

# Practical Strategies to Navigate **Obesity Management** *in* **Primary Care**



# Today's Faculty



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# Session Resources, Information, and Disclosures

- This activity is supported by an educational grant from Lilly
- The France Foundation is conducting educational outcomes research within this activity. All responses from learners are anonymized and will be studied in aggregate. Contact [info@francefoundation.com](mailto:info@francefoundation.com) with any questions.

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# Learning Objectives

- Prioritize the management of obesity in treatment plans for patients with obesity or overweight and comorbid complications
- Utilize evidence-based strategies to establish treatment plans with patients with obesity or overweight
- Modify treatment plans for patients with obesity or overweight based on composite medical outcomes, including comorbidities and cardiometabolic risk measures



# Our Time Today

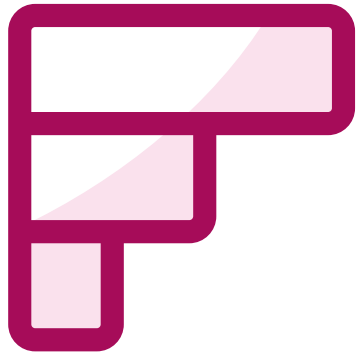
- Welcome and introduction to the session
- Why is this important?
- 3 case-based discussions
  - Meet our patient (case presentation)
  - Learn how to treat our patient (didactic content)
  - Learn how to work with our patient (group activity, clinical curveballs)
- Wrap-up and key takeaways



# Get Out Your Phone!

- Answer questions and provide feedback easily from your phone
- Simply scan the QR code that will be on the screen to participate





**Please rank the following skill/strategy based on how confident you are in applying it to your practice, with 1 being the skill/strategy that you are most confident in.**

# Importance of Patient-Centered Communication in Obesity Management



# Definitions of Overweight and Obesity

- **Overweight and obesity:** “abnormal or excessive fat accumulation that presents a risk to health” –American College of Cardiology
- **Obesity:** “a chronic, progressive, relapsing, and treatable multifactorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences” –Obesity Medicine Association



# Patient-Centered Communication

## Why Is It Important?

- Sustained weight loss is difficult
  - Challenges of dietary restriction
  - Continuous, daily decision making
  - Physiologic response to negative energy balance

## Evidence-Based, Patient-Centered Methods

- Empathetic
- Effective messaging
  - Accurate
  - Authentic
  - Comprehensible
  - Actionable
- Personalized
  - Individual preferences
  - Social and family considerations
  - Culturally aware



# Motivational Interviewing



**Open-ended questions**  
More than a yes/no answer



**Affirmations**  
Supporting past accomplishments



**Reflections**  
Diving deeper



**Roll with resistance**  
Change talk vs sustain talk



**Resist the righting reflex**  
Don't be the fixer



**Listen**  
Seek to understand then be understood



**Evoke ideas**  
Best ideas come from the patient



**Guide using provider expertise**  
Medically safe & reasonable



**Plan**  
SMART goals



# A New Diagnosis— Where Do We Start?



# Case 1: Patient Description

- Sarah is a 50-year-old female with overweight (BMI 29) who has a sedentary job and few opportunities for an active life. She was diagnosed with T2D 5 years ago.
- **Medical history:** hypertension (HTN), depression

Let's hear from our patient...



# Case 1: Patient Perspective



# Case 1: Additional Details

- **Medications:** losartan, paroxetine, glipizide, and insulin
- **Family history:**
  - Everyone in her immediate family has T2D
  - Father died 3 months ago; had amputations and kidney disease requiring dialysis before death





## **Case 1 Reflection: What stands out to you about Sarah and why?**



**What would you do with Sarah? Select your top 3 priorities in initially managing overweight in Sarah.**

# Multimodal Management Approaches



**Lifestyle  
Interventions**



**Dietary  
Modification**



**Physical  
Activity**



**Pharmacotherapy**



**Medical Devices**



**Bariatric  
Procedures**



**Validated Apps  
and Wearables**



# Weight-Centric Approach

In people with T2D and overweight or obesity:

Make weight management a primary goal of treatment along with glycemic management

Treat excess weight early in the course of disease to prevent the development of irreversible organ damage

