

Addressing Weight Management in People With Overweight or Obesity

Consider patient-centric, holistic, and realistic weight management plans



Disclosures

- This presentation was commissioned by Lilly and it is intended to be used by HCPs for medical, scientific and educational purposes.
- Presentation content is not approved for continuing education credit.
- The goal of this program is to review information pertinent to the topic and answer your questions.
- For questions that directly relate to this topic and are consistent with product labeling, I will respond during the program. For all other questions, I will be glad to talk with you individually after the conclusion of the program.

Weight Bias: Impact on Health Outcomes and Mitigation Strategies



What Is Weight Bias?

Weight bias is negative weight-related attitudes, beliefs, assumptions, and judgments towards individuals with low or high weight.



Weight bias has adverse consequences on physical and mental health.

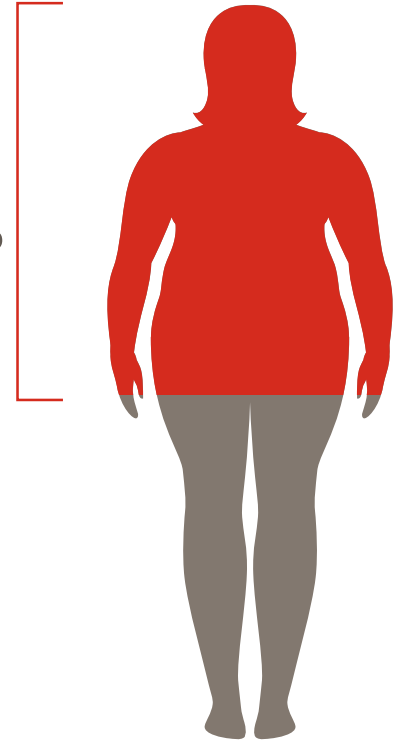
- Associated with unhealthy eating behaviors and avoidance of exercise
- Associated with anxiety, stress, depression, low self-esteem, and body image issues

Weight Bias in Healthcare

HCPs are not immune from ascribing stereotypical characteristics to people with obesity.¹

- May characterise people with weight management issues as non-compliant¹
- May spend less time on consultations vs healthy-weight counterparts¹

62%
of women and 54%
of men with
overweight or
obesity reported
hearing an
inappropriate
comment from
their HCP.²



The healthcare environment itself may be biased and contribute to stigmatisation.¹

- Gowns, chairs, scales, and examination tables that cannot accommodate people with obesity

HCP = Health Care Professional



1. World Obesity Federation. Accessed 8 December 2022. <https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma>. 2. Puhl RM, Brownell KD. *Obesity (Silver Spring)*. 2006;14(10):1802-15. doi: 10.1038/oby.2006.208.

Resources for Recognising and Mitigating Weight Bias

Harvard Implicit Association Test (IAT)

