



Increasing Patient Involvement in

Weight Loss and Management Strategies:

Evidence and Best Practices

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Introduction:
Evidence-based Best Practices

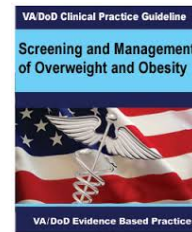
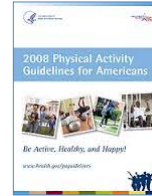
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Guidelines, Guidelines, Guidelines

- >44 countries have published guidelines targeting obesity
- US obesity guidelines overlap with lifestyle guidelines in dietary and physical activity recommendations
 - ACC/AHA Lifestyle Guidelines (2014)
 - Dietary Guidelines for Americans (2015)
 - Physical Activity Guidelines for Americans (2008)



NICE National Institute for Health and Care Excellence

ACC, American College of Cardiology; AHA, American Heart Association.

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Too Much Information?

Not when you consider the burden of disease...

- Approximately 69% of US adults are overweight or obese
 - 35% are obese
- Approximately 17% of US children ages 2-19 years are obese
- Minorities, women, and people of lower socioeconomic status have higher obesity rates but everyone is at risk
- The estimated economic cost of obesity in the US is over \$215 billion annually
- Obese people pay on average of \$1429 more for healthcare than nonobese people

NHLBI. <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/healthy-weight-basics/obesity.htm>. Accessed September 24, 2015; Go AS, et al. *Circulation*. 2014;129(3):e28-e292. Hammond RA, et al. *Diabetes Metab Syndr Obes*. 2010;3:285-295.

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US Guidelines for Obesity – Clarity or Confusion?

- **AHA/ACC/TOS Guidelines (2013)**
 - Based on systematic evidence review of 5 topics
- **AACE Advanced Framework (2014)**
 - Expert opinion (specialist) approach to obesity as chronic disease
- **ENDO Guidelines, Pharmacologic Management of Obesity (2015)**
 - Systematic evidence review of 2 topics (medications that produce weight gain, those indicated for weight loss)
- **ANPF White Paper (2014)**
 - Expert opinion; prevention and treatment in adults



AACE, American Association of Clinical Endocrinologists; ANPF, American Nurse Practitioner Foundation; ENDO, Endocrine Society; TOS, The Obesity Society.

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The Good News: These Guidelines Are Additive

Obesity 2 AHA/ACC/TOS	AACE/ACE obesity as chronic disease	ENDO Pharmacotherapy	ANPF Prevention and Treatment in Adults
Narrow: 5 critical questions <ul style="list-style-type: none"> • Benefits of weight loss • Risks of excess weight • Best diet for weight loss • Efficacy of lifestyle intervention approaches • Efficacy and safety of bariatric surgery 	Complications-centric; risk drives treatment intensity <ul style="list-style-type: none"> • Conceptual: anthropometric and complications-related evaluation. • Actionable: complications-centric approach to treatment decisions. 	Targets prescribing patterns Narrow: 2 topical areas <ul style="list-style-type: none"> • Medications approved for weight loss • Weight effects of medications used for chronic disease management 	Emphasis on patient interaction <ul style="list-style-type: none"> • Focus on patient conversation and motivation • Uses evidence based guidelines as source • Ten step approach

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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Where to Find Them....

AHA/ACC/TOS 2013	Jensen MD, Ryan DH, Donato KA, et al. Guidelines (2013) for managing overweight and obesity in adults. Obesity 2014;22(S2):S1-S410.
ENDO 2015	Apovian CM, Aronne LJ, Bessesen DH et al. Pharmacologic Management of obesity: An Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2015 Feb;100(2):342-62.
AACE 2014	Garvey WT, Garber AJ, Mechanick JI, et al. AACE and ACE position statement on the 2014 advanced framework for a new diagnosis of obesity as a chronic disease. Endocr Pract. 2014 Sep;20(9):977-89.
ANPF 2013	Obesity White Paper. http://anp-foundation.org/tools-resources/obesity-whitepaper/

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Role-playing Activity: Initiating the Discussion and Assessing Readiness for Weight Loss

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What Do You Say to This Patient?

- DL, a 59-year-old accountant presents for a well-woman visit
- CC: “no major health issues”
- VS: 5 ft 5 in; 165 lb; BMI: 27.5; BP: 135/85; P 80; R 20
- Meds: oxybutynin OTC, naproxen OTC for morning stiffness
- FH: father died of lung cancer, had T2DM; mother has Parkinson’s disease and is in assisted living
- Lab: chem profile WNL except FBS: 107; HbA1c: 5.7%; lipid profile cholesterol: 194; HDL: 34; LDL: 121; mammogram WNL
- Physical exam: OK
- You look back through the chart and see that in the last few years her weight has increased by 2-4 lb per year

BMI, body mass index; BP, blood pressure; CC, chief complaint; chem, chemistry; FBS, fasting blood sugar; FH, family history; HbA1c, hemoglobin A1c; HDL, high-density lipoprotein; LDL, low-density lipoprotein; OTC, over the counter; P, pulse; R, respirations; VS, vital signs; WNL, within normal limits; T2DM, type 2 diabetes mellitus.

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What Do You Say to This Patient?

- MH is a 32-year-old African-American female who works as a travel agent; married 2 years ago; has seen endocrinologist in the past and diagnosed with PCOS; stopped OCPs 1 year ago
- CC: “help with fertility”
- VS: 5 ft 7 in; 202 lb; BMI: 31.6; BP: 130/80; P 80; R 20
- Meds: metformin 1000 mg BID
- FH: father died from trauma as a young man; mother has T2DM and is on insulin
- Lab: chem profile WNL (FBS: 95); lipid profile cholesterol: 166; HDL: 50; LDL: 108; UA: normal
- Physical exam: acanthosis nigricans, otherwise normal

OCP, oral contraceptive pill; PCOS, polycystic ovary syndrome; UA, urinalysis.

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Questions???

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