Offer medication to patients with:

- BMI  $\geq$  27 and adiposity-based chronic disease (ABCD)
- BMI  $\geq$  30, with or without ABCD



# ADA Guidelines: Weight Alongside T2D

Minimize

- Minimize medications for comorbid conditions that are associated with weight gain

Select

- Select medications with beneficial effect on weight

Prefer

- Prefer GLP-1 RA and GIP/GLP-1 RA medications

Evaluate

- Evaluate and intensify interventions to reach treatment goals



# Case 1: Patient Description

- Sarah is a 50-year-old female with overweight (BMI 29) who has a sedentary job and few opportunities for an active life. She was diagnosed with T2D 5 years ago.
- **Medical history:** hypertension (HTN), depression
- **Medications:** losartan, paroxetine, glipizide, and insulin
- **Family history:**
  - Everyone in her immediate family has T2D
  - Father died 3 months ago; had amputations and kidney disease requiring dialysis before death





**Has anything changed in what you would do next with Sarah?  
Select your top 3 priorities in initially managing overweight with Sarah.**

# Clinical Curveballs: Integrating Motivational Interviewing Strategies



# Clinical Curveball Activity

- Clinical curveballs have been identified in this patient case that we'd like you to address
- I will review the first curveball, and then you will work in a group on 1 of the other 2 possible curveballs
- You will draft a response to the patient issue listed on the color-coded case card
- Use the QR code that will be shown on the screen to note your group's suggested response(s)
- Compare your response(s) to sample responses

Case 1

Case 2

Case 3



# Model We Will Use in This Activity: Motivational Interviewing (RULE)

R

- **Resist the righting reflex**
- Avoid telling, directing, or convincing the patient of the right path to good health; roll with resistance

U

- **Understand your patient's motivations**
- Seek to understand your patient's perception of their situation and their motivation for change

L

- **Listen to your patient**
- Seek to understand their values, needs, abilities, motivations, and potential barriers to change

E

- **Empower your patient**
- Support your patient's hope that change is possible and can make a difference in their health



# See One: Integrating MI Strategies

<b>Curveball</b>	<b>The patient doesn't think their weight is a problem (everyone around them is similar)</b>
<b>RULE element</b>	Resist the righting reflex
<b>Sample responses</b>	<p><i>"It makes sense that you don't see it as a concern—many people feel the same when their experience mirrors others. If you're open to it, we could explore how you feel about your health overall."</i></p> <p><i>"It's completely understandable that this doesn't feel like an issue when it's so common. I'm here to support whatever direction you feel is right for your health."</i></p> <p><i>"Sounds like you see your experience as pretty typical—and that can make it hard to view things differently. I'd be interested in hearing what health means to you."</i></p>

**R**

- **Resist the righting reflex**
- Avoid telling, directing, or convincing the patient of the right path to good health; roll with resistance

**U**

- **Understand your patient's motivations**
- Seek to understand your patient's perception of their situation and their motivation for change

**L**

- **Listen to your patient**
- Seek to understand their values, needs, abilities, motivations, and potential barriers to change

**E**

- **Empower your patient**
- Support your patient's hope that change is possible and can make a difference in their health



# Do One: Integrating MI Strategies

<b>Curveball</b>	The patient prefers a natural approach and resists medication (fears adverse effects and stigma)	The patient feels overwhelmed. She does not understand how medication can assist when nothing has worked thus far.
<b>RULE element</b>	Understand your patient's motivations	Listen to your patient Empower your patient

**Group Discussion:** How would you use motivational interviewing (MI) to explore the patient's concerns and engage her in treatment planning? Use the RULE framework element specified for your curveball and draft what you would say to the patient.





