

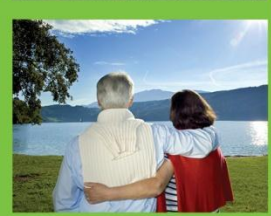
Obesity: Modifying a Risk Factor for Chronic Conditions

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Professionals



See No Obesity, Treat No Obesity NHANES II (Stafford et al., 2000)

- 23% of adults are obese
- 9% of obese are identified as such by MDs
- Of those identified, 36% received obesity counseling
- Of those at highest risk (multiple medical comorbidities), 60% receive treatment



Stigma of Obesity

- Employment discrimination: 40 times more likely for obese, 100 times higher for very obese
- Weight-focused teasing in the obese contributes to depression
- Most have tried multiple diets, and failed
- Blame themselves



Shame at Doctor's Office

- Due to stigma, obese may delay care
 - small exam tables and furniture
 - derogatory comments by healthcare professionals
 - embarrassment with being weighed
 - Self-blame
 - Pessimistic that can lose weight





Classification Decision

Level 1
BMI <27 kg/m²

Level 2
BMI 27–29 kg/m²

Level 3
BMI 30–39 kg/m²

Level 4
BMI ≥40 kg/m²

Stepped-Care Decision

Step 1
Self-directed diet and exercise
Physician counseling

Step 2
Self-help program
Commercial program
Behavioral program

Step 3
Portion-controlled, low-calorie diet (900–1,200 kcal/day)
Pharmacotherapy

Step 4
Bariatric surgery

Matching Decision

Suggested treatment
 Less intensive option
 More intensive option

Less intensive option:
No primary risk factor(s)
Lower-body obesity
Female, older

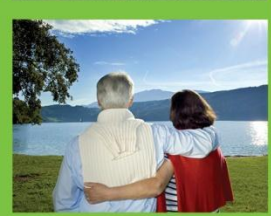
More intensive option:
Primary risk factor(s)
Upper-body obesity
Male, younger

Other considerations:
Previous efforts
Patient preferences
Emotional distress

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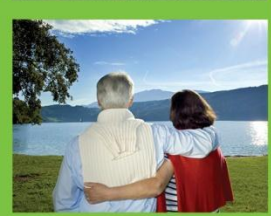
Goals of Obesity Treatment?

- Realistic goals
 - 5-10% wt. loss enough to improve medical risk factors
 - **AND** be maintained for long periods
 - Greater percentage weight loss more benefit but increasingly difficult to maintain
- Emphasis on healthy living, not appearance
- Adopt a long-term perspective



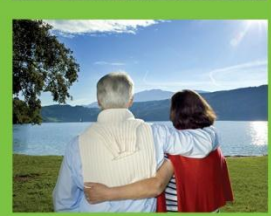
Basic Elements of Effective Weight Management

- Self-monitor - keep a food/exercise diary
- Exercise – 45-60 minutes of moderate activity on most days of week
- Follow principles of good nutrition
- Change physical/social environment to support a healthy lifestyle
- Use healthy coping strategies



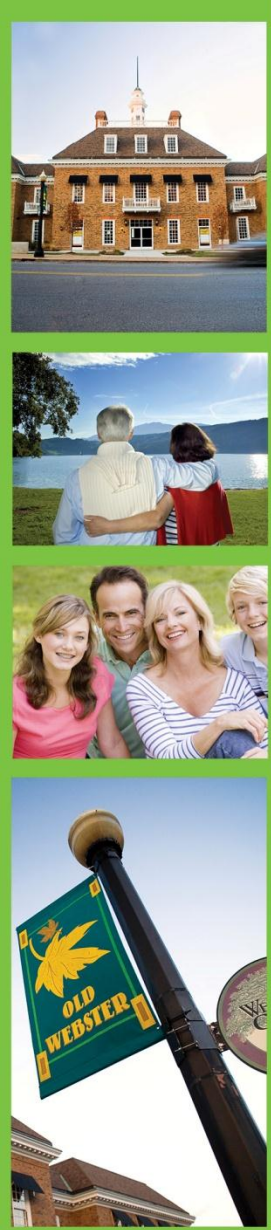
Self-Monitoring, at its simplest

- Equipment needed: 3" by 5" notebook, pedometer (less than \$10 at Walmart)
- Record daily food intake and number of steps
- Record food eaten, perhaps fat grams
- Exercise, total steps for day, from pedometer, or minutes of exercise



