

How to address obesity in a 15 minute visit?

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*a.k.a. How to accomplish the
almost impossible?*

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Goals of the talk

- What is our role as health providers?
- Discuss the principles of behavioral/lifestyle modification in obesity patients
- Provide some practical recommendations
- Clinical vignette

Are we doing a good job?

- Study out of Stanford Prevention Research Center
- National data collected 1992-2000
- In adults with elevated CV risk:
 - Diet counseling < 45% of visits
 - Physical activity counseling < 30% of visits
 - CV risk included hypertension, hyperlipidemia, obesity & diabetes mellitus

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Why don't we do a good job of lifestyle counseling?

- No time during short visit
- No impetus; patients change insurance every two years
- Reimbursement
- Low return on investment
- Personal bias
 - “Patient’s are lazy”
 - “Feel like a hypocrite telling patient to change”

What is a physician's role?

- **Detection**
 - Patients often unaware/denial of their obesity or rate of weight gain
- **Vigilance**
 - Identify co-morbidities & manage disease
- **Education**
 - Appropriate physical activity & nutrition
 - On how best to succeed at behavioral change
- **Advocacy**
 - On a personal level for patients & for systemic change

What is NOT a physician's role?

- Scare the patient
- Coerce the patient
- Convince the patient
- Judge the patient
- Save the patient

Remember HOW something is said is often more important than WHAT is said

Principles of lifestyle modification for obese patients

- Provide an honest assessment to the patient of their current health status
- Focus on healthy lifestyle; NOT weight loss! At least not at the beginning
 - Expectation of initial weight loss is a set-up for failure
 - Can be “heavy and healthy” or at least healthier
- Physical activity changes >> dietary changes
 - “DIET is a dirty four-letter word”
 - No one that is inactive likes the word “exercise”

Principles of lifestyle modification for obese patients

- Both patient and family must be on same page
 - Encourage that family members/support structure attend future clinic visits
 - Educate caretakers that “Food is not love”
 - Educate family members that they too will have to make changes
 - If you’re trying to quit smoking, no cigs on nightstand
 - If you’re trying to quit soda, you shouldn’t have a 12 pack in the fridge

Principles of lifestyle modification for obese patients

- Must assess the patient's motivational level for change (Motivation Rating Scale)
 - Scale of 0 to 10
 - “Zero” means not interested at all
 - “Ten” means patient interested in picking 1-3 things to focus on until next visit
 - Anything less than 8 is “not ready”

Principles of lifestyle modification for obese patients

- Once assess the patient's motivational level then must provide honest assessment to patient of their motivation
 - “7 is good but studies have shown that less than 8 means you aren't really ready and that is OK. It isn't realistic for me to expect you to be ready to change today but I would like to know what it would take to get you to 8, 9 or 10?”
- If not ready, encourage patient to start “thinking about changing” until next visit
 - When would be a good time for change?
 - What are the obstacles to change?
- Repeat ill-prepared attempts that lead to failure can diminish desire at embark on future attempts

Principles of lifestyle modification for obese patients

- Understand that there will be recitivism
 - Obesity is a recalcitrant problem like smoking
 - Success rates at treating obesity & changing lifestyle are similar to addiction medicine
 - Expect multiple attempts at change with lapses before success
 - Encourage patient to find outside support structure
 - Understand that patient failures are not a personal failure for the provider...this is key to avoiding the “why bother” mentality

Principles of lifestyle modification for obese patients

- Have patient/family and clinician maintain a very positive attitude
 - “We are going to need everyone to be really positive”
 - “It’s tough to make positive changes when you feel very negative”
 - “I am here to help you any way I can”
 - “I am proud of you for taking this on”
 - “You are going to be fine”
- Build realistic expectations for the patient
 - Ask patient what their expectations are
 - Be clear about short-term goals: *tougher than expected*
 - Be clear about long-term goals: *need for patience*

Principles of lifestyle modification for obese patients

- If patient is ready, focus on **VERY** specific incremental behavioral changes
 - A habit takes 6 weeks to form
 - Goals must be chosen by patient; he/she needs to be 150% sure they can attain them so can build momentum for next visit
 - Delve into the patient's daily schedule and offer novel solutions to time constraints
 - Consider a written contract

My Lifestyle Change Contract

- *“These are the things I am going to focus on until my next visit with Dr. Delgado. I know that these changes might be difficult. I promise to try my best to stick with these changes. These are promises I am making to myself.”*
- Remember no more than 3 things at one time
- Must read contract before signing!
- Explain that a step-wise approach is often more helpful than changing everything at once
- Must place in entryway, fridge or TV to serve as a daily reminder

What are the most frequent changes to kid's lifestyles?

- Walk half hour 3-5 times/week to start
- Join a sport or take child to park
- Play as soon as you get home; before homework
- Take TV out of child's room
 - TV < 90 min if < 5 yrs old
 - TV < 2 hrs/day if school age

What are the most frequent changes to kid's lifestyles?

- Eat “something” breakfast everyday
- Set meal times; don't skip meals
- Eat a meal as a family
- Cut soda, Tampico, Sunny D, Gatorade, Capri Sun, etc.
- Decrease chips, Cheetos, cookies; don't prohibit foods

What are the most frequent changes to kid's lifestyles?

- Serve child on smaller plate
- Take lunch to school
- Division of feeding responsibility
- Eat salad half hour before dinner
- Put fork down between bites
- Change to non-fat milk; educate on amount

What are the most frequent changes to adult's lifestyles?