**How would you use motivational interviewing (MI) to explore the patient's concerns and engage her in treatment planning? Use the RULE framework.**

# Feedback: Integrating MI Strategies

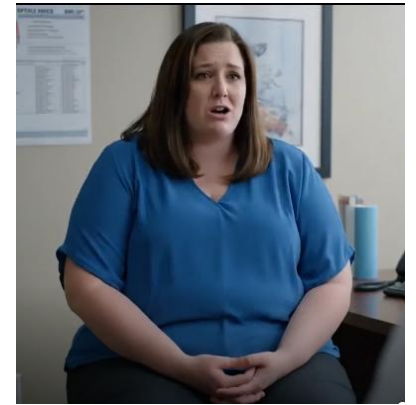
Curveball	Patient prefers a natural approach and resists medication (fears adverse effects and stigma)	Patient feels overwhelmed: does not understand how medication can assist when nothing has worked thus far
RULE element	Understand your patient's motivations	Listen to your patient; Empower your patient
Sample responses	<i>“It sounds like you're really trying to stay healthy in a way that feels natural and safe to you. Can you tell me more about what approaches have worked for you in the past or what you're hoping to avoid?”</i>	<i>“It sounds like you're feeling defeated, like you've tried everything and nothing's made a difference. That's incredibly frustrating. Would it be helpful to talk through how medication might support your goals—without replacing what you've already worked so hard on?”</i>
	<i>“You mentioned worrying about side effects and how others might see you. That makes a lot of sense. What matters most to you when thinking about your health and daily life?”</i>	<i>“You've been trying hard, and it's exhausting when results don't come. It's totally valid to feel unsure. What would make you feel more in control of your next step?”</i>
	<i>“You're clearly trying to avoid long-term harm and stigma—that's important. Let's build a plan around what feels right to you and still supports your health.”</i>	<i>“You're not alone in feeling like nothing has worked—that can really wear on your motivation. We can build a plan that includes your preferences and supports small, realistic changes.”</i>



# Treatment Response and Adjustments



# Case 2: Patient Description



- Jane, a 38-year-old female with class 2 obesity (BMI 37) and hypertension has been following a calorie restricted diet targeting a 500-calorie deficit using a calorie tracking app for the past 3 months. She has been walking for 30 minutes, 3 days per week and tolerating it well.

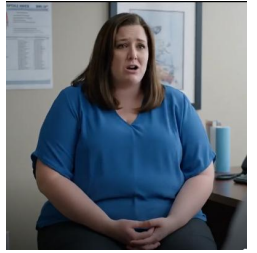
Let's hear from our patient...



# Case 2: Patient Perspective



# Case 2: Additional Details



- **Medications**—Losartan 100mg daily
- BP 125/80
- **Current complaints**
  - Finding it more difficult to follow the calorie restricted diet
  - Feels hungry, especially at night
- Total weight loss has been 7 lbs. (3%), with no weight lost over the past 3 weeks
- **Family history:** Thyroid cancer
- **Patient preference:** Oral medications





## **Case 2 Reflection: What stands out to you about Jane and why?**



**What would be your next step? Select the medication that would be the best next step in holistically managing Jane's obesity and hunger.**

# OMA Current Clinical Guidelines and Recommendations for Obesity Management

- Build a nutrition plan that works for the patient
- Develop a physical activity plan
- Identify behavioral challenges, including eating disorders and sleep habits
- Avoid weight promoting medications
- Utilize anti-obesity medications (AOMs)
- Refer for bariatric procedures where appropriate



# Individualized Treatment Plans

Identify patient dietary preferences

Incorporate patient dosing/administration preferences

Write an exercise prescription

Strategize changing unhealthy eating behaviors

Optimize sleep habits

Engage patient in shared decision-making regarding AOMs



# Selecting Appropriate First-Line and Follow-Up Interventions

## Anti-obesity medication (AOM) options—risks and benefits

AOM	Dosing	Mean body weight reduction in clinical trials	Mean long-term body weight reduction in clinical trials
Phentermine-topiramate ER	Oral, once daily	9%-12% in 56 weeks	9%-11% in 108 weeks
Bupropion-naltrexone ER	Oral, twice daily with gradual titration	5%-14% in 56 weeks	NA
Semaglutide	Weekly injections	15%-16% in 68 weeks	15% in 104 weeks
	Oral, once daily with gradual titration; fasting with no more than 4 oz of water and no food, drink or other oral medications for at least 30 minutes post-dose	9%-14% in 64 weeks	NA
Tirzepatide	Weekly injections	17%-23% in 72 weeks	25.8% in 88 weeks
Orforglipron	Oral, once daily	7.5%-12.4% in 72 weeks	NA

Not head-to-head comparison studies and cannot compare results across studies; NA, not available

Obesity Medicine Association. 2025 Obesity Algorithm®. <https://obesitymedicine.org/resources/obesity-algorithm/>

Kushner RF, et al. *Ann Med.* 2025;57(1):2521433; Wharton S, et al. *N Engl J Med.* 2025;393(11):1077-1087.