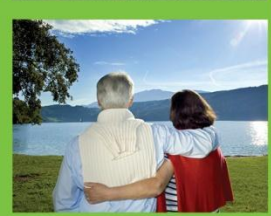
Dietary Changes

- Must create caloric deficit to lose weight
- Kinds of diets
 - Low calorie, nutritionally balanced
 - Low fat, high carbohydrate
 - High protein, low carbohydrate
- Simplest method to create deficit: monitor fat grams, reduce as low as possible



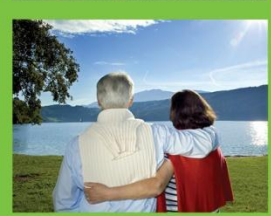
Physical Activity

- 50 minutes of moderately intense activity, 3-7 times a week
- 10K steps per day (pedometer)
- Exercise alone produces minimal weight loss
- Lifestyle activity vs. aerobics



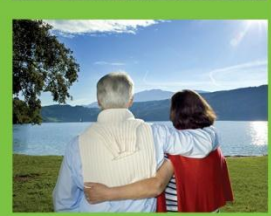
Behavior Modification

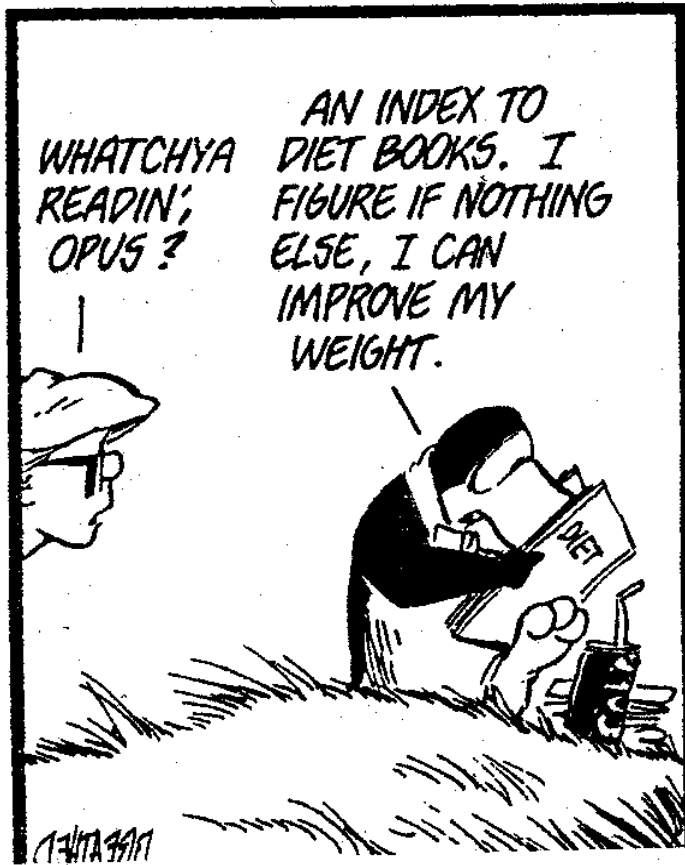
- Use cognitive-behavioral methods of self-regulation
- Always used in combination with dietary and exercise interventions
- Designed to enhance adherence and persistence



Stimulus Control

- More about this later
- A large collection of weight control “tricks” are essentially about stimulus control
 - Coping with cues to eat
 - Arranging external environment, social and physical, to reduce invitations to eat, and to invite assistance to adhere to plan