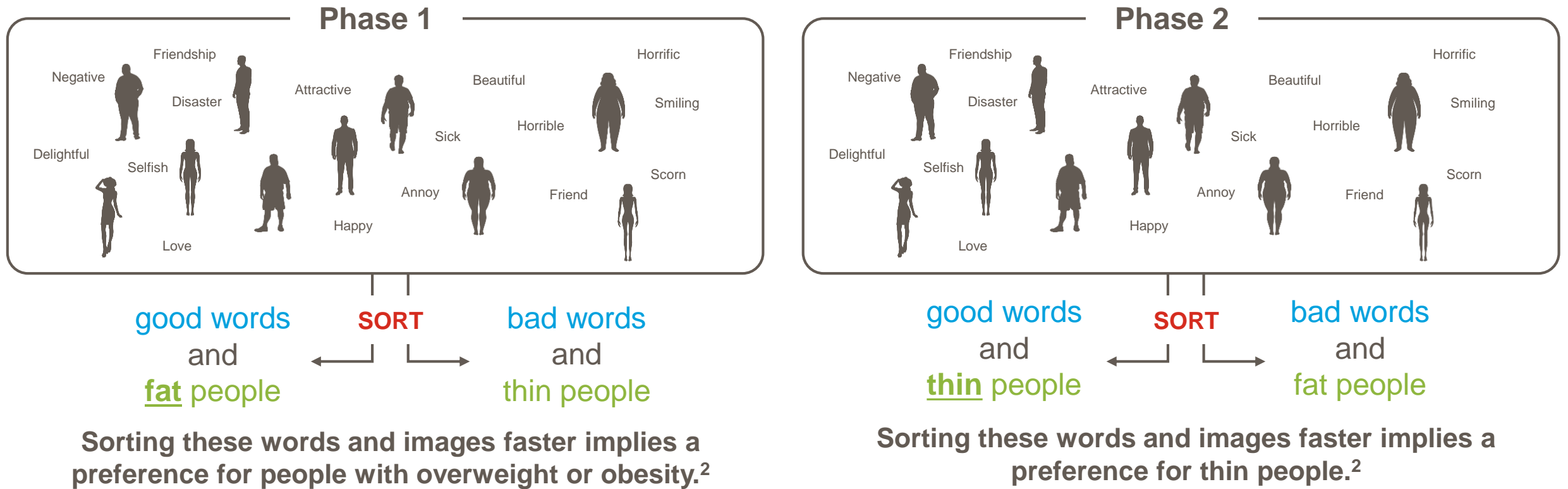
IAT-Weight determines unconscious bias by measuring the time it takes users to form associations between images and words.

Users are presented with 4 categories (good words, bad words, fat people, or thin people) and the words and images that belong in each.

Category	Items
Good words	Friendship, Delightful, Love, Attractive, Happy, Beautiful, Friend, Smiling
Bad words	Sick, Disaster, Annoy, Selfish, Horrible, Scorn, Horrific, Negative
Fat people	
Thin people	

Taking the Harvard IAT-Weight¹

Working as quickly and accurately as possible...



The purpose of this tool is to raise awareness about implicit biases that HCPs may have and encourage self-reflection.³

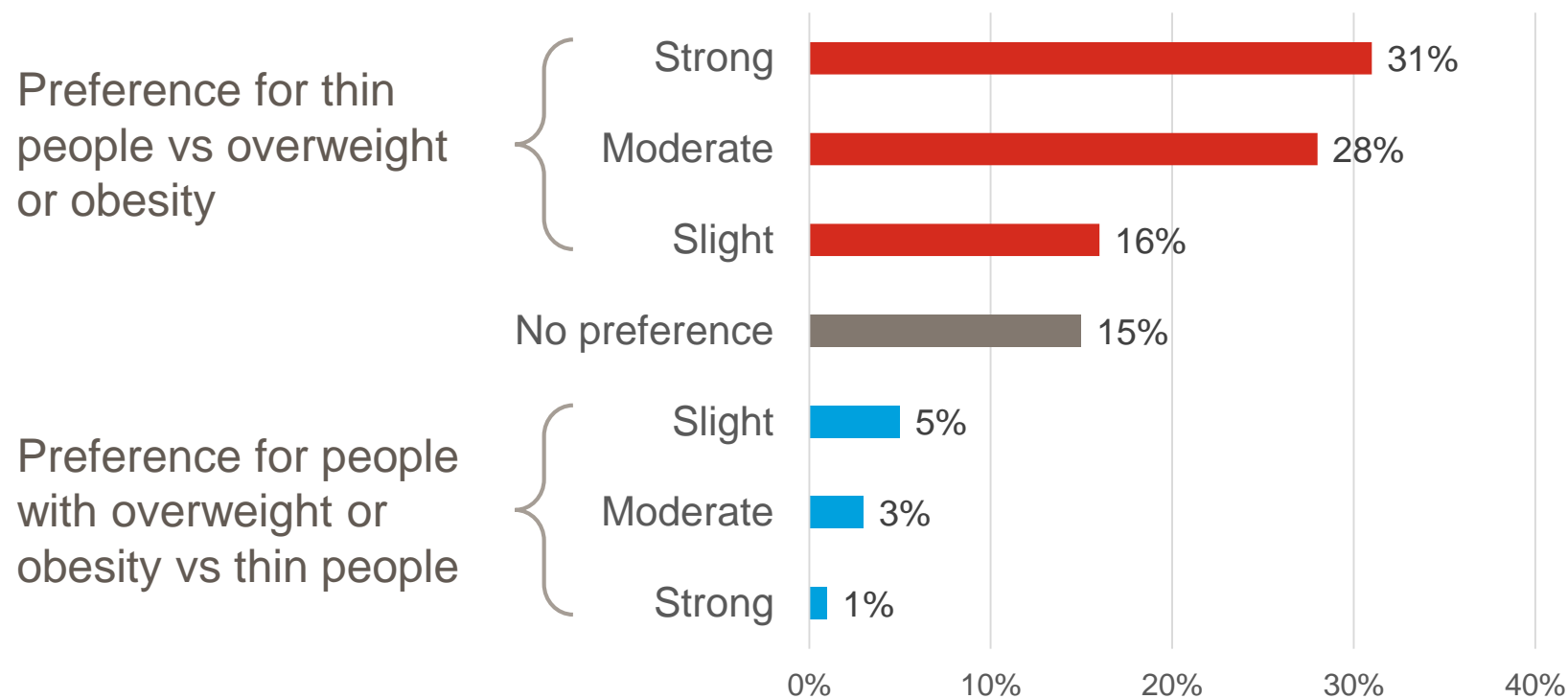
Figure adapted from the Harvard IAT-Weight.

