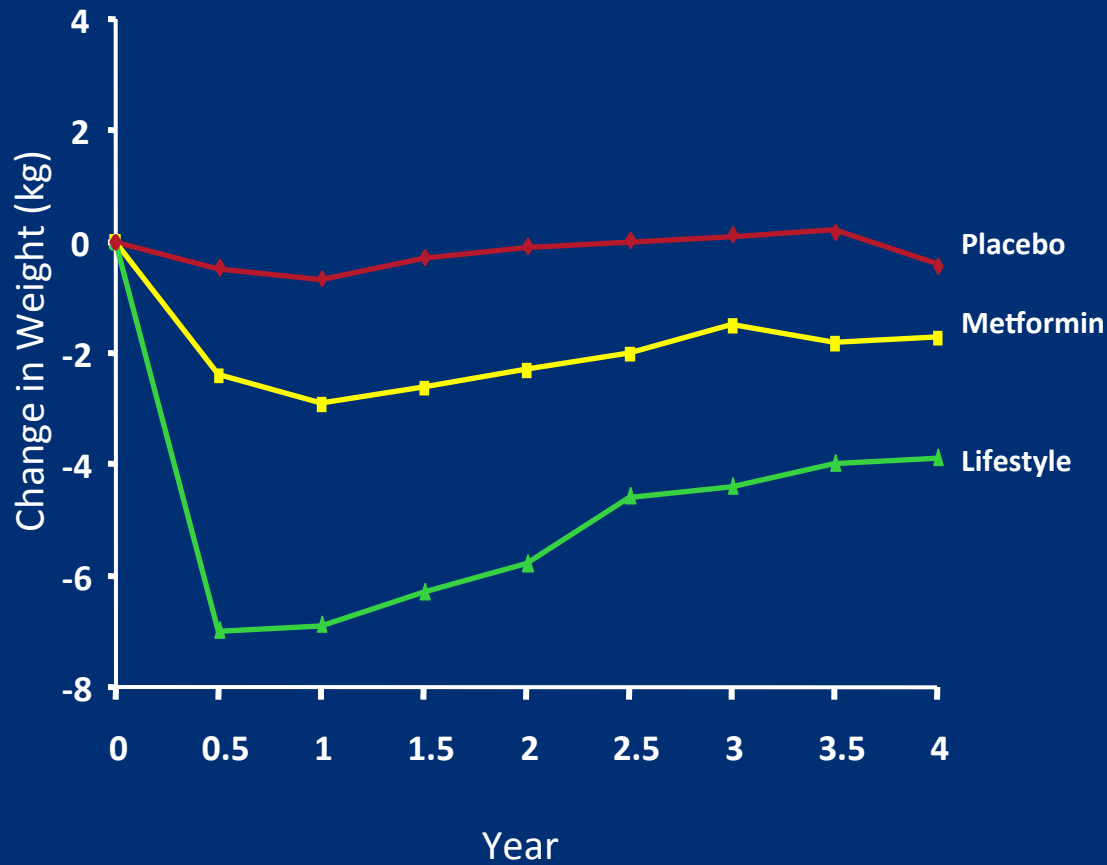


Breaking Down Clinician and Patient Barriers in the Treatment of Obesity

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DPP: Treatment Interventions and Weight Loss



COMPREHENSIVE LIFESTYLE MODIFICATION PROGRAM

Weight Loss Induction:

16 individual visits over 6 months

Diet: Low-fat diet, conventional foods (1200-1800 kcal/d)

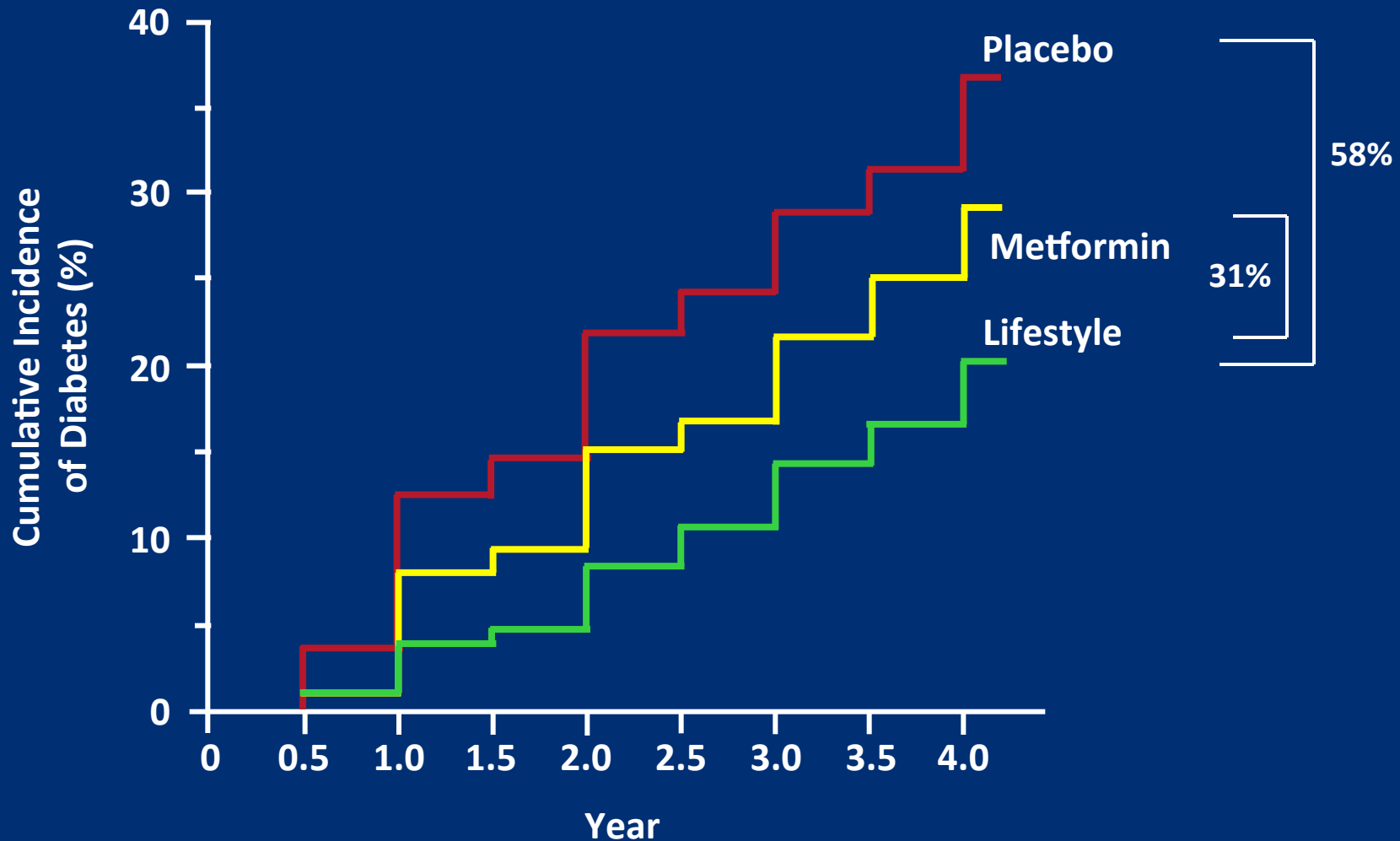
Activity: \geq 150 minutes/week of moderate intensity exercise

Weight Maintenance: Individual visits at least every 2 months.