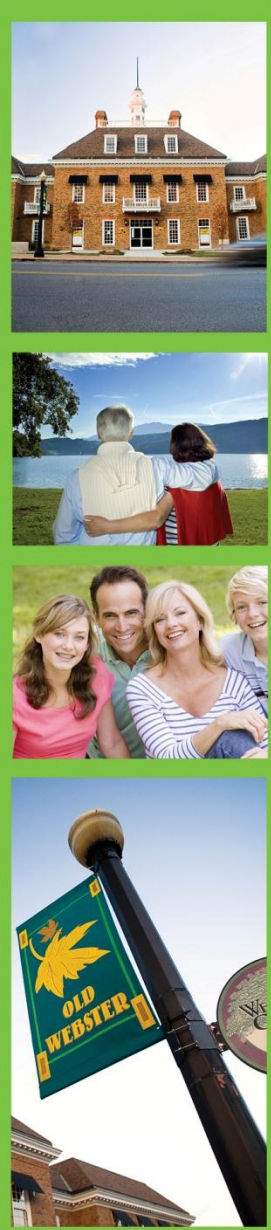
Making a Treatment Recommendation

- Factors to consider
 - comorbidities present?
 - History of weight gain and loss?
 - prior weight loss attempts?
 - category of obesity?
 - Obstacles to lifestyle change?



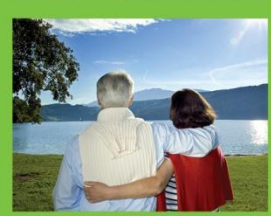
Longer Term Weight Loss Success

- Different definitions, but approximately 20% would be considered successful weight loss losers/maintainers
- Losing large amount initially does not improve long term success
- Significant health benefits from 10% weight loss



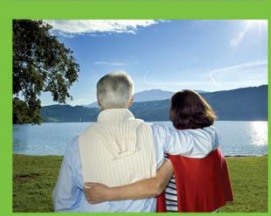
National Weight Control Registry (NWCR)

- Members who lost 13.6 kg, kept it off at least a year
- Current members (3000+): 32.04 kg ave., loss maintained for 5.5 years



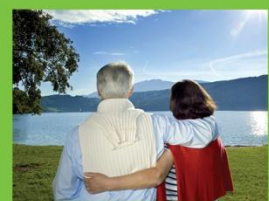
Characteristics of NWCR members

- How lost initial weight unrelated to success
- Follow low calorie, low fat diet
 - Women- 1296 kcal/day
 - Men- 1724 kcal/day
- Weigh self regularly: 44% daily, 33% weekly
- High degree of self-monitoring



Characteristics of NWCR members cont.

- Physically active: hr of moderate activity daily
- Little variation in daily eating pattern
- 78% ate breakfast daily
- 62% watch less than 10 hrs. of TV weekly



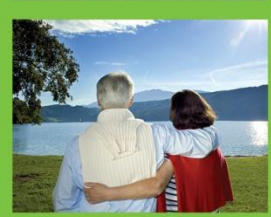
Biological Obstacles to Weight Loss

- Genetics
- Fat cells
- Insulin
- Increasingly efficient at using calories
- Stomach capacity
- In sum, setpoint



