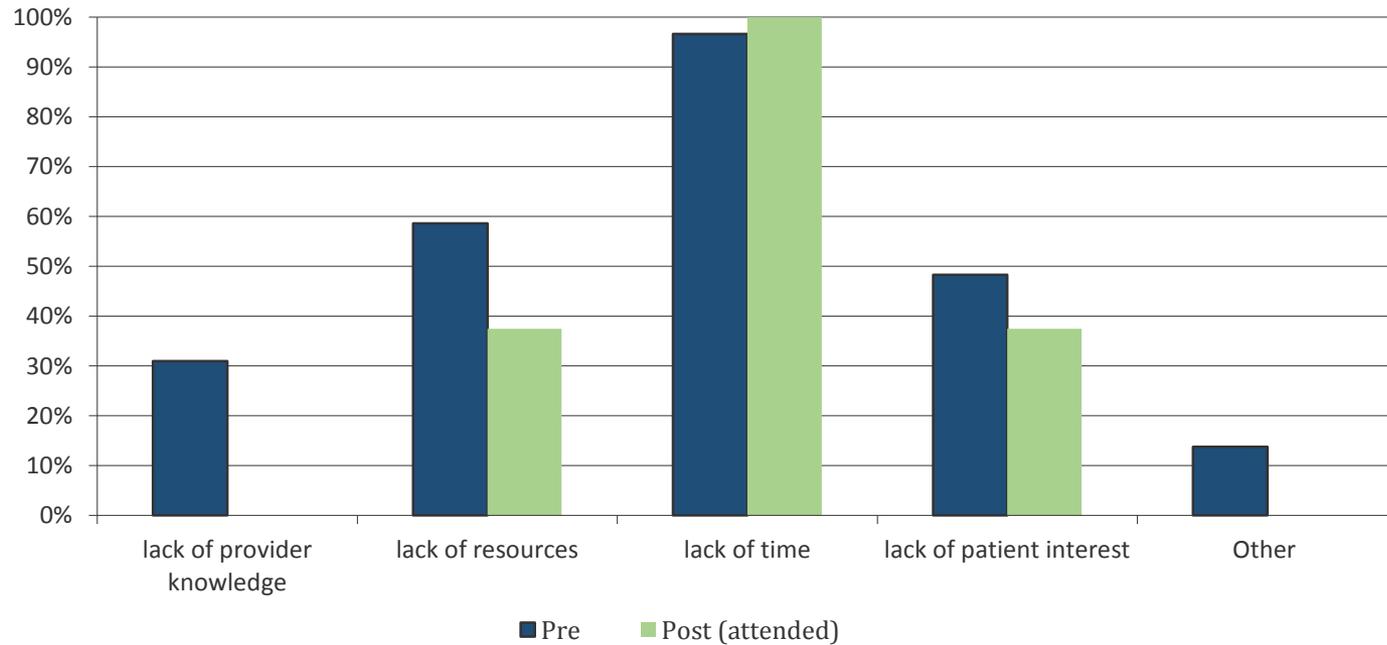


Results



Results

What are limitations to addressing obesity with your patients?



Other feedback

“I think it would be great to have more support, e.g. easy access to nutritionist with clinic integration. I feel that getting patients motivated is also a challenge, and I would love to have the **equivalent of a diabetes educator but for obesity...**”

“Continued training, teaching and reminders on an **ongoing basis** would be helpful (ie every 3 to 6 months or so) and posted reminders”

“I feel like my knowledge of resources is fairly good, but could be better. The conference helped a lot. I feel like **access** is still an issue for some uninsured. “

Conclusions

From survey:

- Providers feel obesity is a very important topic and feel relatively comfortable counseling patients - Presentation did not have a major effect. Most (88%) participants felt they had adequate resources.
- Lack of time followed by resources and perceived patient interest are top limitations to addressing obesity

From literature review and presentation:

- There is limited evidence for successful non-intensive primary care interventions- we need something better!

Limitations

- Very limited intervention (1 hour presentation). Many competing topics to learn about in residency and Family Medicine.
- Small audience at noon conference presentation and limited post-presentation survey data
- As with many topics in residency, need frequent review of information and available resources



Next steps

- Add more Spanish language content/resources
- Follow up on new USPSTF recommendations (2018) and Endocrine Society (ABCD)
- Integrated dietitian?



"Eat less and exercise more? That's the most ridiculous fad diet I've heard of yet!"

Questions and Answers



Contact Information

Lindsey Schaffer

Saint Joseph Family Medicine Residency

Lindsey.Schaffer@sclhs.net

References

1. Prevalence of Obesity Among Adults and Youth: United States, 2011–2014. Cynthia L. Ogden, Ph.D.; Margaret D. Carroll, M.S.P.H.; Cheryl D. Fryar, M.S.P.H.; and Katherine M. Flegal, Ph.D. NCHS Data brief. No 219, Nov 2015
2. Woodruff RC, Schauer GL, Addison AR, Gehlot A, Kegler MC. Barriers to weight loss among community health center patients: qualitative insights from primary care providers. *BMC Obesity* 21 Oct 2016
3. PR Newswire. New survey reveals that communication breakdown between physician and patients hinders weight loss efforts. <http://www.prnewswire.com/news-releases/new-survey-reveals-that-communication-breakdown-between-physicians-and-patients-hinders-weight-loss-efforts-231724561.html>. Published Nov 13, 2013
4. Prevalence of Obesity Among Adults and Youth: United States, 2011–2014. Cynthia L. Ogden, Ph.D.; Margaret D. Carroll, M.S.P.H.; Cheryl D. Fryar, M.S.P.H.; and Katherine M. Flegal, Ph.D. NCHS Data brief. No 219, Nov 2015