# Case 2: Patient Description



- Jane, a 38-year-old female with class 2 obesity (BMI 37) and hypertension has been following a calorie restricted diet targeting a 500-calorie deficit using a calorie tracking app for the past 3 months. She has been walking for 30 minutes, 3 days per week and tolerating it well.
- **Medications**—Losartan 100mg daily
- BP 125/80
- **Current complaints**
  - Finding it more difficult to follow the calorie restricted diet
  - Feels hungry, especially at night
- Total weight loss has been 7 lbs. (3%), with no weight lost over the past 3 weeks
- **Family history:** Thyroid cancer
- **Patient preference:** Oral medications





**Has anything changed? What would you do now for Jane? Select the medication that would be the best next step in holistically managing Jane's obesity and hunger.**

# Clinical Curveballs: Strengthening Shared Decision-Making



# SDM Model That We Will Use in This Activity: SHARE



# See One: Strengthening SDM

<b>Curveball</b>	<b>The patient shares that she is considering getting pregnant after losing weight</b>
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<b>SHARE element</b>	<b>Help, Assess</b>
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<b>Sample responses</b>	<i>Thanks for sharing that—planning for pregnancy changes things. None of the anti-obesity medications are safe during pregnancy and should be stopped at least 2 months before a planned pregnancy and stopped immediately if you get pregnant. Phentermine/topiramate is particularly concerning since topiramate is associated with birth defects. Would you like to discuss other options?</i>
	<i>“Phentermine/topiramate is effective, but it can harm a pregnancy. Would you prefer switching to another option now, or continue short term with a plan to stop at least 2 months before trying to conceive?”</i>
	<i>“That’s important to know—thank you for bringing it up. Let’s review how different treatment options fit with your goal of pregnancy and talk through what matters most to you right now.”</i>



# Do One: Strengthening SDM

Patient finds out that the family history is follicular not medullary thyroid cancer

<b>Curveballs</b>	<b>The patient is interested in starting a GLP-1 RA because she can stop exercising</b>	<b>The patient is interested in starting a GLP-1 RA but worried about GI side effects she has heard from friends</b>
<b>SHARE element</b>	Help, Assess	Help, Assess

**Group Discussion:** Consider how to use SDM to balance evidence-based recommendations with patient values and preferences. Then, use the ‘help’ and ‘assess’ elements of the SHARE approach to draft a complete response to the curveball as though you were speaking to a patient.





**Consider how to use SDM to balance evidence-based recommendations with patient values and preferences. Use the 'help' and 'assess' elements of the SHARE approach and draft a complete response to the curveball as though you were speaking to a patient.**

# Feedback: Strengthening SDM

<b>Curveball</b>	The patient is interested in starting a GLP-1 RA because she can stop exercising	The patient is interested in starting a GLP-1 RA but worried about GI side effects she has heard from friends
<b>SHARE element</b>	Help, Assess	Help, Assess
<b>Sample responses</b>	<p><i>“Following a diet can be difficult, especially when you feel hungry at night. GLP-1s can support weight loss, but they may cause muscle loss, too. Staying active helps protect your muscle and long-term function. Can we explore what makes exercise tough right now and how we can make it work for you?”</i></p> <p><i>“That makes sense – many people feel frustrated when exercise doesn’t show results. GLP-1s can help, but need to be combined with exercise, especially strength training, to minimize muscle loss. Staying active helps preserve strength. What kind of movement feels manageable for you right now?”</i></p> <p><i>“Exercise can feel discouraging, especially without results. GLP-1s can help, but they may also cause muscle loss. Staying active helps preserve your strength. What feels realistic to you right now?”</i></p>	<p><i>“You have been consistent with diet and exercise despite the challenges. Yes, GLP-1s can cause nausea or stomach upset, especially early on, but most people tolerate them well with gradual dose increases. Would you like to compare this with other options and talk about what level of side effects feels acceptable to you?”</i></p> <p><i>“The nighttime hunger must be difficult for you. Adding a GLP-1 will help. GI side effects are certainly unpleasant, and GI symptoms are common early on. We can go slowly with dosing or consider other meds with fewer side effects. What matters most to you: minimizing side effects or maximizing weight loss?”</i></p> <p><i>“The small gains from diet and exercise must be frustrating, particularly when you feel hungry all the time. Anti-obesity medicines can help. Thanks for bringing up the side effects—some GI effects are common, but not everyone gets them. We can look at GLP-1s alongside other options and talk about what side effect risks you're comfortable with.”</i></p>