1. Project Implicit. Accessed 4 December 2022. <https://implicit.harvard.edu/implicit/selectatest.html>. 2. Project Implicit. Accessed 6 December 2022. <https://implicit.harvard.edu/implicit/iatdetails.html>. 3. Project Implicit. Accessed 6 December 2022. <https://implicit.harvard.edu/implicit/ethics.html>.

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Distribution of Harvard IAT-Weight Responses

75% of Harvard IAT-Weight respondents showed a preference for thin people compared to people with overweight/obesity.



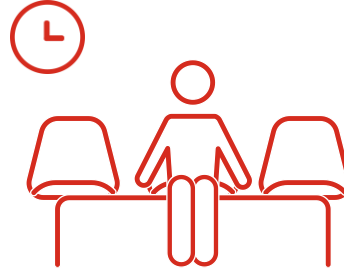
Resources for Recognising and Mitigating Weight Bias

Mitigating Weight Bias in the Healthcare Environment



Exam Room

- Step stool with handle for exam table access
- Large sized gowns
- Larger blood pressure cuffs
- Wide examination tables
- Sturdy armless chairs



Waiting Room

- Open-arm chairs or firm sofas
- Space between chairs
- Weight-sensitive reading materials
- Bathroom with grab bars and split lavatory seats
- Handled urine specimen collector



Scale

- Wide-based that measures greater than 350 lb
- Accessible for individuals with disabilities
- Situated in a physical location that offers privacy and confidentiality
- Handles for support



HCPs

- Weigh people in a private and sensitive manner without judgmental commentary
- Ask people for their permission to be weighed at each visit
- Emphasise goals of health and fitness behaviors rather than only the number on the scale

Assess Patient Motivation and Willingness to Change



Barriers to Motivation for Behavior Change and Adherence

Emotions can impact the motivation to change behaviors (eg, lifestyle changes) and should be taken into consideration when looking at non-adherence to behavior change.



Patient Emotions	Commonly Associated Situations	Effect
Negative		
<ul style="list-style-type: none">• Fear• Self-blame• Guilt• Shock• Helplessness• Frustration• Feelings of failure	<ul style="list-style-type: none">• Living with diabetes• Living with overweight/obesity• Diabetes complications• Comorbidities	<ul style="list-style-type: none">• May promote or impair adherence to behavioral change

Addressing Barriers Through Motivational Interviewing

Enhance intrinsic motivation to change through motivational interviewing, a person-centred approach to explore and resolve ambivalence.