-Three group classes/year for 4-6 weeks (campaigns)

-Toolbox

Diabetes Prevention Program



Is Your Patient Ready to Lose Weight?

Initiating a Discussion

- “You need to lose weight or your health will get even worse.”
- “You are about 20 kg overweight. Losing as little as 5 kg could improve your health.”
- “We have not discussed your weight recently. What are your thoughts about your weight and health at this time?”

Broaching the Subject: Words to Use

- “Are you concerned about your weight?”
- “What is hard about managing your weight?”
- “How does being overweight affect you?”
- “What can’t you do now that you would like to do if you weighed less?”
- “What kind of help do you need to manage your weight?”

Patients' Preferred Terms for Describing Their Obesity

- “Imagine you are visiting your doctor for a check up. The nurse has measured your weight and found that you are at least 50 pounds over your recommended weight.”
- “Please indicate how ‘desirable’ or ‘undesirable’ you would find each of the following terms if your doctor used it to describe your weight.”

Weight

Obesity

Body Mass Index

Excess Weight

Excess Fat

Unhealthy BMI

Large Size

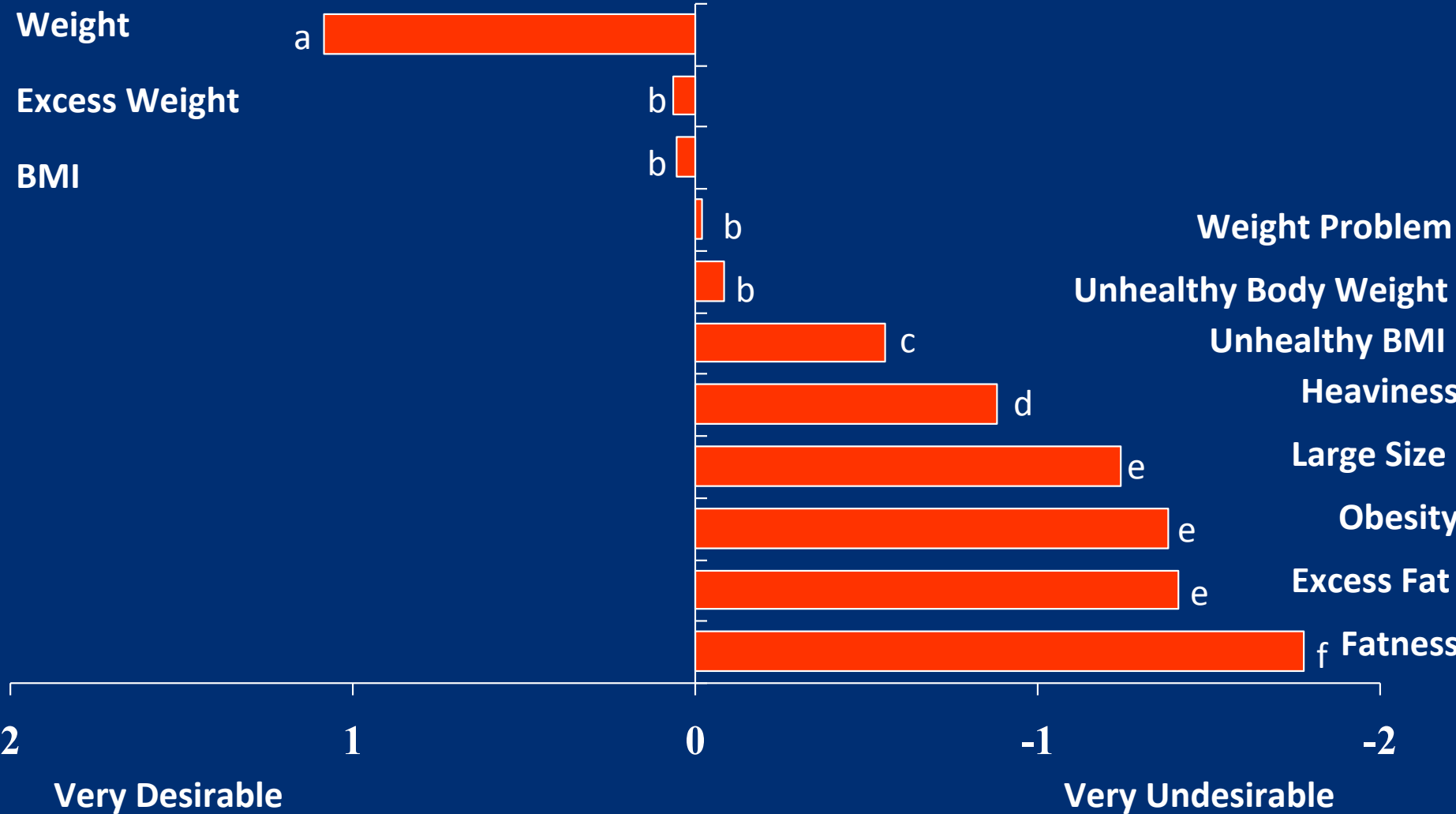
Weight Problem

Unhealthy Body Weight

Heaviness

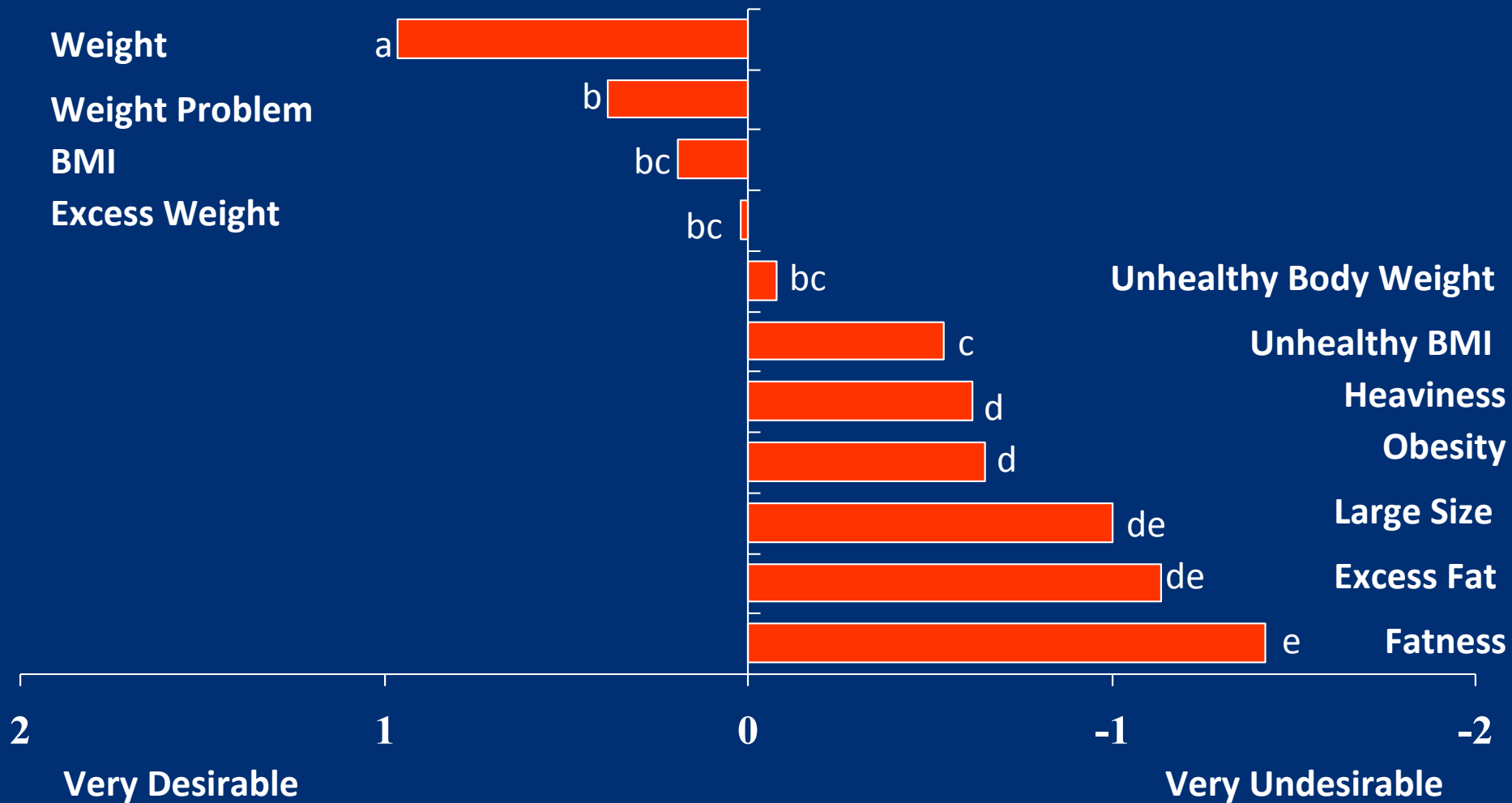
Fatness

Obese Women's (N=167) Ratings of Terms to Describe Their Obesity



Wadden & Didie. Obes Res 2003;11:1140-46.

Severely Obese Women's (N=105) Ratings of Terms to Describe Their Obesity



Principles of Motivational Interviewing

- **Express Empathy**
 - See world through patients' eyes.
- **Support Self-Efficacy**
 - Individual has inner strength to change.
- **Develop Discrepancy**
 - Uncover mismatch between where the patient is and wants to be.
- Have the patient, rather than the clinician, be the advocate for change.

How important is it to you to lose weight?



