

## Obesity Basics: Lifestyle Intervention Strategies

Mary Annette Hess, PhD, FNP-BC, CNS



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## How do you decide who needs your help to lose weight?

1. I use ideal body weight criteria (from life insurance tables)
2. I use BMI criteria
3. I use BMI and waist circumference
4. I use BMI and health risk assessment
5. I wait for the patient to ask for help



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## From Obesity Guidelines...

- Screen with BMI at every visit, but **BMI is only a screening tool** (E)
- **Waist circumference is a risk factor**. Use the conventional cut points: >35 inches for women and >40 inches for men to identify patients at high risk (E)
- Patients who are overweight and obese should be screened for **CVD risk factors and comorbidities** (E)
- **Who needs to lose weight?**
  - BMI  $\geq 30$  kg/m<sup>2</sup> (A)
  - BMI  $\geq 25$  kg/m<sup>2</sup> with a risk factor (eg, elevated waist circumference, and/or a comorbidity) (A)

CVD, cardiovascular disease.

Apovian CM, et al. *J Clin Endocrinol Metab*. 2015;100:342-362. Garvey WT, et al. *Endocr Pract*. 2014;20:977-989. Jensen MD, et al. *Obesity*. 2014;22:S1-S410. ANPF. <http://international.aanp.org/Content/docs/ObesityWhitePaper.pdf>. Accessed September 24, 2015.

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## How Do Busy Practitioners Make This Operational?

- BMI – part of eHR
- WC – only for BMI 25-35 kg/m<sup>2</sup>
- BP – part of vital signs
- Lipid profile, fasting glucose, HbA1c, CRP
- Symptom checklist

**You are already doing these things!**

CRP, C-reactive protein; eHR, electronic health record; WC, waist circumference.

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## Other Things to Note on the History Form

- Medications
  - Diabetes
  - Depression
  - Neuropsychiatric problems
  - HRT

Medications for chronic diseases can produce weight gain and cause patients to struggle with weight loss. More on this later.....

**You are already doing these things!**

HRT, hormone replacement therapy.

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## How much weight does the patient need to lose?



1. They must reach BMI <math>< 25 \text{ kg/m}^2</math>
2. 5% is enough
3. 10% is enough
4. It depends on the targeted health goal
5. The goal is the patient's decision. We should say, "Go for it!" and support their efforts



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## Modest Weight Loss Has Benefits, With Greater Weight Loss Associated With Greater Benefits

- Measures of glycemia<sup>1</sup>
- Triglycerides<sup>1</sup> and HDL cholesterol<sup>1</sup>
- Systolic and diastolic blood pressure
- Hepatic steatosis measured by MRS<sup>2</sup>
- Measures of feeling and function
  - Symptoms of urinary stress incontinence<sup>3</sup>
  - Measures of sexual function<sup>4,5</sup>
  - Quality of life measures (IWQOL)<sup>6</sup>
- NASH Activity Score measured on biopsy<sup>7</sup>
- Apnea-hypopnea index<sup>8</sup>
- Reduction in CV events, mortality, remission of T2DM



CV, cardiovascular; IWQOL, impact of weight on quality of life; MRS, magnetic resonance spectroscopy; NASH, nonalcoholic steatohepatitis.

1. Wing RR, et al. *Diabetes Care*. 2011;34:1481-1486. 2. Lazo M, et al. *Diabetes Care*. 2010;33:2156-2163. 3. Phelan S, et al. *J Urol*. 2012;187:939-944. 4. Wing RR, et al. *Diabetes Care*. 2013;36:2937-2944. 5. Wing RR, et al. *J Sex Med*. 2010;7:156-165. 6. Kolotkin RL, et al. *Manual for the IWQOL-LITE Measure*. <http://www.qualityoflifeconsulting.com/iwqol-lite.html>. Accessed September 25, 2015. 7. Promrat K, et al. *Hepatology*. 2010;51:121-129. 8. Foster GD, et al. *Arch Intern Med*. 2009;169:1619-1626.