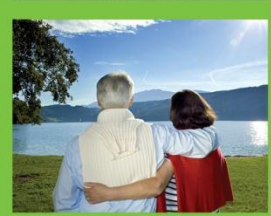
Determine Readiness to Start

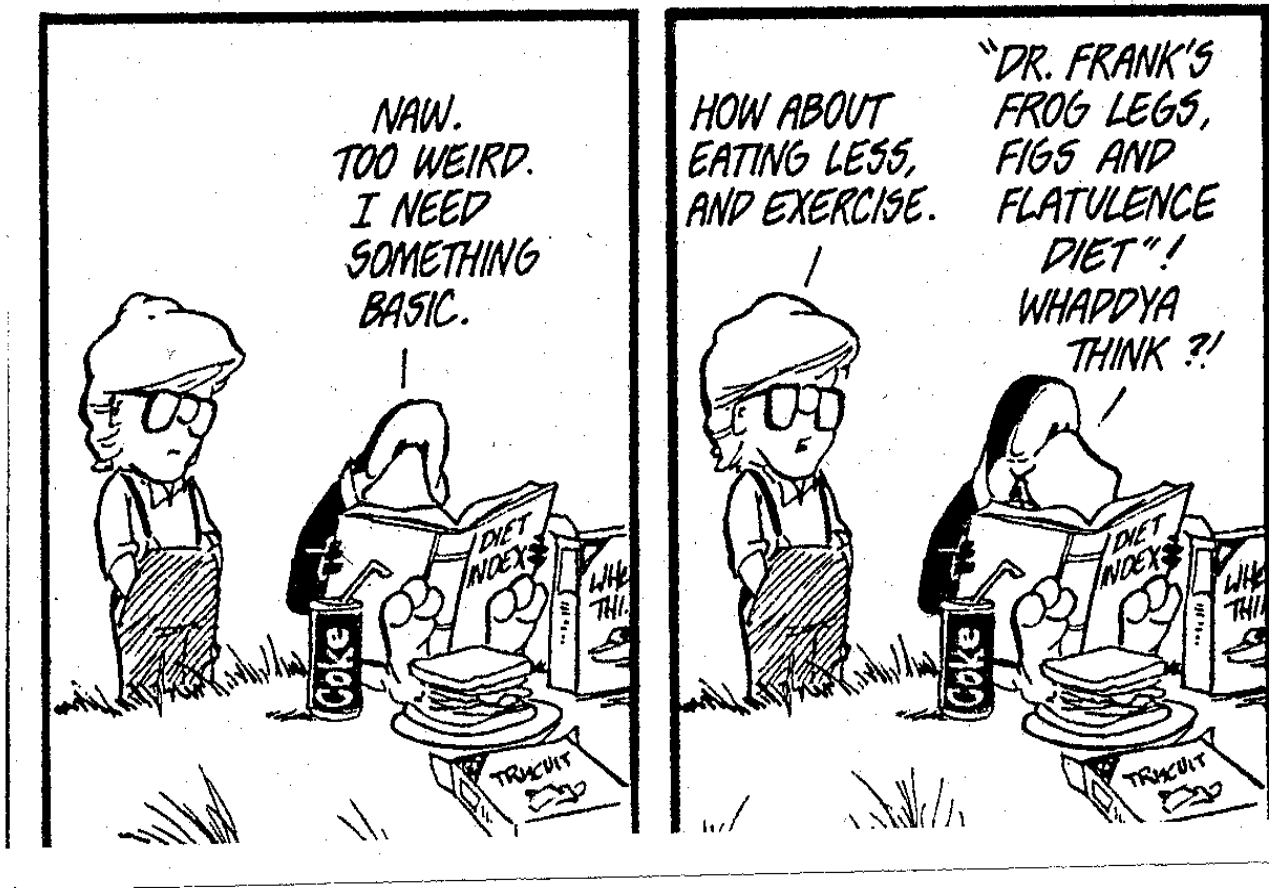
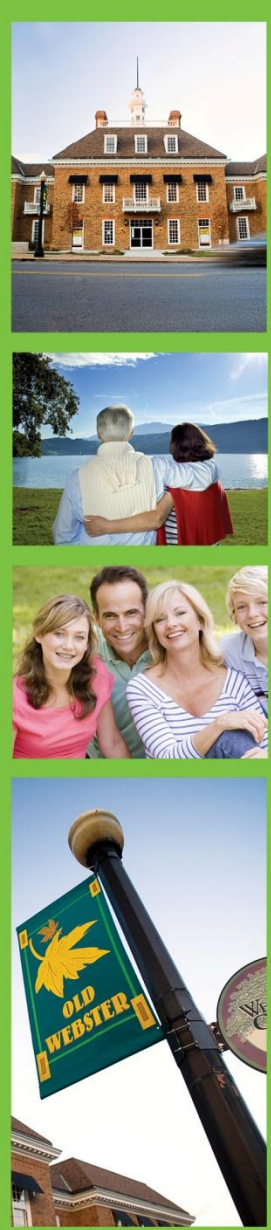
- Current eating and weight status
- Wt. history
- Past efforts at weight control
- No medical or psychological contraindications
- Consider reasons not to start
- Degree of expressed commitment to change