How confident are you that you can lose weight?



Motivational Interviewing

“...a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

- Collaboration vs. Confrontation
- Evocation vs. Imposing Ideas
- Autonomy vs. Authority

“Timing” of Weight Loss

- Stress level
(Crises w/work, finances, family, etc.)
- Motivation
(Patient initiates weight loss)
- Time
(Can devote 15-30 min/day)
- Realistic expectations
(Understands initial 10% goal)

A Guide to Selecting Treatment: NIH Guidelines*

Treatment	BMI Category				
	25–26.9	27–29.9	30–34.9	35–39.9	≥40
Diet, physical activity, behavior therapy	Yes with comorbidities	Yes with comorbidities	Yes	Yes	Yes
Pharmacotherapy		Yes with comorbidities	Yes	Yes	Yes
Weight loss surgery				Yes with comorbidities	Yes

Note: Solid orange arrows indicate the point at which therapy is initiated for Diet, physical activity, behavior therapy. Solid white arrows indicate the point at which therapy is initiated for Pharmacotherapy and Weight loss surgery.

*Yes alone indicates that the treatment is indicated regardless of the presence or absence of comorbidities. The solid arrow signifies the point at which therapy is initiated.

Preparing Patients for Treatment: The Initial Interview

- Describe the course of treatment
- Discuss expected results
- Assess patient's perceived ability to meet treatment demands
- Discuss barriers to treatment

Preparing Patients for Treatment

- Have patients articulate expectations and treatment goals:
 - Health/fitness
 - Appearance
 - Psychosocial
 - Weight loss

U.S. Preventive Services Task Force (USPSTF)

- “The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent interventions.”
 - Moderate intensity = monthly contact
 - High intensity = more frequent
 - Low intensity = less frequent
- This is a grade B recommendation.

*There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate or substantial.

