

Staying in the Solution: How Do We Implement Evidence in Obesity Care?

Hilton Head, SC

Saturday, June 7

Please complete pre-meeting via the QR code below or hand in to a staff member as you exit the room.



Do you diagnose obesity? _____ Yes _____ No

Do you treat obesity? _____ Yes _____ No

What is your profession?

☐ MD ☐ DO ☐ PA ☐ NP ☐ Other (Please specify) _____

What is your specialty?

☐ Family Medicine ☐ Internal Medicine ☐ General Practice ☐ Other (Please specify) _____

Clinical Confidence

Please indicate how confident you are in your ability to:

	(4) Very confident	(3) Confident	(2) Somewhat confident	(1) Not at all confident
Diagnose and treat obesity as a chronic disease in line with the latest evidence				
Implement data from recent clinical trials of anti-obesity medications (AOMs) into routine practice				
Counsel patients with obesity utilizing a shared decision-making (SDM) approach and avoiding the perception of stigma				

Strategies Used in Practice

Please indicate below how often you use each of the listed strategies in your practice.

	4 Always	3 Often	2 Rarely	1 Never
Apply the most recent evidence for the diagnosis and treatment of obesity in the primary care setting				
Utilize AOMs in conjunction with lifestyle modifications for patients with obesity				
Counsel patients with obesity utilizing principles of shared decision-making and strategies to minimize the perception of stigma				

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<p>1. Which of the following is a limitation of body mass index (BMI) to diagnose/assess obesity?</p> <p>A. It is a measure of excess body fat rather than excess weight. B. It may underestimate weight status for athletes or muscular individuals. C. It takes into account age and gender but not comorbidities or fat distribution. D. It may overestimate weight status for people of different ethnic groups.</p>
<p>2. Eithne is a 42-year-old woman with a history of hypertension, dyslipidemia, obesity, and major depressive disorder; she reports frequent knee pain following an approximate 20-lb weight gain over the past year. Her current BMI=42 kg/m². How would you classify her level of obesity/weight-related health risk using the Edmonton Obesity Staging System (EOSS)?</p> <p>A. Stage 1 B. Stage 2 C. Stage 3 D. Stage 4</p>
<p>3. Data from the SELECT trial, which studied the effects of once-weekly 2.4 mg semaglutide, showed:</p> <p>A. Statistically significant (but not superior) 10% reduction of major adverse cardiovascular events (MACE) in participants treated with semaglutide. B. Statistically significant and superior 20% reduction of MACE for participants treated with semaglutide. C. Slight increase in MACE for participants being treated with semaglutide. D. No improvements in MACE were observed among participants receiving semaglutide.</p>
<p>4. Kailani is a 60-year-old woman with a BMI of 36 kg/m². In addition to obesity, she also has several other medical conditions, including hypertension, prediabetes, and osteoarthritis (right hip). Over the last year and a half, Kailani has been trying to lose weight. She changed her diet to include more leafy greens and has cut down processed food. She reports taking 60-min. spin classes 3 to 4 times a week. Despite these changes, Kailani has gained 10 lbs. in the past 6 months. Based on the latest practice guidelines and clinical evidence, which of the following pharmacologic options would you recommend for Kailani?</p> <p>A. Tirzepatide B. Phentermine/topiramate ER C. Orlistat D. Naltrexone/bupropion SR</p>
<p>5. Which of the following statements utilizes people-first language?</p> <p>A. Diabetic patients are more likely to have severe obesity than patients without diabetes. B. The patient who reported to the emergency room with chest pain is an obese 39-year-old man. C. A 62-year-old woman with obesity presents to care after a fall. D. The patient developed pain in his right knee as a result of his obesity.</p>
<p>6. Alfonso M. is a 47-year-old man with a past medical history of obesity, type 2 diabetes, and cardiovascular disease. His chart also notes that he is on a fixed income and regularly skips doses of his medications due to cost. During his annual visit, you decide that his weight should be addressed as it is a key contributor to his other health issues. What is the most appropriate first step?</p> <p>A. Provide him with a weight loss goal of ≥15%. B. Explain how the patient's obesity is contributing to his comorbidities. C. Prescribe an anti-obesity medication. D. Ask for permission to discuss weight.</p>