Make a Decision

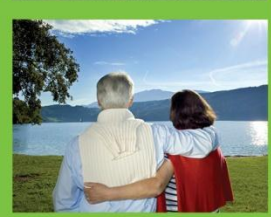
- Decision balance sheet
- Set realistic goals
- Cost-benefit analysis





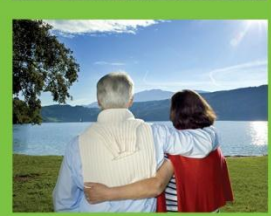
ABCs

- Antecedents
 - Cues
 - Situations
 - Feelings
 - Events
- Behaviors
 - Excessive calories
 - Not exercising
 - Binge eating/emotional overeating
- Consequences
 - Increase/decrease probability of behavior



Antecedents

- Many cues to eat
 - TV
 - Other people
 - Work situation
- Emotions
 - Stress
 - Positive emotions
 - Celebration



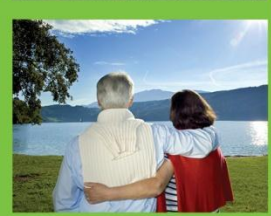
Common Emotional Triggers to Overeat

- Anxiety
- Sadness
- Loneliness
- Anger
- Boredom
- Interpersonal conflict



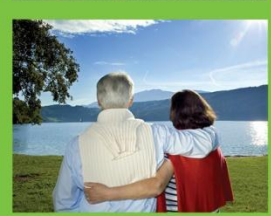
Stimulus Control

- Out of sight, out of mind
- Sensory experience
- Slow down rate of eating
- Portion control
- Eating out
- Mindfulness



Behavioral goals

- Exercise
- Intake
- Activity
- Social scheduling
- Binge eating/emotional overeating
- Automatic eating



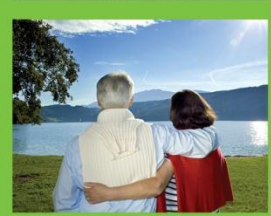
Consequences

- Positives
 - Immediate
 - Pleasurable
 - Necessary
 - self-nurturing
- Negatives
 - Long term
 - Cognitive
 - Emotional
- Self-reinforcement
- Alternative activities



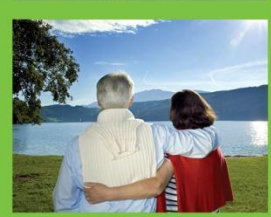
Getting Help from Others

- Informational
- Emotional
- Material
- Ask!!!!
- Request changes in food purchases, preparation



Basic Steps in Treatment Course

- Determine readiness to start
- Make a decision
- Understand biology of weight control
- Self-monitor and plan
- Select meal plan
- Increase physical activity
- Stress management skills
- Healthy living for the rest of your life



Conducting a Weight Management Session

- Review Homework
- Review food/exercise diary
- Problem-solve obstacles to successfully completing assignment
- Introduce next topic
- Give assignment
- Move on to other topics



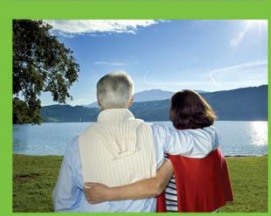
Last Task of Session

- Summarize basic points wish to emphasize
- Summarize progress made
- Review assignment



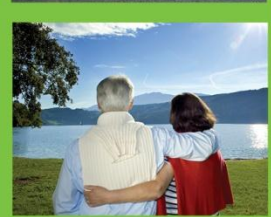
Role Play #1

- Female, 45 years old, divorced, raising 3 children alone.
- Lives in an apartment, not the safest neighborhood.
- Medical conditions: hypertension, borderline for developing Type II diabetes.
- Psychiatric: several episodes of treatment, inpatient and outpatient, currently on a mood stabilizer for bipolar II.