Recommendations for Lifestyle Modification

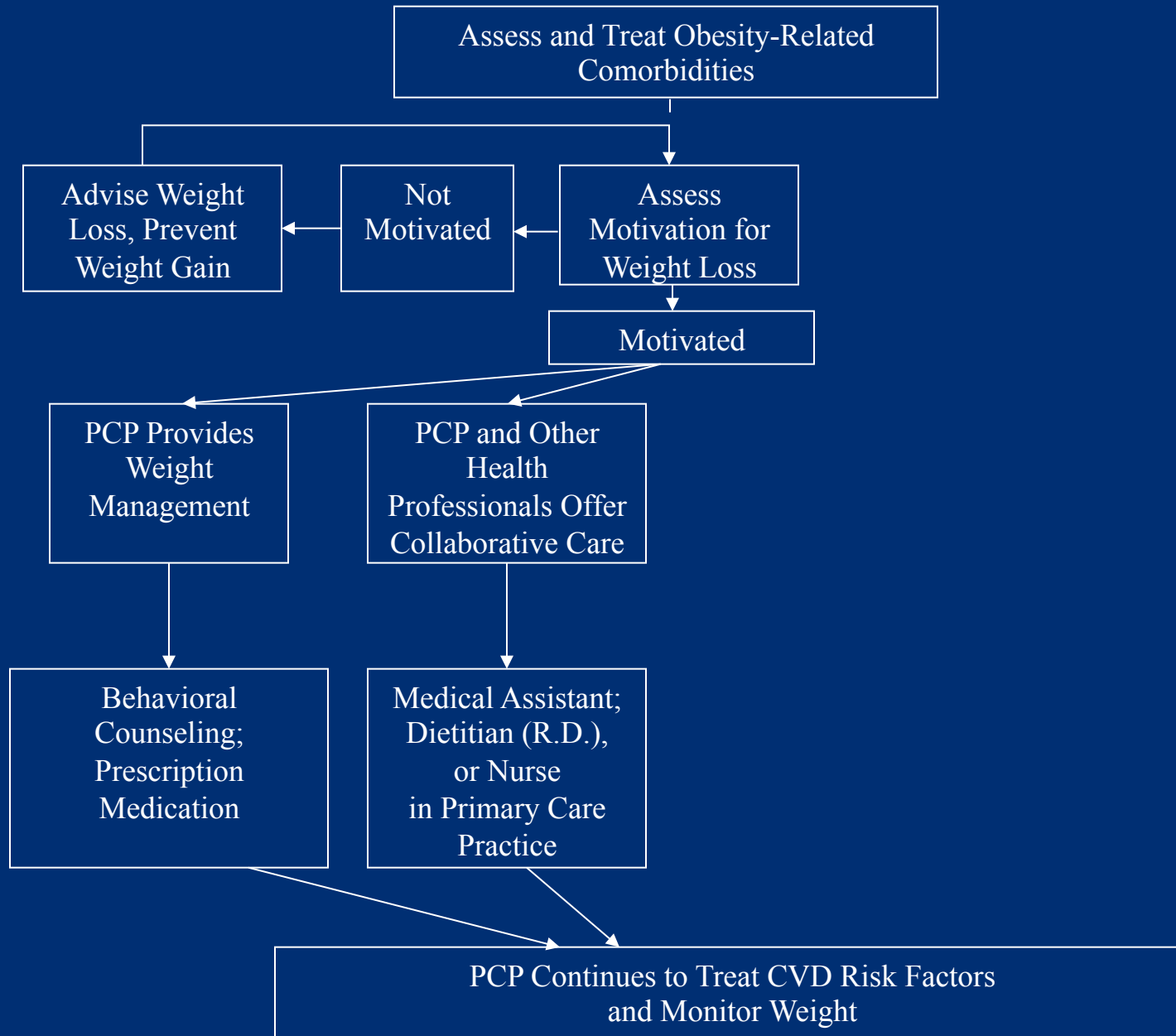
- Advise overweight/obese individuals to participate for ≥ 6 months in a comprehensive lifestyle program that assists participants in adhering to a lower-calorie diet and in increasing physical activity through behavioral strategies. (Recommendation: A)
- Reduced calorie diet: ≥ 500 kcal/d deficit
- Physical activity: typically aerobic, ≥ 150 min/week
- Behavior therapy: structured behavior change program that includes regular monitoring food intake, activity, and weight, with personalized feedback from a trained interventionist



Recommendation for Losing 5-10% of Initial Weight

- “Advise overweight and obese individuals...to participate for ≥ 6 months in a comprehensive lifestyle program...”
(Recommendation: A)
- “Prescribe on-site, high intensity (i.e., ≥ 14 sessions in 6 months) comprehensive weight loss interventions provided in individual or group sessions by a trained interventionist.”
(Recommendation: A)
- Comprehensive interventions “... produce average weight losses of up to 8 kg in 6 months of frequent (initially weekly) on-site treatment provided by a trained interventionist...”
(Strength of Evidence: High)

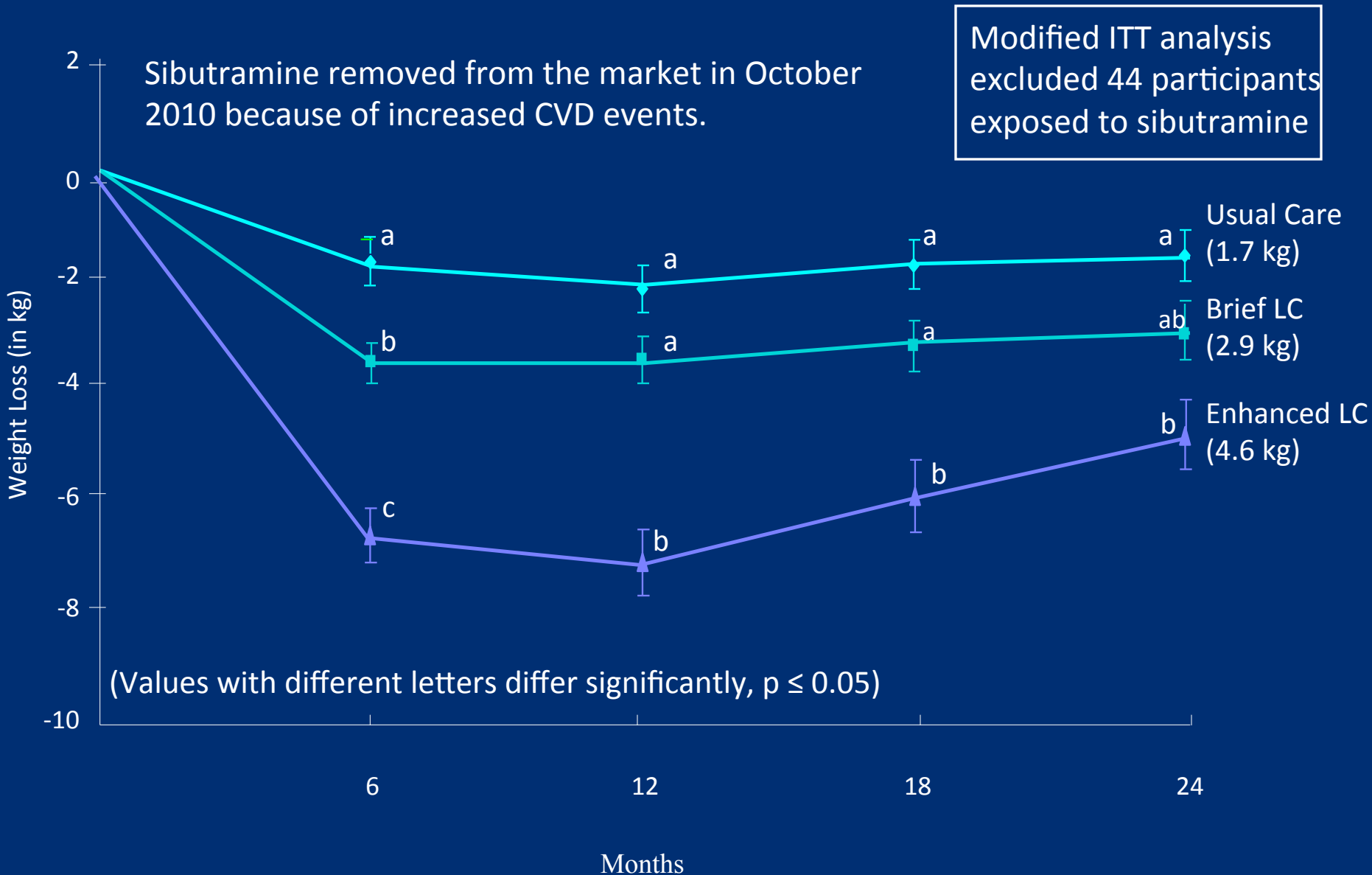
Primary Care Practitioners' (PCP) Options for Managing Obesity and Its Complications



