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Ohio Cardiovascular Health Collaborative

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CARDI-OH
Ohio Cardiovascular
Health Collaborative

Cardi-OH ECHO Weight Management

A Patient-Centered Approach

Thursday, September 26, 2019

Disclosure Statements

The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:

- Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing.
- Siran M. Koroukian, PhD received funds for her role as a site PI on a subcontract with the Cleveland Clinic.
- Christopher A. Taylor, PhD, RDN, LD, FAND reports grant funding and travel support for his role as a consultant, researcher, and presenter for Abbott Nutrition, and is also a member of the Scientific Advisory Council of Viocare, Inc.
- These financial relationships are outside the presented work.

All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Communication – Core Principles

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Objectives

After attending this brief didactic session, you should be able to accomplish the following:

1) List acceptable and unacceptable terms to be used in clinical encounters with patients with obesity.
2) List a minimum of 3 core principles in structuring weight management encounters.
3) Provide one example of an unacceptable way of raising the issue of weight with patients.

AHA Scientific Statement

New and Emerging Weight Management Strategies for Busy Ambulatory Settings

A Scientific Statement From the American Heart Association

Endorsed by the Society of Behavioral Medicine

Goutham Rao, MD, Chair; Lora E. Burke, PhD, MPH, FAHA; Bonnie J. Spring, PhD; Linda J. Ewing, PhD; Melanie Turk, PhD, RN; Alice H. Lichtenstein, DSc, FAHA; Marc-Andre Cornier, MD; J. David Spence, MD, FAHA; Michael Coons, PhD; on behalf of the American Heart Association Obesity Committee of the Council on Nutrition, Physical Activity and Metabolism, Council on Clinical Cardiology, Council on Cardiovascular Nursing, Council on the Kidney in Cardiovascular Disease, and Stroke Council

Recent data from the Centers for Disease Control and Prevention show that a staggering 68% of American adults are either overweight or obese, and 34% are obese.[1] Although there is evidence that its prevalence is stabilizing, obesity remains an extremely serious public health problem. It is a major risk factor for a wide range of medical (eg, type 2 diabetes mellitus), social (eg, discrimination in employment and education settings), and psychological (eg, depression) conditions.[2]

Although the effectiveness of different obesity treatments has been evaluated systematically,[3] rational, safe, and effective treatments from which the majority of overweight and obese patients can benefit remain elusive. New medications are emerging, but their impact on weight loss has been modest, and their long-term adverse effects are uncertain.[4] Bariatric surgery is effective but expensive and is appropriate only for a small proportion of patients in whom the benefits outweigh the risks. Effective and safe commercial and noncommercial behavior modification programs are scarce. Changes in public policy and the "built environment"[5] may curb obesity, but such changes take a long time to bring about, and the magnitude of their impact has yet to be established clearly. A recent review, for example, concluded that soft drink taxes have only a small impact on a population's average body mass index (BMI).[6]

It is widely acknowledged that no single strategy will solve the obesity problem and that effective public health initiatives to prevent and treat obesity will require the involvement of multiple stakeholders, including patients, employers, health plans, governments at all levels, the food and beverage industries, and healthcare providers.[7,8] Among these healthcare providers are those who deliver care in busy ambulatory settings, including primary care physicians, nurse practitioners, nurses, registered dietitians, and others. Screening and counseling for obesity in such settings is widely recommended.[9,10] Unfortunately, there is ample evidence that physicians and other healthcare professionals are poorly equipped to tackle the problem. A survey conducted in 2006 revealed, for example, that only 65% of obese patients were advised to lose weight by their physicians.[11] A lack of knowledge, skills, and practical tools have all been identified repeatedly as barriers to the identification and management of obesity by healthcare professionals.[12–14]

The purpose of this statement is to provide an overview of new and emerging tools and strategies for discussing weight and assisting overweight and obese patients. Only tools and

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This statement was approved by the American Heart Association Science Advisory and Coordinating Committee on June 13, 2011. A copy of the document is available at http://my.americanheart.org/statements by selecting either the "By Topic" link or the "By Publication Date" link. To purchase additional reprints, call 843-216-2533 or e-mail kelle.ramsay@wolterskluwer.com.

The American Heart Association requests that this document be cited as follows: Rao G, Burke LE, Spring BJ, Ewing LJ, Turk M, Lichtenstein AH, Cornier M-A, Spence JD, Coons M; on behalf of the American Heart Association Obesity Committee of the Council on Nutrition, Physical Activity and Metabolism, Council on Clinical Cardiology, Council on Cardiovascular Nursing, Council on the Kidney in Cardiovascular Disease, and Stroke Council. New and emerging weight management strategies for busy ambulatory settings: a scientific statement from the American Heart Association. *Circulation*. 2011;124:1182–1203.

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(*Circulation*. 2011;124:1182-1203.)

Circulation is available at 0b013e31822b9543

Terminology

- Obese
- Fat/fatness
- Adiposity
- Heavy
- Weight

Additional core principles

- Empathy
  - Shared experience
- Collaborative
- Structure
  - Time
- Recognition of successes
- Medicalization
- Reflection on recommendations

Case Scenario

- Robert is a forty-eight-year man with obesity who brings his 15-year-old daughter Lauren in for a school physical. Lauren's height is 5'6" and weight is 190lbs, BMI = 30.7kg/m^2, BMI% =97. She has been generally healthy and reports no problems at school or at home. Her physical examination is unremarkable except for having obesity. Her BMI% has been consistently in the obese range for the past 7 years. Both her parents and her younger brother have obesity.

Options for Opening the Discussion

- *"We need to talk about Lauren's weight."*
- *"It should come as no surprise to you Lauren, that your weight puts you in the obese category. Let's discuss this."*
- *"Lauren, how interested are you in losing weight?"*
- *"Robert, Lauren is very heavy for her age. This is something she needs to work on."*

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Thank you!

Questions/Discussion