Self-monitor and Plan

- Daily diary of food intake and exercise
- Journal about thoughts/feelings
- Set goals and review weekly, monthly, annually
- ***The Single Most Important Element of Weight Control***



Benefits of Self-Monitoring

- Keep focused on goal
- Documents what is doing right
- Enhances commitment
- Increases sense of self-control
- Recognize pattern of eating, exercise
- Promotes positive mood



HAGAR THE HORRIBLE / By Chris Browne

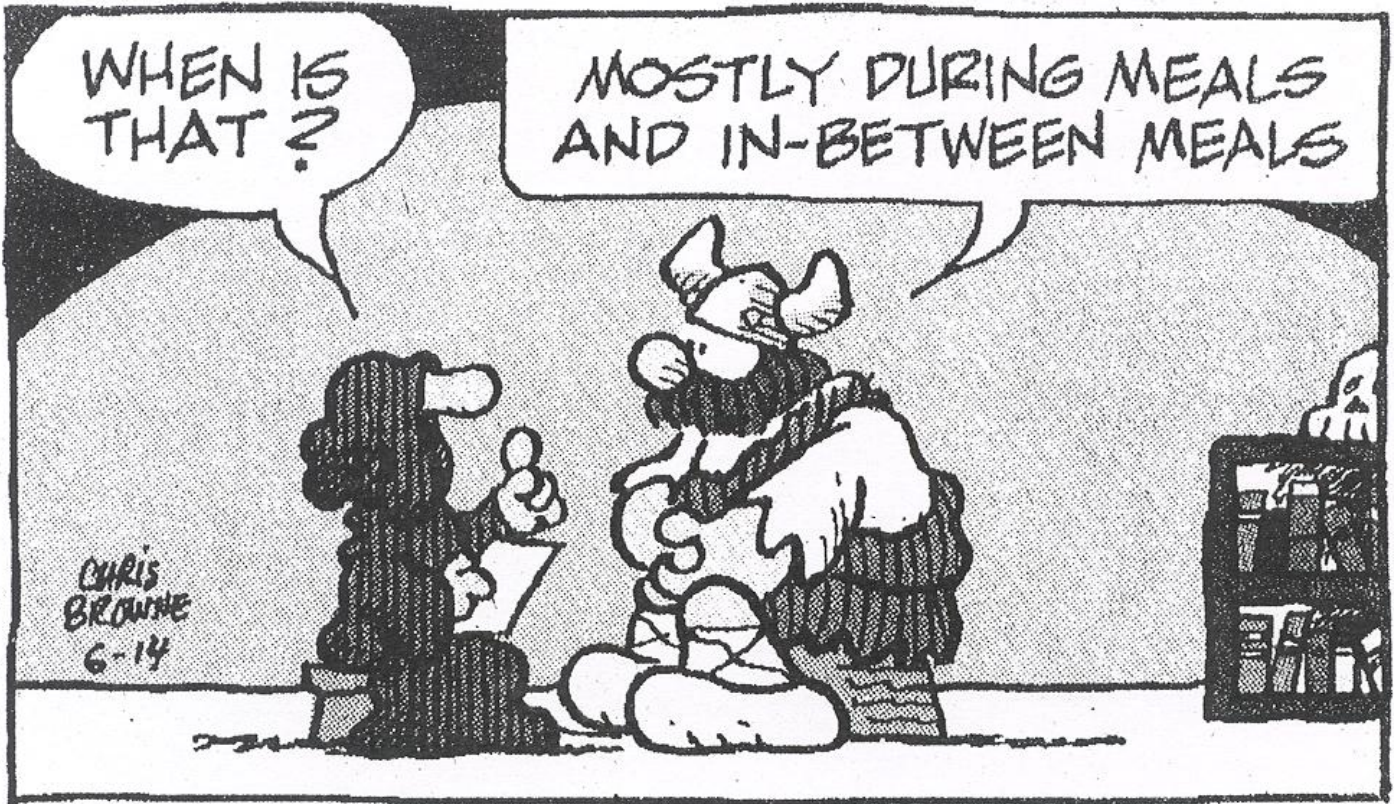


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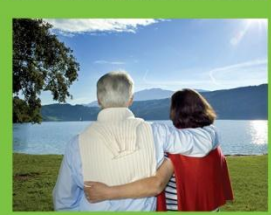


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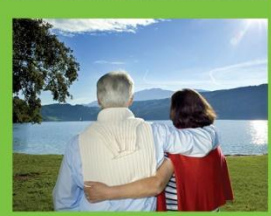
Increase Physical Activity