# Long-Term Management and Cardio-Renal- Metabolic Risk



# Case #3: Patient Description

- John is a 60-year-old male with class 3 obesity (BMI 40) and cardiovascular disease and is struggling with long-term adherence
- Had stent placed 2 years ago

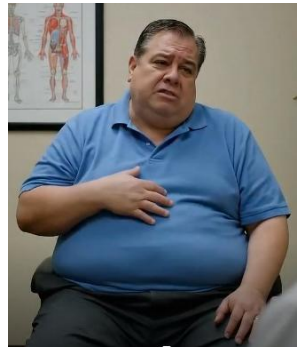
Let's hear from our patient...



# Case 3: Patient Perspective



# Case #3: Additional Details



- Medications: atorvastatin, carvedilol, losartan, amlodipine, and aspirin
- Not exercising due to knee pain and SOB with walking and fear of provoking another CV event
- Feels tired all the time and sometimes forgets to take medications due to hectic work and family schedule
- Has seen a dietitian but hasn't sustained changes in eating habits due to hunger and cravings, and the rest of his family is not interested in diet change
- You discuss setting SMART goals with the patient





## **Case 3 Reflection: What stands out to you about John and why?**



**How would you modify the treatment plan for John? Identify the actions you would take with John given his medical status and stated concerns. (select all that apply)**

# Strategies for Long-Term Obesity Management

Obesity management continuum of care model includes both intensifying and simplifying care plans

Address related health conditions

Initiate lifestyle changes

Replace weight promoting medications

Add anti-obesity medications (AOMs)

Use specialists and allied health professionals

Refer for bariatric procedures



# Approaches for Managing Obesity And Addressing Cardiometabolic Risk

- Use weight loss as key method for improving CV risk factors such as HTN, hyperlipidemia, and glucose
- Address weight early in course of disease before complications arise
- Address obesity to improve mobility and ability to engage in physical activity
- Consider medications or combinations that treat more than one condition



# Adjusting Treatment Plans

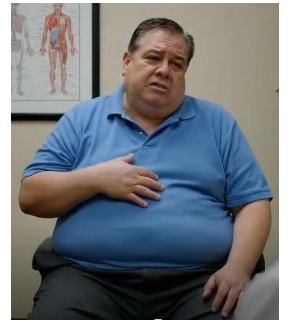
Adjust treatment plans when patient's circumstances, health, and goals change

Issue	Potential Adjustment
Patient has side effects	Consider dose reduction or switch to another AOM
Not achieving at least 5% weight reduction after 12 weeks on AOM	Consider dose adjustment or discontinuation and trial of another AOM
Patient feels modest weight loss is not worth continuing medication	Use shared decision-making and MI to help patient reset goals
Patient decides to pursue pregnancy	Stop AOM during pregnancy and breastfeeding; counsel/MI on lifestyle efforts with goal weight maintenance, not further loss
Accessibility/affordability of GLP-1 RA changes due to change in insurance, personal finance, or disease state	<ul style="list-style-type: none"><li>• GLP-1 RA no longer affordable: switch to another AOM or if appropriate, bariatric surgery</li><li>• New ability to obtain GLP-1 RA or new qualifying disease state (DM, OSA, CVD): consider adding or switching to GLP-1 RA</li></ul>

AOM, antiobesity medication; DM, diabetes mellitus; OSA, obstructive sleep apnea; CV, cardiovascular disease