POWER-UP Trial: 2-Year RCT of 390 Obese Participants in Primary Care

- **Usual care:** Quarterly PCP visits
- **Brief lifestyle counseling:** Quarterly PCP visits and approximately monthly, brief visits with medical assistant who delivered adapted DPP protocol
- **Enhanced lifestyle counseling:** PCP visits, same brief lifestyle counseling, and use of meal replacements or weight loss medications, sibutramine* or orlistat

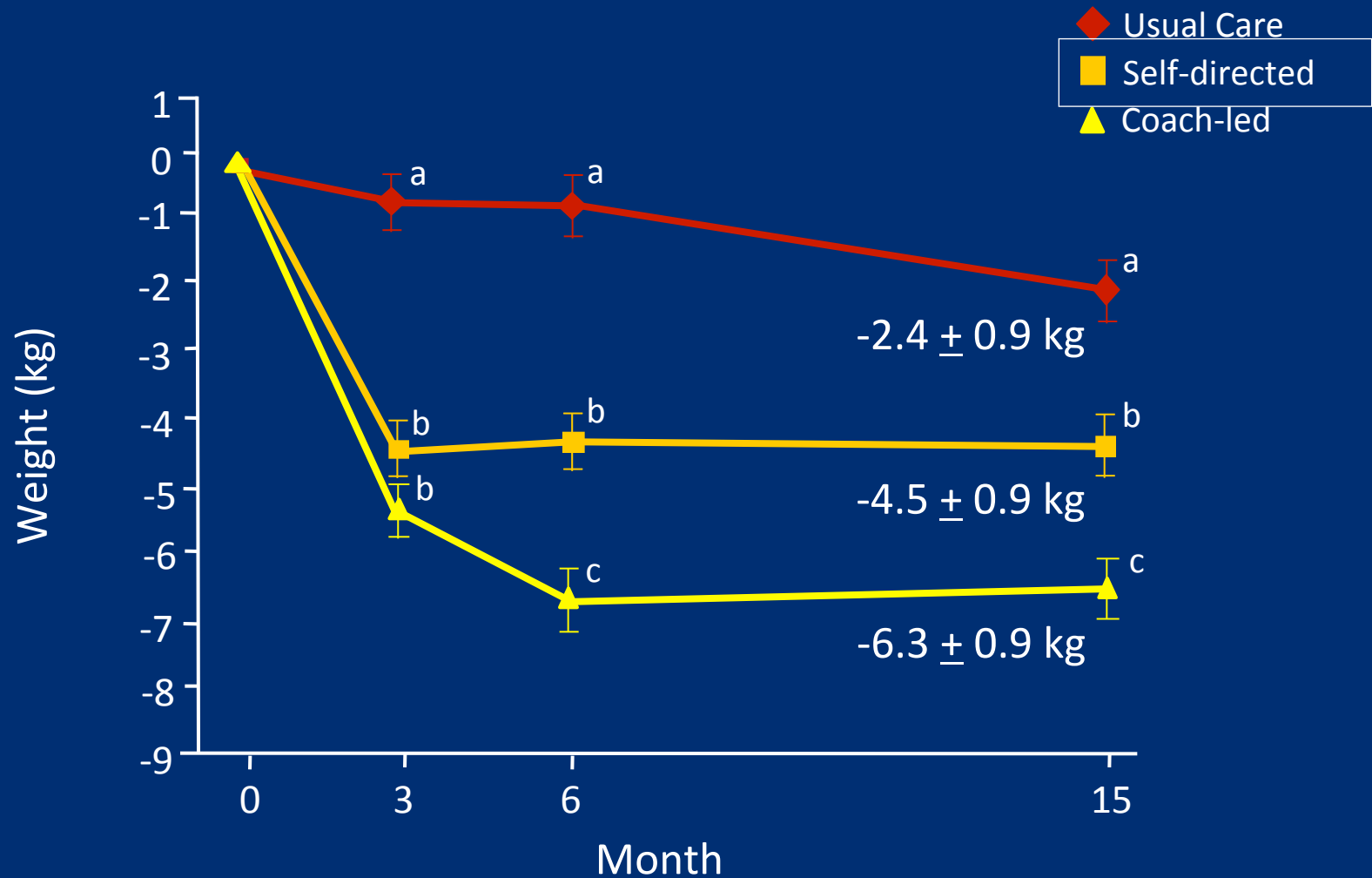
Weight Loss (in kg) in the ITT Population