- Planned, concentrated exercise
- Lifestyle activity



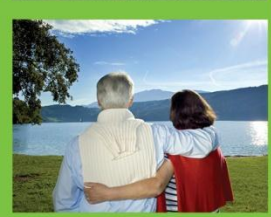
Planned Exercise

- Factors that increase exercise
 - Convenience
 - Appeal
 - Social
- Keep intensity low enough to allow at least 30 minutes of exercise
- Increase exercise ***SLOWLY*** especially if unfit



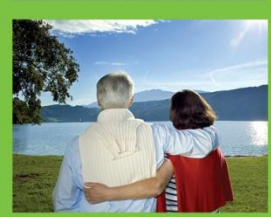
Calories Expended per Minute

Sitting	1.5 – 3.0
Standing	1.8 – 3.6
Walking fast (4 mph)	6.2 – 12.3
Biking moderate	4.4 - 8.7
Swimming, crawl	8.7 - 17.4
Cleaning House	4.1 – 8.1
Tennis	7.5 – 15.0
Cooking	3.2 – 6.3



Other Exercise Tips

- Listen to body – mild discomfort is OK, more serious or persistent, stop
- Stretch, warm up, cool down
- Walking – 10,000 steps per day
 - Pedometer
 - 3K- 5K in usual day
- Aerobic vs. weight training
- Personal trainer?



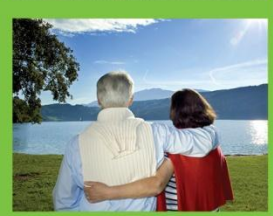
Lifestyle Activity

- Activities that are incorporated as part of daily life
- Stairs rather than elevator
- Walk rather than doughnut and coffee
- Walk to corner store rather than drive
- Choose more active hobbies



Role Play #2

- Second visit, 3 weeks since last visit
- Has food diary
- Complains that has only lost 2 lbs. and has been yelled at, again, for health problems



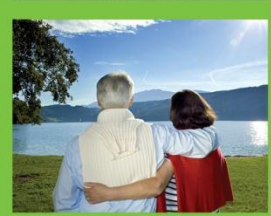
Binge Eating

- Excessive quantity (more than most would eat)
- Feels subjectively out of control (can't stop self)
- Almost as common in males as females
- Many are obese
- Prevalence of binge eating increases with intensity of weight control effort
- Obese bingers show more psychopathology than obese people who do not binge
- Have strong dissatisfaction with shape and weight
- Greatly under-recognized in primary care



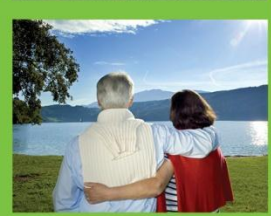
Role Play #3

- Patient returns after several sessions
- Several pound weight gain
- Reviewing food diary, reveals several episodes of excessive eating since last session



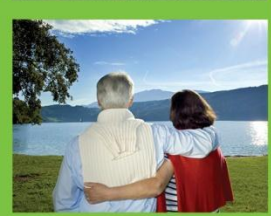
Binge Eating: Suggestions

- Review food diary
- Is meal plan too restrictive, or are meals/snacks being cut out?
- Environmental changes that might trigger overeating
- Not using coping skills
- New psychological issue emerging?



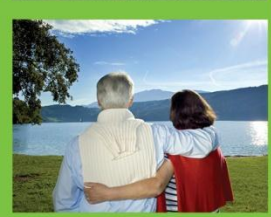
Frequent Tasks BHC Could Encounter

- Education regarding biological obstacles to weight loss
- Treatment interfering behavior
- Anticipatory guidance
- Teaching, practicing coping skills
- Analyzing high risk situations
- Cognitive restructuring



Not Keeping Food Diary: Suggestions

- Fundamental activity, foundation for all else
- Too complicated?
- Poor self-regulation?
- Ambivalence?
- Temporary?
- Not ready for program?



Failure To Lose Weight

- Review food diary for accuracy, triggers, high risk situations
- Binge eating?
- Meal plan adjustment needed?



Weight Regain: Suggestions

- Slips or relapses?
- Back to basics
- Environmental changes