Phases:

- Building patient motivation
- Strengthening patient commitment to change



Key components:

- Open-ended questions
- Affirmations
- Reflective listening
- Summary statements

Evidence-Based Behavioral Strategies Have Been Developed to Help HCPs Facilitate Weight Management

The 5 As are an evidence-based strategy that can provide a framework for weight management¹ and facilitate obesity counseling.



The use of *agree* and *assist* have been associated with improved diet, and the use of *advise* has been linked to increased patient motivation and confidence.

HCP = healthcare professional.

1. Vallis M, et al. *Can Fam Physician*. 2013;59(1):27-31.

Starting a Motivational Interview: Ask Questions

Asking questions is a principle of motivational interviewing and an important early step when assessing a patient's readiness to manage their weight.

“

Ask

“Are you ready to try to work on your weight?”

followed by

“Would you be comfortable if I tried to help?”



Assessing readiness establishes where the patient is in their weight management journey and helps the HCP avoid working harder than the patient.

Assessing Readiness

The Readiness Ruler^{1,2}

The Readiness Ruler is a motivational interviewing tool² that can be used to determine readiness to change, which may predict treatment outcomes.¹

A person rates the importance of change and their confidence in making the change from 0-10.²⁻⁴


How important is it to you to [change]?

How confident are you that you can change successfully?



Once a person rates the questions, 2 follow-up questions are asked²⁻⁴:

 Why did you give it [#] and not a 0?

 What would it take for you to get from [#] to the next highest number?

The goal of the Readiness Ruler is to guide conversations about personal change and elicit change-talk, which increases the likelihood of change.²

Assessing and Moving Through Stages of Change

People modifying their behaviors move through stages of change from pre-contemplation to maintenance.



Pre-contemplators have no intention to change behavior.

- May demonstrate change under pressure, but will revert back when pressure is removed
- Resists recognising or modifying a problem

Interventions for moving from pre-contemplation to contemplation:

- Consciousness raising: increase self-awareness and awareness of the problem
- Dramatic relief: express feelings about one's problems and solutions
- Environmental re-evaluation: assess how one's problem affects the physical environment

Assessing and Moving Through Stages of Change (cont.)

People modifying their behaviors move through stages of change from pre-contemplation to maintenance.



Contemplators are seriously considering change and may be seeking support.

- Know where they want to be and maybe even how to get there but are not ready to make a commitment
- Seriously considering problem resolution

Interventions for moving from contemplation to action:

- Self-re-evaluation: assess how one feels and thinks about oneself with respect to a problem
- Self-liberation: choose to act or to believe in the ability to change

Positive Experiences and Emotions as Change Motivators

Experiencing positive health benefits from a change can reinforce empowerment and improve self-care, while emotional support can promote self-efficacy.



Patient Emotions	Commonly Associated Situations	Effect
Positive		
<ul style="list-style-type: none">• Empowerment• Success• Self-efficacy	<ul style="list-style-type: none">• Symptom improvement• Health benefits• Emotional and social support• Successful self-management	<ul style="list-style-type: none">• Promotes adherence to behavioral change such as lifestyle changes

Health improvements and positive emotions, like empowerment and success, can nurture patient motivation and strengthen their commitment to lifestyle changes.

Enhance Patient Motivation Using Patient-Centric Language



Using Appropriate Language During Motivational Interviewing^{1,2}

The appropriate use of language is a simple, implementable technique that HCPs can use to lower anxiety, build confidence, and support self-care.²

Person-centred^{1,2}

- For example, instead of using *obese person*, opt for *person with obesity*

Free from stigma or blame^{1,2}

Fosters patient-provider collaboration^{1,2}

- “Could we talk about your weight today?”
- “What words would you like to use when we talk about weight?”