## Does This Mean That We Only Need to Target Modest Weight Loss?

No. It means that patients need to understand the relationship between amount of weight loss and what is required to achieve that loss. An initial goal should be ~10% because it is achievable. Further weight loss can amplify the total weight-loss amount.

### The principle: The goal is improving targeted health goals through weight reduction

Shift the focus from body-size reduction to improvement in health measures and in how patients feel and function.

**If I give my patient a diet sheet and exercise prescription, what are the odds that they will achieve 5% weight loss?**

1. 1 in 5
2. 2 in 5
3. 3 in 5
4. 4 in 5
5. 100%, because my patients always take my advice



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**Major Message From Obesity Guidelines**

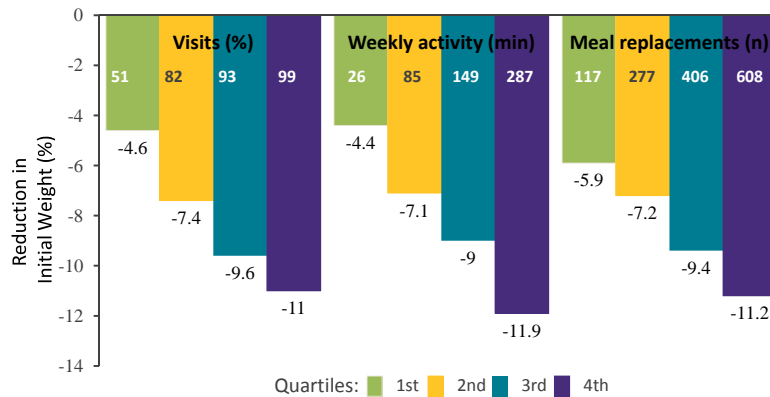
- Losing weight requires honing a skill set of behaviors around diet, physical activity, and frequent provider visits (A)
- Everyone who needs to lose weight should have access to a comprehensive lifestyle intervention program with 14 sessions in 6 months and follow-up for a year (A)
- If your patient does not have access to a comprehensive program in a medical or community setting, a commercial program with an evidence base to recommend it is acceptable (B)

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## Adherence: Predictor of Weight-Loss Success

### 1-Year Data From Look AHEAD: Intensive Lifestyle Intervention



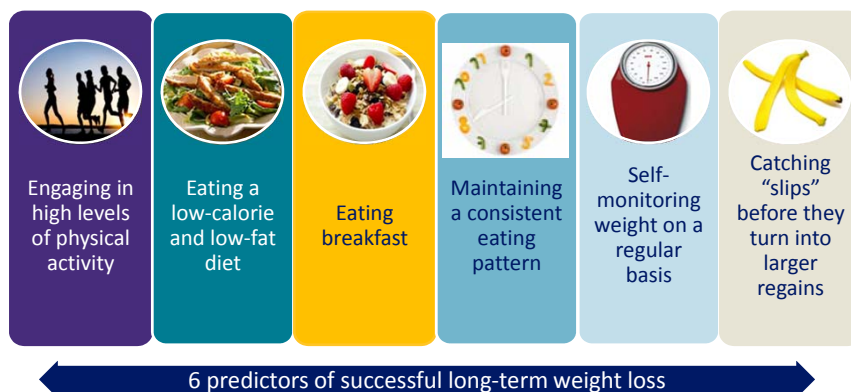
Significant correlation between greater adherence (each measure) and weight loss ( $P < 0.001$ )

Wadden TA, et al. *Obesity*. 2009;17:713-722.

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## Predictors of Long-Term Weight Loss

### Data From the National Weight Control Registry



Wing RR, et al. *Am J Clin Nutr*. 2005;82(suppl 1):222S-225S.