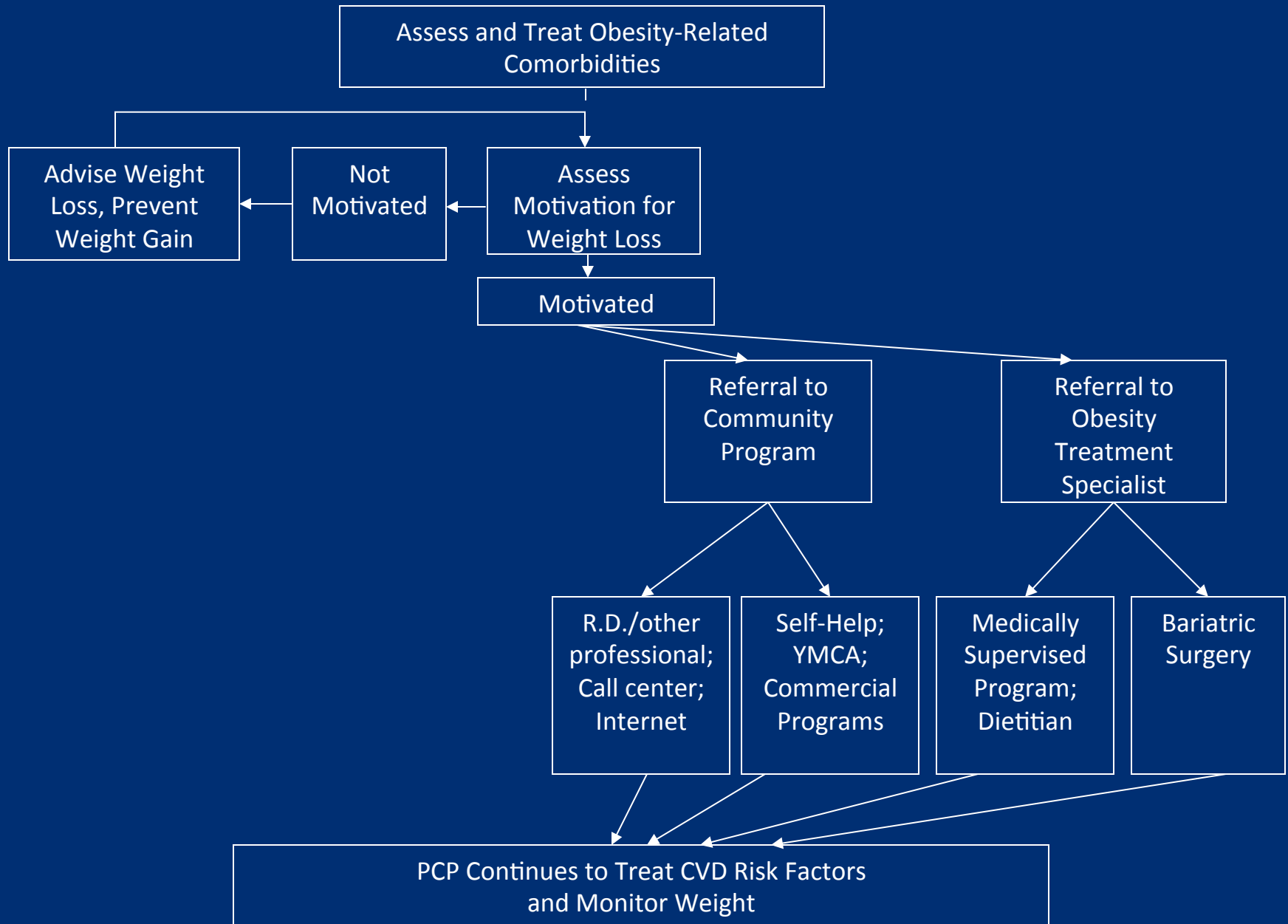
E-LITE Trial: 15-Month RCT of DPP Interventions in Primary Care (N=241)

- Usual Care: No visits
- Self-directed - DVD:
 - Months 1-3: 12 sessions via DVD
 - Months 1-15: bi-weekly messages via email
 - **Total = 1 session (in person)**
- Coach-led Program (R.D., Exercise specialist):
 - Months 1-3: 12 weekly group sessions
 - Months 4-15: contact every 2-4 weeks by phone or email
 - **Total = 12 sessions (in person)**

Weight Change Over a 15-Month Period



Primary Care Practitioners' (PCP) Options for Managing Obesity and Its Complications



Electronically Delivered Intervention

- “Electronically delivered, comprehensive weight loss interventions developed in academic settings, which include frequent self-monitoring of weight, food intake, and physical activity – as well as personalized feedback from a trained interventionist – can produce weight loss of up to 5 kg at 6-12 months...”

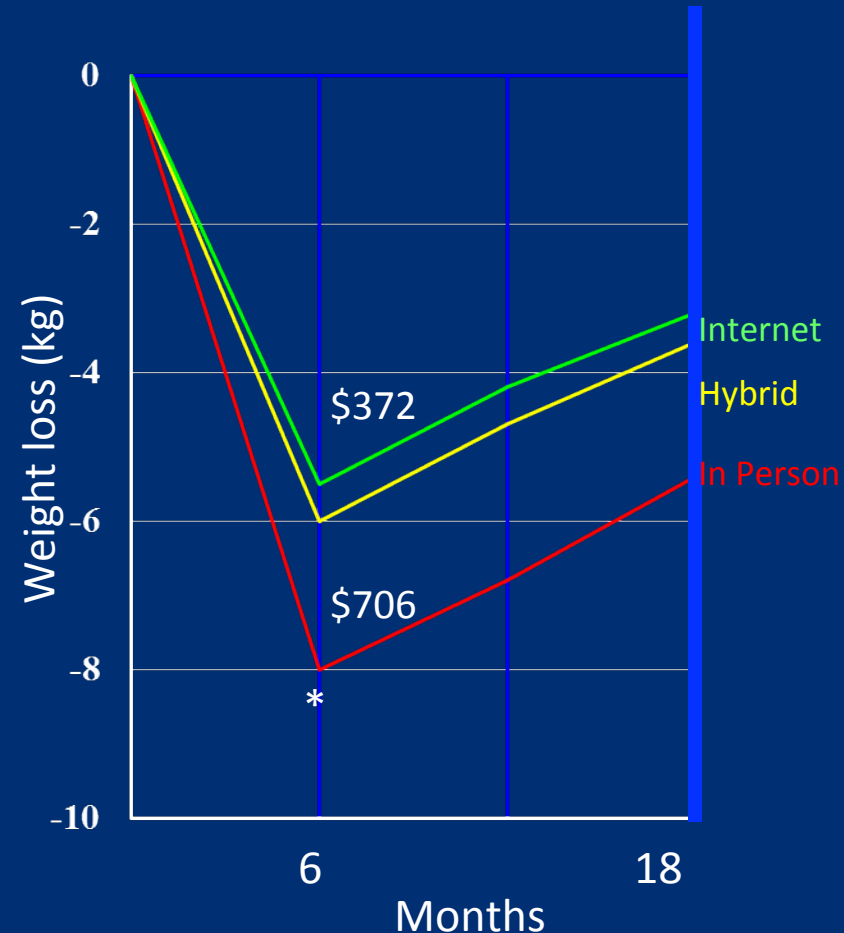
Strength of Evidence: Moderate

- Electronically delivered weight loss programs...can be prescribed for weight loss but may result in smaller weight loss than face-to-face intervention.”