Neutral and non-judgmental^{1,2}

- Neutral terms such as *weight*, *unhealthy weight*, and *high BMI* are preferred to terms such as *fat*, *obesity*, and *obese*

Based on facts, actions, or biology/physiology^{1,2}

Respectful, inclusive, strength-based, and inspires hope^{1,2}

- Emphasis on lifestyle change and health improvement
- Emphasis on achievable behavioral goals rather than weight

BMI = body mass index.

1. American Diabetes Association. *Diabetes Care*. 2022;45(suppl 1):S1-S264. doi: <https://doi.org/10.2337/dc22-Sint>. 2. National Health Service. Accessed 22 April 2022. <https://www.england.nhs.uk/wp-content/uploads/2018/06/language-matters.pdf>.

The Language HCPs Use to Communicate Can Impact Weight Management in People With Overweight or Obesity

The language that HCPs use to discuss health can alter treatment outcomes, motivation, behavior, and psychosocial well-being.¹



Collaborate with patients¹

The ways in which HCPs interact with people can encourage or discourage engagement and collaboration.



Use non-judgmental language^{1,2}

Certain words or phrases can unintentionally contribute to biases that can make people feel embarrassment, shame, or judgment.



Empower patients¹

Person-first, strengths-based, empowering language can improve communication and enhance motivation, health, and well-being.

1. Dickinson JK, et al. *Diabetes Care*. 2017;40(12):1790-1799. doi: 10.2337/dci17-0041. 2. Vallis M, et al. *Can Fam Physician*. 2013;59(1):27-31.

Motivational Interviewing Examples

Motivational Interviewing Checklist^{1,2}

- ✓ Patient-centred approach
- ✓ Collaborative tone
- ✓ Empathetic
- ✓ Affirmative
- ✓ Open-ended questions

“

Are you concerned about your weight's effect on your health or your quality of life?¹



“

Are you ready to try to work on your weight? Would you be comfortable if I tried to help?¹



“

You do understand that if you don't manage your weight, you could do more damage...²



“

I know, but you need to do it, okay? These steps are important to manage your weight.²



DRAWBACKS: It is non-collaborative and removes patient freedom

Motivational Interviewing Examples (cont.)

Motivational Interviewing Checklist^{1,2}

- ✓ Reflective listening
- ✓ Summarising
- ✓ Open-ended questions
- ✓ Acknowledging patient's freedom
- ✓ Guiding communication style

“

Now that we have a better understanding of your situation, can I recommend a plan of action to improve things?¹



“

Would you like to talk about some of the support that's available to help you manage your weight?²



“

I think we should try this weight management plan for you. Do you think you can handle it?²



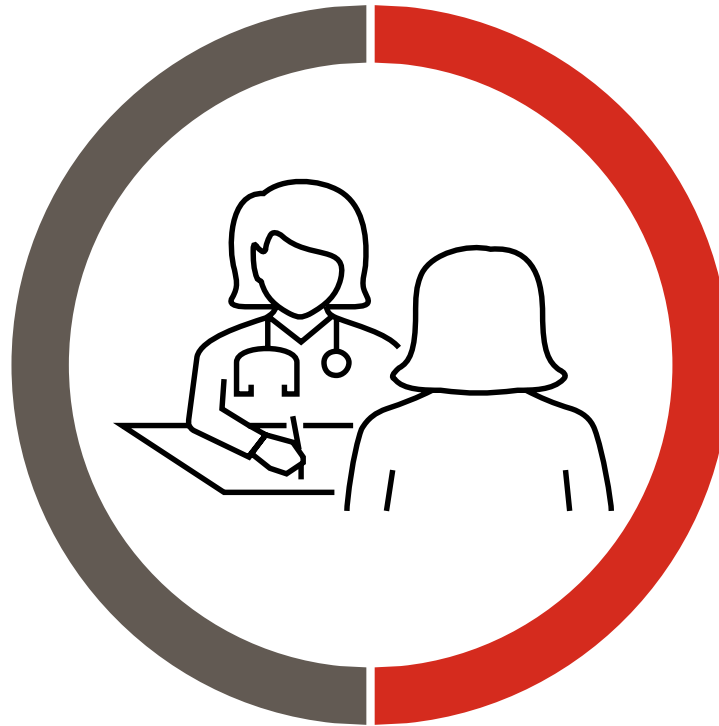
DRAWBACKS: It is non-collaborative, removes patient freedom, and increases resistance

