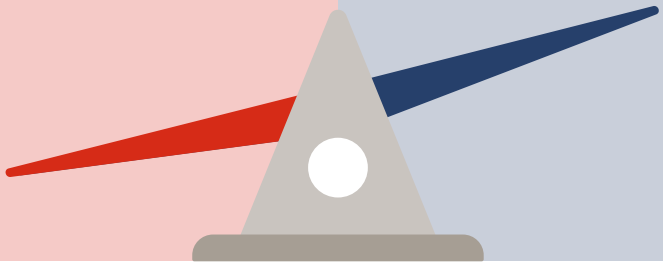
Behavioral and Socioemotional Support in Obesity Management

Weight bias within healthcare settings can negatively impact a patient's physical and mental health, as well as their healthcare experience.[1-3]

Weight Bias Is Present in Healthcare Settings[3]

Patients who experienced internalized weight bias were *less likely* to...	And were *more likely* to...
• Feel that their clinician was listening carefully to them • Feel respected by their clinician for what they had to say • Attend regular check-ups • Perceive that they were receiving high-quality care	• Feel judged by their clinician because of their weight • Avoid visiting their clinician because of discomfort during physical examinations • Switch clinicians because of perceived differential treatment due to their weight



These are cumulative data from patients surveyed in the US, Australia, Canada, France, Germany, and UK.

Clinicians Are Both Collaborators With and Resources for Patients With Obesity[4,5]

Adopt a collaborative relationship with patients.[4]

Let patients know that you want to work with them on managing their obesity and encourage them to choose evidence-based sustainable behaviors.

Use the *5 As* model (Ask, Assess, Advise, Agree, Assist) to provide a framework for weight management.[4,5]

Use of *agree* and *assist* have been associated with reported improvements in diet, and use of *advise* has been linked to increased motivation and confidence to implement dietary changes and lose weight.[5]

Incorporate multicomponent behavioral and psychological intervention into care plans.[4]

Success in obesity management is related to improved health and quality of life, which is a result of achieving behavioral goals, not just weight loss.

The main goals of behavioral interventions are to help people living with obesity make changes that are sustainable; promote positive self-esteem and confidence; and improve health, physical function, and quality of life.[4]

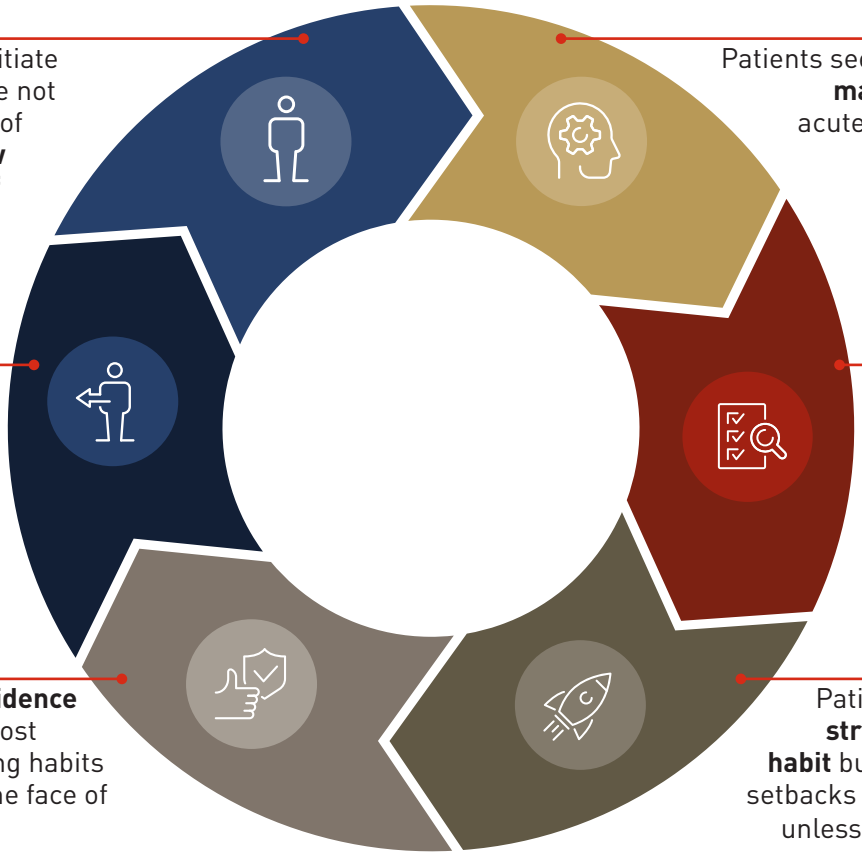
Assessing and Addressing Patient Readiness for Change: The Transtheoretical Model Features 6 Stages of Change[4,6-8]

Precontemplation

Patients may wish to initiate behavior change but are not ready to do so because of **perceived barriers**, **low self-efficacy**, or **lack of information** on how to get started.

Contemplation

Patients see the **benefits of weight management** but are also acutely aware of the barriers that prevent them from moving forward.



Preparation

Patients are **building a plan** and are **encouraged to take control** of their weight-management program.

Action

Patients in action are **using strategies to create a new habit** but may be susceptible to setbacks when facing challenges unless they are well prepared.

Maintenance

Patients with **high confidence** and **self-efficacy** are most likely to maintain lifelong habits and stay motivated in the face of major stressors.

Relapse

Relapse often occurs at times of distress. Building a patient's **self-efficacy and self-esteem** can help them overcome barriers.

Key Takeaways

- Patients experiencing weight bias may be hesitant to seek medical care[3]
- Clinicians should provide resources for and collaborate with patients on their weight management journey[4,5]
- The *5 As* model can provide a helpful framework for weight management conversations[4,5]
- The 6 stages of change can be used to determine a patient's readiness for change and provide a guideline on how to proceed at each stage[4,6,7]

References

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