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Your patient asks, “My husband lost 20 pounds on the Wheat Belly Diet. Will this work for me?”  
Your response is:

1. Yes, you should try it
2. Yes, it will work as long as you follow it
3. No. You must count calories
4. Can we schedule some time to talk about weight loss?
5. I don't know. I haven't read the book

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### Best Sellers Advice, How-To and Misc

HARDCOVER		PAPERBACK	
1	<b>THE 17 DAY DIET</b> , by Mike Moreno. (Free Press, \$25.) Four cycles to help you burn fat every day. (1)	1	<b>CRAZY LOVE</b> , by Francis & Cook. (\$14.96.) A pastor on his own. (1)
2	<b>GO THE WAY TO SLEEP</b> , by Adam Mansbach. Illustrated by Ricardo Cortes. (Akashic Books, \$14.95.) A children's book parody for tired parents.	2	<b>WHAT TO EXPECT WHEN Y AND SHARON MARRIED</b> , (Warren)
3	<b>THE DUKAN DIET</b> , by Pierre Dukan. (Crown Archetype, \$26.) A program that rejects calorie counting and assigns proteins a major role.	3	<b>THE FIVE LOVE LANGUAGE</b> (\$14.96.) How to communicate understand.
4	<b>PROMISE</b> , by ... (1)	4	<b>EAT TO LIVE</b> , by Joel Fuhrman risk program that offers help here.
5	<b>WHEAT BELLY</b> , by William Davis. (Rodale, \$23.99.) An examination of wheat in modern diets and an argument for its elimination.	5	<b>FORMS OVER KNIVES</b> , editor (\$13.99.) A guide to adopting.
6	<b>THE 4-HOUR BODY</b> , by Tim Ferriss. (Crown Archetype, \$24.95.) “Loser Workbooks.”	6	<b>CLARENCE HOWARD'S LIVING</b> Howard. (Amv, \$15.) Small debt. (1)
7	<b>ONE THOUSAND GIFTS</b> , by Ann Voskamp. (Zondervan, \$14.96.) On living a life of give.	7	<b>RADICAL</b> , by David Platt. (1) (hardcover Christmas to one teaching of Jesus. (1)
8	<b>SWITCH</b> , by Chip Heath and Dan Heath. (Harvard, \$16.) How everyday people can effect transformative change at work and in life. (1)	8	<b>THE POWER OF NOW</b> , by E. A guide to personal growth.

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## Obesity Guidelines

### Many Dietary Paths to Successful Weight Loss

Prescribe a diet to achieve reduced calorie intake, as part of a comprehensive lifestyle intervention. Use any one of the following methods (A):

- A. 1200 to 1500 kcal/d for women and 1500 to 1800 kcal/d for men
- B. Calculate energy requirements and subtract 500 to 750 kcal/d
- C. Prescribe one of the evidence-based diets that restricts certain food types (such as, high-carbohydrate foods, low-fiber foods, or high-fat foods)



Apovian CM, et al. *J Clin Endocrinol Metab.* 2015;100:342-362. Garvey WT, et al. *Endocr Pract.* 2014;20:977-989. Jensen MD, et al. *Obesity.* 2014;22:S1-S410. ANPF. <http://international.aanp.org/Content/docs/ObesityWhitePaper.pdf>. Accessed September 24, 2015.

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## Exercise Prescription – F.I.T.T.

### Prescription

- Include **F**requency, **I**ntensity, **T**ime spent, **T**ype
- $\geq 150$  min/wk moderate *or*  $\geq 75$  min/wk vigorous aerobic activity (A)
- $> 200-300$  min/wk moderate *or*  $>150$  min/wk vigorous aerobic activity for more robust weight loss and to prevent weight regain (A)
- Accounting records—eg, written or electronic activity logs, pedometer/accelerometer logs, metrics (miles, laps, reps)

Jensen MD, et al. *Obesity*. 2014;22:S1-S410.

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Questions???

Mary Annette Hess, PhD, FNP-BC, CNS  
Donna H. Ryan, MD, FACP



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