1. Valis M, et al. *Can Fam Physician*. 2013;59(1):27-31. 2. Borrelli B, et al. *J Allergy Clin Immunol*. 2007;120(5):1023-1030. doi: 10.1016/j.jaci.2007.08.017.

How Do You Know When Motivational Interviewing Is Going Well?

You...

- ✓ Are mostly **listening**
- ✓ Are **listening very carefully** and **reflecting** pro-change patient remarks during the interview



The patient...

- ✓ Is doing the **talking**
- ✓ Is **actively talking** about behavior change
- ✓ Appears to be **working hard**, often realising things for the first time
- ✓ Is **actively asking** for information and advice

Health and Behavioral Goals for Patients With Overweight or Obesity



Clinical Benefits of Weight Loss Are Progressive¹



The degree of early success of a weight reduction intervention may be predictive of its long-term success.²

Setting Specific and Realistic Goals for Daily Health Behaviors

Daily Goals¹

Sleeping
Sitting
Stepping
Strengthening
Sweating



SPECIFIC²

Work with patients to identify 1-2 health habits they are ready, willing, and able to change. Have patients write down the specific behaviors.



Example: I will be more active by walking around the neighbourhood for 15 minutes every Monday, Wednesday, and Friday.



REALISTIC²

Goals should be easy to understand and achievable. Have patients write down simple steps they can take to accomplish their goals.



Example: I will take those 15 minutes from my lunch hour at work because I don't need that much time to eat.

Setting Goals for Example¹

Duration, Quality, and Timing

Sleep Behaviors

Sleep Duration

Extending sleep in short sleepers can reduce energy intake.

Quality Sleep

Aim for 6-8 hours of uninterrupted sleep.

Chronotype

Keep in mind that people who stay up late may be more prone to inactivity than early risers.²



Example: On the weekends, I will keep the same sleep schedule as I do on the weekdays.

Movement Behaviors

Sitting

Break up sitting every 30 min with light walking/resistance exercise

Stepping

Increase steps by 500 per day

Sweating

Weekly goal: ≥ 150 min/week of moderate intensity physical activity or ≥ 75 min/week of vigorous activity spread over ≥ 3 days/week

Strengthening

Incorporate exercises that work against resistance, as well as some that contain elements of flexibility and balance



Example: At least 3 days a week, I will take a 10-minute walk around my neighbourhood.

1. Davies MJ, et al. *Diabetologia*. 2022;65(12):1925-1966. doi: 10.1007/s00125-022-05787-2. 2. Sempere-Rubio N., et. al. *Int J Environ Res Public Health*. 2022; 19 (15):9646.

Dietary Recommendations

Medical Nutrition Therapy Should...

1. Be Patient-Centric^{1,2}

- Based on individualised preferences and clinical needs
- Feasible and sustainable

2. Be Evidence-Based^{1,2}

- Emphasise foods with health benefits
- Minimise harmful foods

3. Have a Net Energy Deficit^{1,2}

- Maintainable for weight loss

- Aim for 85% of daily calories to come from main food groups³
 - Remaining 15% available for sugars and fats
- Follow an evidence-based meal plan to help save time when making new choices^{2,3,4}
- Use the Hunger-Satiety Rating scale to prevent overeating⁵



Example: Three days a week,
I will eat a small fresh salad before lunch.