Recommendation: B

Comparison of In-Person and Internet-Delivered Programs

- Treatment Conditions
 - In-person
 - Internet (synchronous chats)
 - Hybrid (1 in-person, 3 internet/mo)
- Weight Loss: months 1-6
 - Weekly group sessions
- Weight Maintenance: months 7-18
 - 1 session/mo

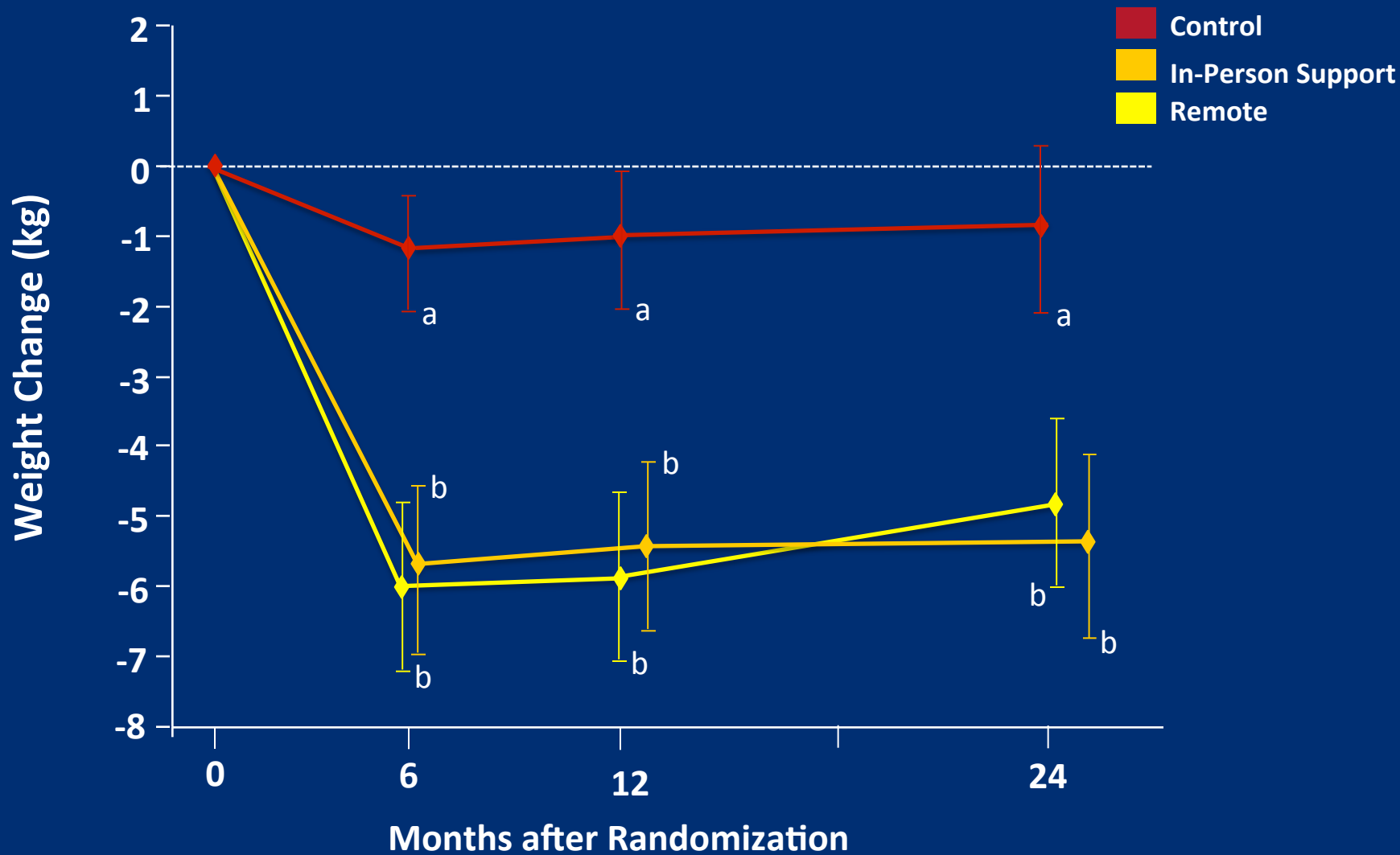


* $p \leq 0.05$ for In-person vs. Internet at month 6.