- Stop soda
 - “A can of soda a day is equal to a pound of weight gain a month or 10-15 lbs a year”
- Physical activity
 - “A 30 minute walk 3 times a week can lower insulin levels.”
- Set alarm clock for sleep time
- If hungry s/p dinner, wait 20 minutes

What are the most frequent changes to adult's lifestyles?

- Try not to eat out
- If eat out, split an entrée
- Salad half hour before dinner to induce satiety
- Avoid late night eating
- Skip the alcohol
- Park far away and take the stairs

Clinical vignette, Jorge

- Jorge, 17 y.o. Latino male coming in to office for regular check up
- Objective info before you go into the room
 - Weight: 190 lbs (86 kg)
 - Height: 69 in (175 cm)
 - BMI: 31
 - BP: 135/85
 - Time off clock: 1 minute

Clinical vignette, Jorge

- Even before entering room, provider has decided to prioritize discussing weight with the patient and possibly abandoning the routine teen HEADSS assessment
- May opt out of confidentiality preamble for sake of time
- No way to cover everything in one visit

Clinical vignette, Jorge

- Walk into room, say hello, shake hands, apologize for running late and say “I see you’re here for a well check, any concerns about your health?”
- Jorge states “My mom dragged me in.”
- “OK well I am concerned about something, tell me a little about your weight”
- “Guess I am a little overweight”
- “Well let’s see...”
 - Show the pt on his chart his weight/height/BMI
 - Time off clock: 2 minutes

Clinical vignette, Jorge

- “Did you know you were obese?”
- “Damn, I didn’t realize it was so bad.”
- “I don’t want to worry so much about the weight right now, I just want to make sure you are healthy. You said you feel OK right?”
- “Yeah.”
- “Good, we’ll see what you and I can do to keep I that way.”

Clinical vignette, Jorge

- “So is there any history of high blood pressure or diabetes in the family?”
- “Yeah my dad has high pressure and my grandpa had diabetes and died of a stroke.”
- “Sorry to hear that. Well your blood pressure is a little high today...ever had it high before?”
- “No, never.”

Clinical vignette, Jorge

- “Well we have a lot to talk about so why don’t I examine you and make sure we have all the info we need?”
 - Time off clock: 4 minutes

Clinical vignette, Jorge

- Try to go through PE paying attention to obesity red flags:
 - Jorge pertinent positives are boggy turbinates, generous tonsils, moderate acanthosis nigricans, normal CV exam, no HSM, centripetal obesity
 - As examine him ask “Do people say you snore?”
 - Jorge states “Mom complains all the time.”
 - During exam ask him “How long have you had this rash around your neck?”

Clinical vignette, Jorge

- Total time for PE including spiel on importance of TSE is 6 minutes
 - Time off clock: 10 minutes
- Clearly must prioritize issues
- Now little time left to finish visit

Clinical vignette, Jorge

- “OK Jorge, I’ve found some stuff in your history and physical that concern me. The rash around your neck and armpits may mean that you are having some problems moving sugar out of your blood and into your muscles. Do you know what that means?”
- “No.”

Clinical vignette, Jorge

- “It means that even though you feel fine, you may actually be developing diabetes. It runs in you family so we know you are at higher risk but we will need to do some tests to see how pre-diabetic you are.”
- “Oh.”
- “Does that worry you?”

Clinical vignette, Jorge

- “Yeah, I don’t wanna have to take any shots.”
- “Look, it isn’t to that point. I don’t want to stress you out but I need to be honest with you. I am concerned about the risk to your health and would like to help. Let’s get some labs and see where we are at...in the meantime, it is clear that some things are going to have to change if you are going to stay healthy. How many sodas do you drink a day?”

Clinical vignette, Jorge

- “One or two” *likely underreporting*
- “How many minutes of physical activity do you do a day?”
- “I don’t know”
- “When do you get home from school?”
- “3 pm”
- “What is the first thing you do when you get home from school?”

Clinical vignette, Jorge

- “I get something to eat then I watch TV or play video games.”
- “Well for you the most important thing is getting some physical activity, do you think you could go walking 30 minutes 3 times a week?”
- “Yeah, I guess, that’s easy.”

Clinical vignette, Jorge

- “It’ll be easy at the beginning but it’ll be hard to stick to until you see me next. You should walk as soon as you get home and pick days you are going to stick to. That is the only homework I’m going to give you until the next visit when we will sit down and talk about your labs. In the meantime, you can think about stopping the soda and how else you can change your lifestyle. Any questions?”

Clinical vignette, Jorge

- “So am I going to get diabetes?”
- “Jorge, you are at greater risk but I want you to focus on the positive for now. This is not a warning, it is an opportunity. If you can start off with some little changes then make bigger changes, you’ll be fine. Walking is a great start to avoiding diabetes and bringing your blood pressure down. If you can remain active, you will continue to be healthy.”

Clinical vignette, Jorge

- “Do I need to go on a diet?”
- “No because diets don’t work but for now I want you to think about how you can eat healthier and we will talk more about that next time. I know you can do this.”

Clinical vignette, Jorge

- Time left on clock: -1 minute, you ran over as usual
- Discharge with Flonase for his snoring, if continues to snore at f/u consider sleep study
- Lipid panel, fasting glucose and insulin (controversial)
- Follow-up in about 4 weeks

Clinical vignette, Jorge

- Billing issues
 - Can bill follow-up as one of the co-morbidities in this case hypertension or apnea
 - Can bill for time if you write >50% time spent on counseling

Conclusion

- Addressing obesity during an office visit is important; your patient's expect it
- Will take more than one visit
- Difficult but can be very satisfying
- Prevention is better than treatment; notice weight gain trends early even in patients that are already overweight