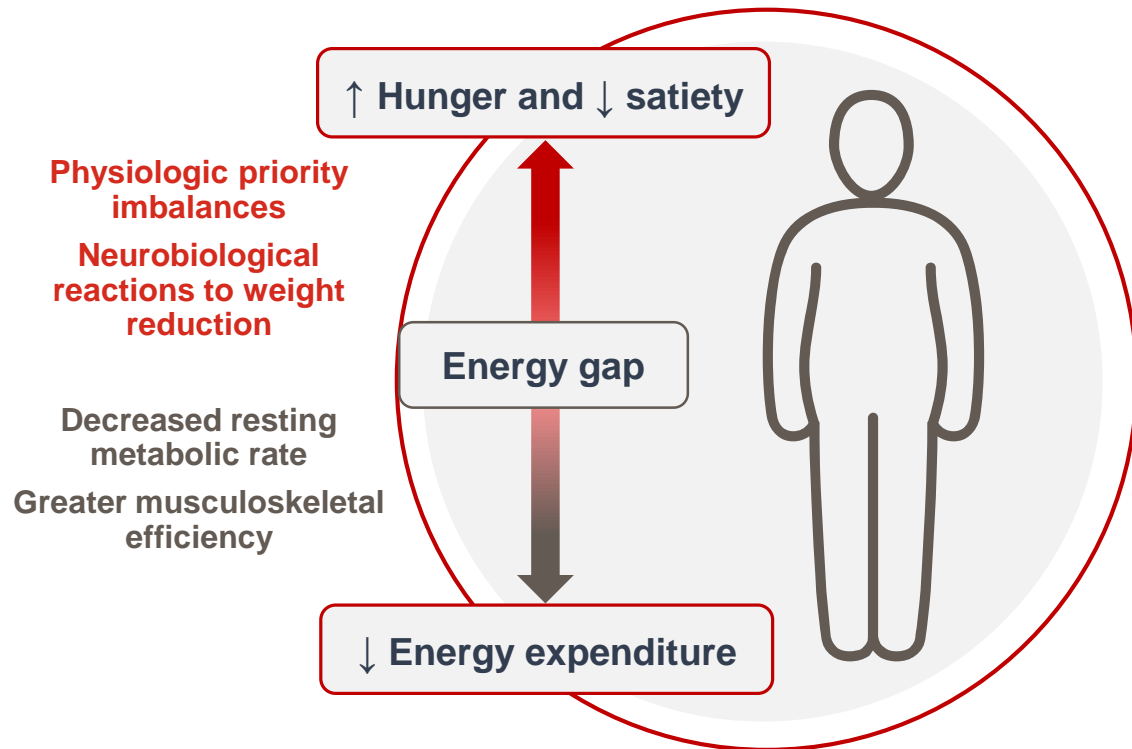
1. Davies MJ, et al. *Diabetologia*. 2022;65(12):1925-1966. doi: 10.1007/s00125-022-05787-2. 2. Bays H, et al. *Obesity Pillars*. 2022;3:100034. doi: 10.1016/j.obpill.2022.100034. 3. Phillips JA. *Workplace Health Saf*. 2021;69(8):395. doi: 10.1177/21650799211026980. 4. CDC. Accessed 8 July 2022. <https://www.cdc.gov/diabetes/managing/index.html>. 5. American Diabetes Association. Accessed 25 September 2023. <https://diabetes.org/healthy-living/weight-loss/emotions-and-eating/get-touch-your-appetite>

Physiology of Weight Loss and Maintenance



Weight Loss Can Lead to Metabolic Adaptation, Which Can Make Weight Plateau and Regain Easier^{1,2}

Metabolic Adaptation to Weight Loss^{1,2}

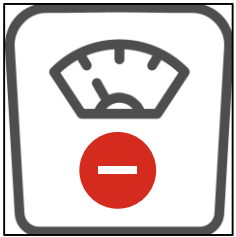


- After 6 months, the rate of weight loss usually declines, and weight plateaus because energy requirements decrease as weight decreases³
- Further decreased calories and/or increased physical activity is required for additional weight loss
- Increased physical activity increases cardiorespiratory fitness, with or without weight loss³

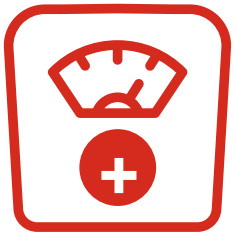
At this point, the primary care practitioner should prioritize weight maintenance, the second phase of weight loss effort.³

Successful Maintenance of Weight Loss Usually Requires a Similar Combination of Interventions Required for Initial Weight Loss

“If I could just get the weight off, then I know I could keep it off.”



