Initiating Conversations on Obesity With Your Patients

People who have obesity NEED conversations with their healthcare professionals (HCPs)[1,2]

- Approximately two thirds of people with overweight or obesity DO NOT receive weight loss counseling from their HCPs
- Conversations of just 3-5 minutes during routine visits can lead to significant behavioral change
- Patients are often frustrated by insufficient HCP engagement in obesity management

Start by asking permission to discuss and assess weight status . . . and use appropriate language[3-8]

- If patients decline permission, let them know the topic can be revisited later
- Biased or stigmatizing communication patterns can reduce trust and engagement and may keep patients from seeking care
  - Use people-first language to avoid identifying people by the disease—*patients with obesity* instead of *obese patients*
  - Avoid blame (eg, *managing a chronic condition* instead of *failing to lose weight*)
  - Use neutral, preferred language—ask people which words they prefer

Examples of Preferred Terms	Examples of Undesirable Terms
Weight, unhealthy weight, overweight, excess weight, high BMI, BMI, weight problem, higher weight	Super obese, chubby, extra large, extremely obese, fat, morbidly obese, big, obese, heavy, large, curvy, obesity, plus size, very overweight

Assess to confirm the presence of obesity[9,10]

- Screen using BMI
  - BMI ≥30 kg/m^2 indicates obesity
  - BMI 25.0-29.9 kg/m^2 indicates overweight
- Confirm **obesity** with a measure of adipose tissue distribution (eg, waist circumference, waist-to-hip ratio, waist-to-height ratio) to assess for obesity-related health risk
  - Examples: waist circumference, waist-to-hip ratio, waist-to-height ratio
  - *Confirmation is not needed if BMI ≥40 kg/m^2*
- Presence of obesity-related complications and diseases confirms **clinical obesity**

Talk about treating obesity as a chronic disease and to improve overall health[11-13]

- Obesity is a complex chronic disease, caused by many factors, and long-term treatment is needed
- Obesity also contributes to many other health problems
- The good news is that modest weight loss can improve health
  - In general, 5% to 10% weight loss produces clinically meaningful benefit
  - Weight loss ≥10% may be needed for meaningful benefit with some conditions (eg, metabolic dysfunction–associated steatohepatitis [MASH])
  - Greater weight loss is likely to provide additional benefits

Plan to follow up[12,13]

- Following up demonstrates HCP commitment to providing patient support for weight loss and improved health
- Track more than weight loss to evaluate treatment efficacy
  - Disease measures (eg, A1C, blood pressure)
  - Function (eg, sleep, mobility)
  - Mental health and quality of life
  - Tolerability, adherence, access
  - Fit of therapeutic routine to patient's lifestyle
- Leverage multidisciplinary, team-based support

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