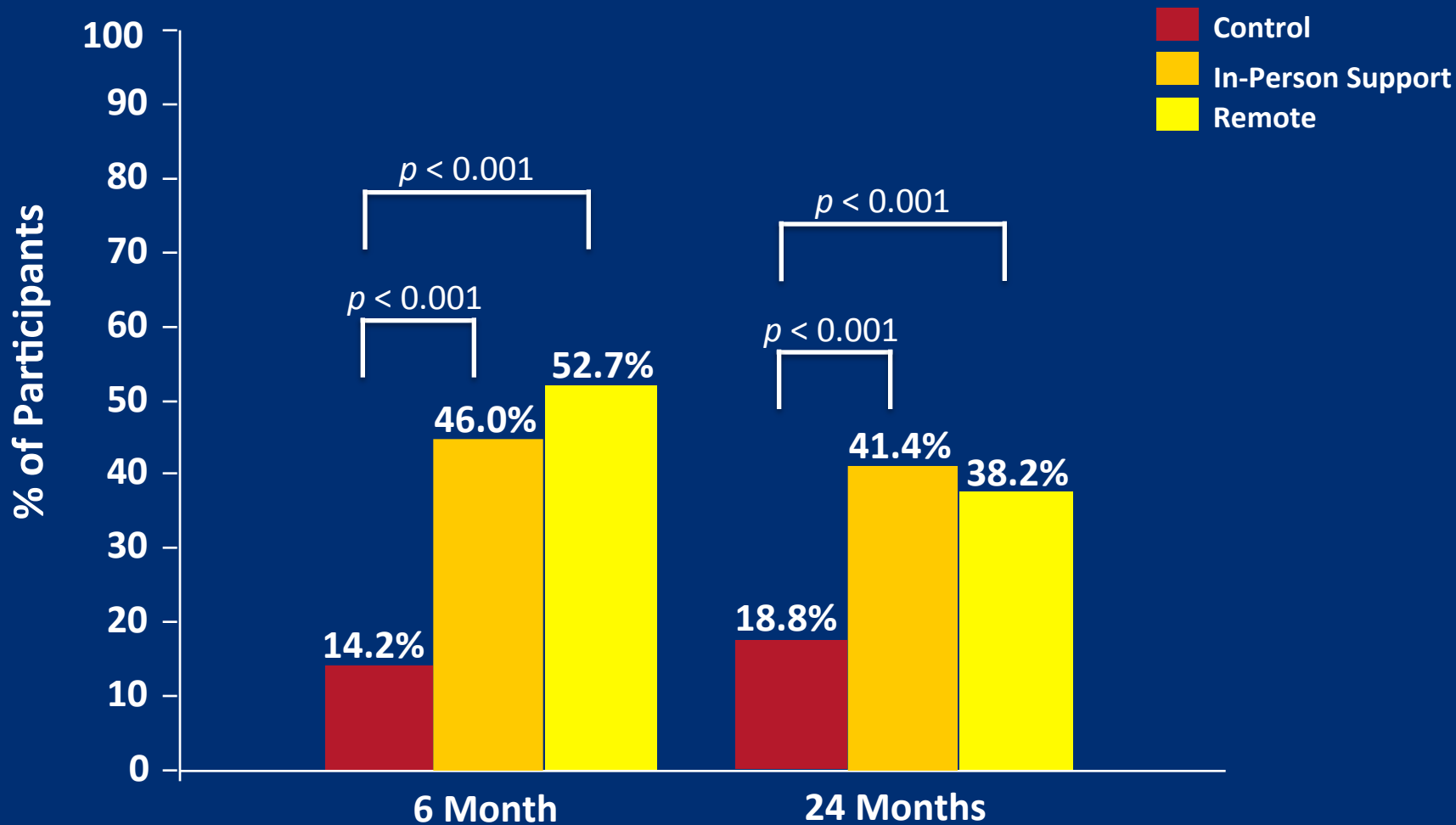
POWER HOPKINS: Primary Care Weight Loss (N = 415) Delivered by Remote Support (Telephone) vs. In-person Support

- Control Group (Usual Care – 1 visit)
- Remote Support - Telephone
 - Months 1-3: weekly 20-minute calls
 - Months 4-24: monthly 20-minute calls
 - **Total = 33 individual calls**
 - Access to interactive Internet program
- In-Person Support – on-site visits
 - Months 1-3: weekly group (G) or individual (I) visits
 - Months 4-6: 3 monthly contacts (G, I)
 - Months 7-24: 2 monthly contacts (G, I)
 - **Total = 57 contacts**
 - Access to interactive Internet program

Mean Weight Change (kg) According to Randomized Group

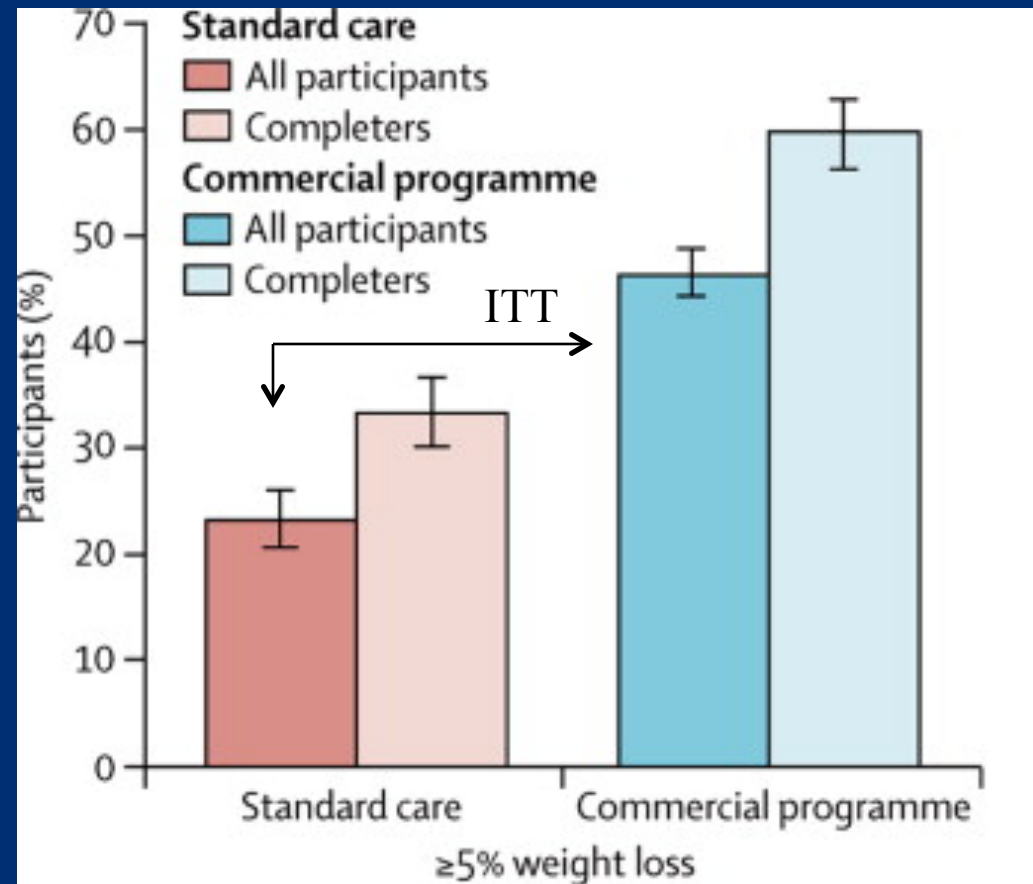


Percentage of Participants who Achieved $\geq 5\%$ Weight Loss Goal



Commercial Weight Loss Programs in Primary Care

- 772 patients recruited from primary care practices in 3 countries
- Randomly assigned to local Weight Watchers program or Usual Care
- Weekly meetings provided at no charge for 1 year
- Mean losses of 4.1 vs. 1.8 kg, respectively



Conclusions

- Invite patients to discuss their weight – listen, empathize, and educate.
- Have patients advocate for weight loss, rather than the practitioner.
- Provide or refer motivated patients to a high-intensity, 6-mo program of lifestyle modification.
- Reinforce treatment attendance, weight loss, and improvements in health at follow-up medical visits.