Initial weight reduction with non-surgical interventions is about 10-15% from the initial weight



~50% of that weight reduction maintained after 1 year

Many factors contribute to weight regain.

- Physiologic priority imbalances
- Neurobiological response to weight reduction
- Decreased resting metabolic rate
- Greater musculoskeletal efficiency
- Behavior reversion

Successful maintenance of weight loss usually requires a similar combination of interventions required for initial weight loss.

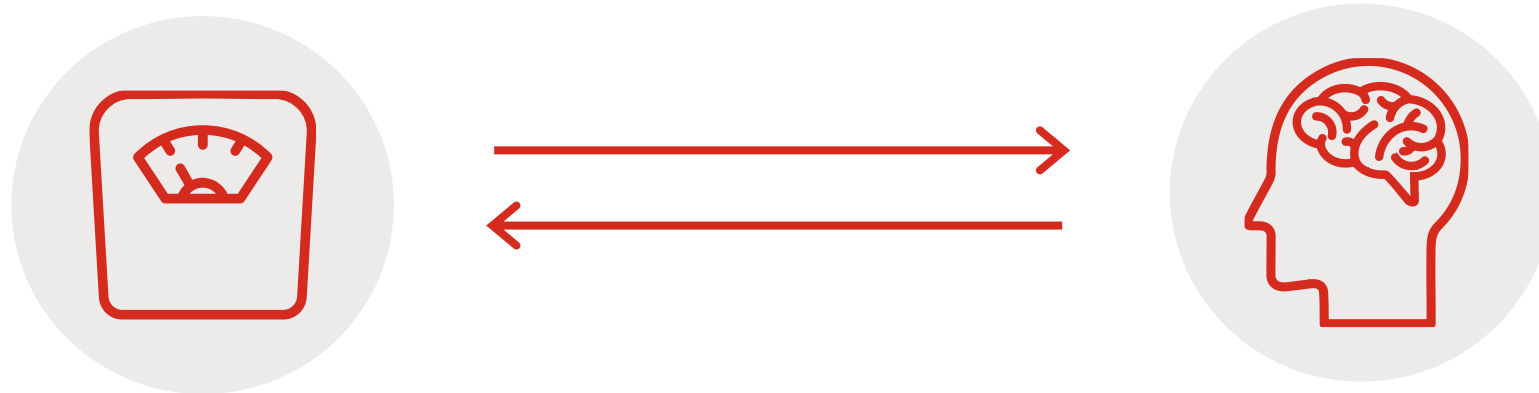
- Appropriate nutrition
- Routine physical activity
- Behavior training
- When appropriate, initiation or continuation of pharmacologic therapy

Quality of Life and Mental Health Benefits of Weight Loss



Psychological Improvements Due to Weight Loss

**Improvement of one comorbidity (obesity/depression)
improves the course of the other.¹**



- Weight loss may improve mood, anxiety, and depressive symptoms^{2,3}
- Bariatric surgery is associated with postoperative decreases in the prevalence (8%-74%) and severity (40%-70%) of depression symptoms⁴

Summary and Conclusions



Summary and Conclusions

Weight management is a core principle of a holistic and person-centred approach to care and can result in improved physical health, mental health, and QOL outcomes.

- Weight stigma can adversely impact patient health outcomes; therefore, mitigating weight biases in the healthcare setting is critical
- Motivational interviewing and patient-centric language can help assess and build patient motivation during weight management conversations
- Weight management plans should be tailored to individual patient needs to help address potential barriers
- Explaining the physiology of obesity and weight loss can aid realistic goal setting