# Case #3: Patient Description



- John is a 60-year-old male with class 3 obesity (BMI 40) and cardiovascular disease and is struggling with long-term adherence
- Had stent placed 2 years ago
- Medications: atorvastatin, carvedilol, losartan, amlodipine, and aspirin
- Not exercising due to knee pain and SOB with walking and fear of provoking another CV event
- Feels tired all the time and sometimes forgets to take medications due to hectic work and family schedule
- Has seen dietitian but hasn't sustained changes in eating habits due to hunger and cravings, and the rest of his family is not interested in diet change
- You discuss setting SMART goals with the patient





**Has anything changed? How would you modify the treatment plan for John? Identify the actions you would take with John given his medical status and stated concerns. (select all that apply)**

# Clinical Curveballs: Using MI to Guide Patient Goal Setting



# Models We Will Use in This Activity: Motivational Interviewing With EPE and SMART

Specific

Measurable

Achievable

Relevant

Timely

Elicit Ask

- Ask patients if they are interested in learning more about the problem (e.g., effect of weight on their health conditions)

Provide Tell

- Provide information supporting the benefits of change (e.g., discuss impact of weightloss on knee pain, CVD)

Elicit Ask

- Ask what changes they would be able to make given that information and develop a SMART goal with the patient



# See One: Using MI to Guide Patient Goal Setting

<b>Curveball</b>	<b>Patient sets a goal to lose 50 lbs. before class reunion in 3 months</b>
<b>Model to use</b>	SMART framework
<b>Sample responses</b>	<i>“It sounds like feeling confident at your reunion really matters to you. That’s a strong motivator. Would you be open to setting a short-term goal that feels more achievable—like aiming for 1–2 pounds per week—and if you exceed it, all the better.”</i>
	<i>“You’ve set a lofty goal, and that drive can really help. Most people succeed when goals are broken down. What would feel like a realistic starting point for the next few weeks?”</i>
	<i>“You’re clearly motivated. Would you be open to setting a short-term goal that you can build on? Would aiming for 1–2 pounds per week and tracking progress weekly work for you?”</i>



**Elicit** Ask

- Ask patients if they are interested in learning more about the problem (e.g., effect of weight on their health conditions)

**Provide** Tell

- Provide information supporting the benefits of change (e.g., discuss impact of weightloss on knee pain, CVD)

**Elicit** Ask

- Ask what changes they would be able to make given that information and develop a SMART goal with the patient



# Do One: Using MI to Guide Patient Goal Setting

<b>Curveball</b>	The patient says he will wait until after he feels less tired and his knees are better to start exercising	The patient sets a goal to stop drinking soda and eating chips even though they are part of every meal at home
<b>Model to use</b>	EPE model to reframe into a SMART goal	EPE model to reframe into a SMART goal

**Group Discussion:** Consider how to apply MI with EPE to guide a patient to set SMART goals. Then, draft a complete response to the curveball as though you were speaking to a patient.





**How would you apply MI techniques to guide the patient to set SMART goals?**

# Feedback: Using MI With EPE to Guide Patient Goal Setting

<b>Curveball</b>	Patient says he will wait until after he feels less tired and knees are better to start exercising	Patient sets a goal to stop drinking soda and eating chips even though they are part of every meal at home
<b>Model to use</b>	MI with EPE model to reframe into a SMART goal	MI with EPE model to reframe into a SMART goal
<b>Sample responses</b>	<p><i>“That makes sense – knee pain and fatigue are real barriers. Would it be okay if I shared some options that work for others in similar situations?” [Provides low-impact options] “Which of those, if any, sound manageable for you right now?”</i></p> <p><i>“You’ve got some valid concerns. Can I share some gentle movement ideas that might actually help with energy and knee strength?” [Provides examples] “Which one might work best for your current activity limitations?”</i></p> <p><i>“You’re thinking carefully about when to start – would it be alright if I shared what we know about how small, low-impact movement can actually reduce fatigue and joint pain?” [Shares information] “What feels doable to you this week?”</i></p>	<p><i>“It sounds like you’re really motivated to change. Would it be okay if I shared some ways others have started small with similar habits?” [Provides example] “Of those, what feels realistic for your home situation this week?”</i></p> <p><i>“You’ve chosen a tough but meaningful goal. Can I offer some tips for scaling back gradually?” [Shares phased approach] “How might that work in your home setting?”</i></p> <p><i>“That’s a strong goal. Would it help if I shared how others reduce snacks gradually without giving them up all at once?” [Shares example] “Which small step feels realistic in your family routine?”</i></p>



# Wrap-Up and Key Takeaways



# Key Takeaways

## Clinical Strategies to Manage Obesity

- Prioritizing weight-management in treatment plans for patients with obesity or overweight and comorbid conditions
- Using evidence-based strategies and considering comorbidities when developing or modifying treatment plans
- Offering anti-obesity medications (AOM) and bariatric procedure when indicated
- Supporting sustainable lifestyle changes for overall health without expectation of weight loss with lifestyle change alone

## Effective Communication Techniques

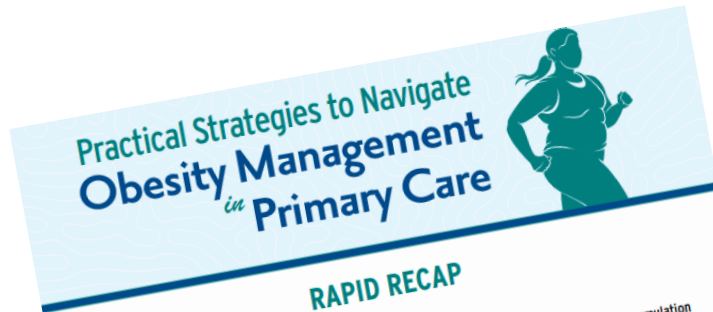
- Use MI techniques to facilitate communication with patients and the development of individualized treatment plans
- Use shared decision-making and MI to help patients set SMART goals





**Based on today's education, please select how you plan to change or improve patient care, either individually or in collaboration with your care team.**

# Please scan the QR code to access course materials



## RAPID RECAP

### Definitions of Overweight and Obesity

**American College of Cardiology** defines overweight and obesity as "abnormal or excessive fat accumulation that presents a risk to health"<sup>1</sup>

**Obesity Medicine Association** defines obesity as "a chronic, progressive, relapsing, and treatable multi-factorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences"<sup>2</sup>

### Patient-Centered Communication Is Important<sup>3,4</sup>

Sustained weight loss is difficult due to:

- Challenges of maintaining diet restrictions in an obesogenic environment
- Fatigue due to continuous daily decision-making regarding whether or not to eat foods encountered on a daily basis
- Physiological response to negative energy balance of restricted diet and weight loss

Evidence-based, patient-centered communication methods can support and empower patients to control their weight loss journey. These methods include:

- **Empathy:** show you care about the patient, recognize challenges they face, and make patients more receptive to advice
- **Effective messaging:** provide accurate, authentic, and actionable information
- **Personalized care:** account for individual preferences, consider social and family situations, and share awareness



## Motivational Interviewing & Shared Decision-Making

### What Are Overweight and Obesity?

The American College of Cardiology defines overweight and obesity as "abnormal or excessive fat accumulation that presents a risk to health."<sup>1</sup>

The Obesity Medicine Association defines obesity as "a chronic, progressive, relapsing, and treatable multi-factorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences."<sup>2</sup>

### What Is Motivational Interviewing?<sup>3</sup>

Motivational interviewing (MI) is a collaborative conversation style used to strengthen a person's own motivation and commitment to change. It recognizes that the patient is in control of their behavior (autonomy); encourages partnership between physician and patient, acknowledging the expertise of each (collaboration); and draws out the patient's motivation for change (evocation).

### Motivational Interviewing Guiding Principles<sup>4</sup>

- R** Resist the righting reflex  
Avoid telling, directing, or convincing the patient of the right path to good health; roll with resistance
- U** Understand your patient's motivations  
Seek to understand your patient's perception of their situation and their motivation to change
- L** Listen to your patient  
Seek to understand their values, needs, abilities, motivations, and potential barriers to change
- E** Empower your patient  
Support your patient's hope that change is possible and can make a difference in their health





We would greatly appreciate your feedback! Scan the QR code to complete the course evaluation.

